

**TCCD HUB SPECIFICATIONS FORM**  
**SPECIAL INSTRUCTIONS FOR BIDDERS**

**If the total dollar value of the contract is \$50,000.00 or more, the HUB goals are applicable. If the total dollar value of the contract is less than \$50,000.00, the HUB goals are not applicable.**

APPLICATION OF POLICY

POLICY STATEMENT

It is the policy of the TCCD to ensure the full and equitable participation by HUB firms in the procurement of all goods and services to TCCD on a contractual basis. The objective of the Policy is to support the use of HUB firms to a level comparable to the availability of qualified HUB firms, which provide goods and services directly or indirectly to TCCD.

HUB Goal

TCCD HUB goal on this project will be determined by the State of Texas HUB goals based on the procurement categories.(e.g. construction 21.1%, special trade 32.9%, professional services 23.7%, commodities 21.1%, other services 26.0%).

COMPLIANCE TO BID SPECIFICATIONS

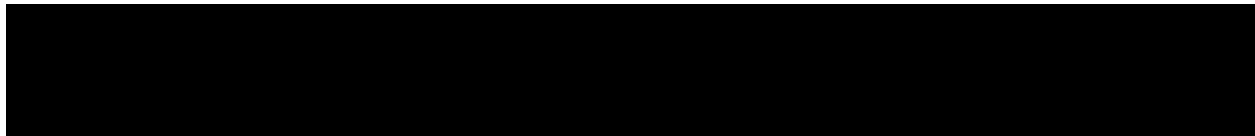
For TCCD contracts of \$50,000.00 or more, bidders are asked to comply with the intent of the TCCD's HUB Program by either of the following:

1. Meet or exceed the above stated minimum HUB goal as determined by State of Texas procurement categories above; or

SUBMITTAL OF REQUIRED DOCUMENTATION

The applicable documents must be received by the Managing Department, within the following times allocated, in order for the entire bid to be considered responsive to the specifications.

1. HUB Affidavit Statement: received with the bid documents on bid opening date.
2. HUB Utilization Form: received with the bid documents on bid opening date.



TCCD HUB SPECIFICATIONS FORM

HUB AFFIDAVIT STATEMENT

Project Name: \_\_\_\_\_

Project No.: \_\_\_\_\_ TCCD \_\_\_\_\_% : \_\_\_\_\_

**FAILURE TO SUBMIT THIS COMPLETED AFFIDAVIT STATEMENT WITH THE BID AT TIME OF BID OPENING WILL RESULT IN THIS BID BEING CONSIDERED NON-RESPONSIVE TO SPECIFICATIONS.**

The undersigned bidder hereby certifies that they will comply with TCCD’s HUB Program and the specifications of this bid in the following manner:

[Check all applicable categories]

- 1.  THE HUB PARTICIPATION WILL MEET OR EXCEED THE STATED \_\_\_\_\_ %, WILL COMPLETE THE HUB UTILIZATION FORM.
- 2.  THE HUB PARTICIPATION WILL BE LESS THAN THE STATED \_\_\_\_\_ %, WILL COMPLETE THE UTILIZATION FORM

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Name and Title (if different)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Telephone Number(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Date

### TCCD HUB UTILIZATION FORM

PRIME COMPANY NAME \_\_\_\_\_

BID DATE \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT NUMBER \_\_\_\_\_

TCCD'S HUB GOAL:       %    \_\_\_\_\_

HUB PERCENTAGE ACHIEVED:       \_\_\_\_\_%

**The undersigned bidder agrees to enter into a formal agreement with the HUB firms for work listed in this schedule, conditioned upon execution of a contract with TCCD. The willful misrepresentation of facts is grounds for consideration of disqualification and will result in the bid being considered nonresponsive to specifications.**

Company Name, Contact Name, Address, Telephone No.	HUB	Cert. (*) Agency	Scope Of Work	Specify Tier (**)	Dollar Amount

(\*) Acceptable certifying agencies please specify: (NCTRCA) North Central Texas Regional Certification Agency; State of Texas HUB Women's Business Enterprise- SW: DFW-MSDC;

(\*\*) Only first and second tier acceptable

**THIS FORM MUST BE RECEIVED WITH THE BID DOCUMENTS ON BID OPENING DATE.**

**TCCD- HUB UTILIZATION FORM**

Company Name, Contact Name, Address, Telephone No.	HUB	Cert. (*) Agency	Scope of Work	Specify Tier (**)	Dollar Amount

**The bidder further agrees to provide, directly to TCCD upon request, complete and accurate information regarding actual work performed by all Subcontractors, including HUB subcontractors submitted with this bid. The bidder also agrees to allow an audit and/or examination of any books, records, and files held by their company that will substantiate the actual work performed by the HUB on this contract, by an authorized officer or employee of TCCD.**

**All HUB firms MUST BE CERTIFIED BEFORE CONTRACT AWARD.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date