

Austin Independent School District HUB Program Compliance Checklist

Solicitation Number & Name: 20CSP050-HVAC at LINDER ES


Name of Prime: _____

Contact Name & Phone Number: _____



* 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, 

If NO, please complete this Compliance Check List on the reverse side.

ALL ALL
MUST

ONLY Proconteam@austinisd.org

4000 S. Interstate 35, 4th Floor, Austin, TX 78704

For any questions regarding the solicitation of this project please email
HUBprogram@austinisd.org



HUBATT 1A

This HUB Compliance Checklist has been provided to aid in ensuring _____ required GFE steps have been taken for compliance when Goal(s) are not met.



5 business days

Reference HUBATT 2 - List of Certified Firms



List scopes/work divided

any responses

certified firms

submit

certified