# HUB PROGRAM CHANGE FORM

*(ADDITION, SUBSTITUTION, DELETION, REDUCTION, INCREASE)*

Contractor must obtain approval from the HUB Program Director before making any changes to its Declaration, including the hiring, substituting, or terminating any subcontractor that Respondent named in its Declaration. Changing the Declaration without that approval, may result in Travis County seeking all remedies available at law or in equity. HUB Program Change Form can be returned via e-mail to hubstaff@traviscountytx.gov or fax to (512) 854-9185.

| | | | |
|---|---|---|---|
| Date: | | Bid Opening Date: | |
| Contract #:<br>*If Available* | | Project Name: | |
| Prime Company Name: | | Contact: | |
| Email Address: | | Telephone #: | |
| Sub to be Changed: | | New Sub Company Name: | |
| New Sub Contact Name: | | New Sub Email Address: | |
| New Sub Physical Mailing Address: | | | |
| **Is the new sub a certified HUB?** | ☐ Yes ☐ No \| Ethnicity : Gender : | | |
| **Certifying Agency:** | ☐ City of Austin ☐ State of Texas ☐ TUCP ☐ SCTRCA ☐ Other | | |
| Justification for Change: | | | |

| **Reasoning for Change Request:** | |
|---|---|
| ☐ Subcontractor's failure to meet insurance, licensing, or bonding requirements;<br>☐ Subcontractor's failure to perform acceptably;<br>☐ Subcontractor's withdrawal of its offer;<br>☐ Termination of Subcontractor's business; | ☐ Subcontractor's financial incapacity;<br>☐ County changes to scope of work that reduces or eliminates the opportunity to use subcontractors.<br>☐ Other: |

| Subcontracting/Subconsulting Intentions | |
|---|---|
| Original Dollar Amount: $ | New Dollar Amount: $ |

| | | | |
|---|---|---|---|
| **HUB Program Specialist:** | | **Date:** | |
| **Purchasing Agent/HUB Program Director:** | | **Date:** | |