



# Austin Independent School District HUB Program Compliance Checklist

Solicitation Number & Name: 19CSP070 OHENRY RENOVATION

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

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



*A printed HUB Certificate DOES NOT affirm ACTIVE certification*



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 <https://mycpa.cpa.state.tx.us/tpasscmbsearch/tpasscmbsearch.do>  
or  
City of Austin MBE/WBE  
[https://www.austintexas.gov/financeonline/vendor\\_connection/search/vendors/certvendor.cfm](https://www.austintexas.gov/financeonline/vendor_connection/search/vendors/certvendor.cfm)

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.)

If ALL goals/subgoals were not met/exceeded, ALL  
\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[REDACTED]

[REDACTED]