

Austin Independent School District HUB Program Compliance Checklist

Solicitation Number & Name: 19CSP089 ALSN

Name of Prime: _____

Contact Name & Phone Number: _____



NOTE: Submission of this form is required for Responsiveness.

Were the stated solicitation gov(e)-3 (i)-3 ed for Res-3 (i)-3 ed pTJ(n)-4 (-3 (o4/P 792 reW* nBT0 g/TT2 12 Tf97

