



## Austin Independent School District HUB Program Compliance Checklist

Solicitation Number & Name: 19CSP093-KEALING MS

Name of Prime: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_



NOTE: Submission of this form is required for Responsiveness.

\* Verify ACTIVE certification for subcontractor at either links to count as participation:

State of Texas HUB \_\_\_\_\_

or

City of Austin MBE/WBE  
\_\_\_\_\_

Were the stated solicitation goal(s) met in your submitted proposal? YES  NO

If the question above is answered YES,

MUST

ONLY

[Proconteam@austinisd.org](mailto:Proconteam@austinisd.org)

1111 W. Sixth Street, A-300, Austin, TX 78703

For any questions regarding the solicitation of this project please email

[HUBprogram@austinisd.org](mailto:HUBprogram@austinisd.org)

