# HUB Program Declaration
# Progress Assessment Report

TRAVIS COUNTY
HUB PROGRAM

*This form must be completed and submitted with your invoice to Travis County each month to document compliance with your HUB Program Declaration.*

Contract Number: _____ Date of Award: _____ UNSPSC Code: _____

Contractor Company Name: _____ EIN/VID #: _____

Point of Contact: _____ Phone #: _____

Reporting Period (Month): _____ Total Amount Paid to Contractor this Reporting Period: _____

## *Report HUB and Non-HUB Subcontractor/Subconsultant Information*

*Note: Texas certified HUB status can be verified online with the following agencies:
City of Austin: https://www.austintexas.gov/financeonline/vendor_connection/search/vendors/certvendor.cfm
State of Texas: https://mycpa.cpa.state.tx.us/tpasscmblsearch/tpasscmblsearch.do
TUCP: https://txdot.txdotcms.com/FrontEnd/VendorSearchPublic.asp

| Subcontractor/Subconsultant Company Name | Texas certified HUB? (Yes or No) | **Subcontractor's** EIN/VID | Total Contract $ Amount Paid to this Subcontractor to Date | Total $ Amount Paid to this Subcontractor During this Reporting Period | Total Contract $ Amount Paid to this Subcontractor to Date | NIGP Code |
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