**Texas Department of Aging and Disability Services**

**HUB Subcontracting Plan**

**Applicant Status Determination**

<table>
<thead>
<tr>
<th>DADS Contract Identifier</th>
<th>Description Goods/Services Purchased</th>
</tr>
</thead>
</table>

**PREAMBLE**

The Texas Department of Aging and Disability Services (DADS) and other Health and Human Services agencies are committed to promoting full and equal business opportunities for all businesses in state contracting. To better promote these opportunities, it is imperative that we collect information on prime contractors and their subcontractors to determine if an entity meets the Texas Comptroller of Public Accounts (CPA) Historically Underutilized Business (HUB) certification criteria.

**PURPOSE**

The purpose of this form and Form 4224, Subcontractor Status Determination for Vendor and Grant Contracts, is to collect HUB-related information about a prime contractor and its subcontractors.

**PROCEDURE**

Complete this form with information about the prime contractor. Complete Form 4224, Subcontractor Status Determination for Vendor and Grant Contracts (additional copies may be attached if necessary), with information about subcontractors. Return the signed and completed forms to DADS (address and contact person). After DADS reviews the information, a representative may contact you to share additional information about HUB certification and reporting. Information on the State of Texas HUB program can be found on the CPA website at [http://www.cpa.state.tx.us/procurement/prog/hub/](http://www.cpa.state.tx.us/procurement/prog/hub/) or by contacting the DADS HUB Program Office at HUBinfo@dads.state.tx.us.

**Print or type the following information:**

1. Legal Name of Prime Contractor: ____________________________

   Contractor Address (street, city, state, ZIP) ____________________________

2. Provide the 14-digit Vendor Identification Number assigned by the Texas Comptroller

   (or enter the Federal Tax ID Number (9 digits)): ____________________________

3. Is the owner or company a for-profit entity? If no, skip to number 9

   ☐ Yes ☐ No

4. Is the Prime Contractor a CPA-certified HUB? (See HUB definition on Form 4224, Subcontractor Status Determination for Vendor and Grant Contracts.)

   ☐ Yes ☐ No

   If yes, provide your CPA Certification number ____________________________ and continue with number 9.

5. Is the Prime Contractor certified as a minority/women-owned business from an agency other than the CPA?

   ☐ Yes ☐ No

   If yes, provide the name of the certifying agency: ____________________________

6. Indicate which group best describes the individuals who own at least 51% of the assets and interest and/or classes of stock and equity securities. These individuals must demonstrate an active participation in the control, operation, and management of firm’s daily business affairs.

<table>
<thead>
<tr>
<th>Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Pacific Americans (AS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Americans (BL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic Americans (HI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native Americans (NA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Women (WO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of the Above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Is the Prime Contractor’s primary place of business in Texas?

   ☐ Yes ☐ No

8. Has the Prime Contractor maintained or exceeded gross receipts or total employment levels four consecutive years in any of the following categories of the U.S. Small Business Administration’s size standards [http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf](http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf)?

   ☐ Yes ☐ No

   - Financial and Accounting — see size standard table
   - Wholesale Commodities — 100 Full Time Employees
   - Medical and Other Services — see size standard table
   - Manufactured Commodities — 500 Full Time Employees.

9. If Prime Contractor will NOT subcontract any portion of the contract/agreement, please check this box:

   ☐ Complete Form 4224, Subcontractor Status Determination for Vendor and Grant Contracts, if any contract/agreement activities will be subcontracted.

   ____________________________  ____________________________

   Authorize Signature          Date