



# **Request for Proposals EHR Platform**

**Issued: April 13, 2018**

**Proposals Due: May 9, 2018**

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# 1. Statement of Work

## 1.1 Background

Nueces County MHMR Community Center d/b/a Behavioral Health Center of Nueces County (BHCNC) is seeking to develop a long-term relationship with a technology vendor that provides the critical services in the area of clinical documentation, patient scheduling, care coordination, billing and metric design. The goal, ultimately, is to replace our current EHR with a product or series of products that facilitate effective, efficient care delivery and coordination, particularly as we look to share data electronically—both directly and via a Health Information Exchange. We are seeking a relationship with a vendor that will support our needs today, and that will be capable of supporting the growth and development of our Center and the behavioral health sector as we continue to see changes to the broader healthcare and health IT milieu in Texas and the United States. (MACRA, MIPS, Metric Focus & Design and Value Based Reimbursement)

## 1.2 Project Description / Scope

BHCNC is focused on a combination of currently identified needs and the capability to adapt due to changes in the healthcare delivery ecosystem. As a result, BHCNC wants to ensure that the foundations of the EHR are robust, can dynamically support changing needs, and that the partner company will similarly be able to support our growth through strong customer service and support. As a result, we are seeking a vendor that can provide the following outcomes:

- Deploy an EHR solution that can accommodate existing identified needs through native capabilities, customization, and configuration.
- Provision—but not purchase—the hardware and software necessary to achieve all of BHCNC requirements. BHCNC is particularly interested in cost information for software to assess whether to purchase directly or through the vendor.
- Provide human resources to build, manage, and support the development and articulation of the EHR solution.

BHCNC is expecting a comprehensive proposal from applicants that meets all requirements detailed in this RFP. BHCNC understands that a comprehensive solution that meets all the technical and business needs stipulated in the RFP may require collaboration between a few vendors and will accept proposals that demonstrate a successful partnership between vendors. It must be noted, however, that irrespective of the sub-contracting or partnership arrangement, BHCNC requires one lead vendor to present the proposal and to bear all responsibility for the outcomes described in this initiative.

## 1.3 Project Objectives and Critical Success Factors

### 1.3.1 Partnership and Communication

As noted earlier, the Client seeks a vendor with strong capabilities and experience in partnering with large, complex, public-sector and healthcare organizations. The partnership formed as a result of this process will be founded upon open communications and the Client expects full answers to Proposal questions and encourages vendor candidates to propose alternatives that are in the best mutual interest of both parties.

### 1.3.2 Procurement and Migration Requirements/Timelines

The Client needs to maintain current levels of technical functionality on day one of the transition, with no disruption to key systems and/or functions. Therefore, the Client desires solutions that will allow all systems to be functional no later than May 1, 2019 in the new environment. The Proposer(s) is encouraged to identify solutions that will allow phased migration of systems and solutions earlier than May 1, 2019. There are two key periods for this contract: the migration project period (from contract award through May 1, 2019) and the Post-migration period (after May 1, 2019).

### 1.3.3 Length of Contract Commitment:

BHCNC, as the funding entity, intends to enter into a 5-year contract for services with an option to extend the term for four additional one-year renewal terms. As part of the proposal, vendors should address the relative advantages and disadvantages of this contracting arrangement, and its effect on pricing.

### 1.3.4 Performance Measures and Accountability:

The Client intends to manage and monitor this project and subsequent services through the use of measurable Project Goals and Service Level Agreements (SLAs) as outlined in the Business Requirements: Service Level Agreements.

### 1.3.5 Data Protection and Cybersecurity:

BHCNC must ensure that all records are properly protected as expected by our clients and required by regulation. Any solution must comply with all relevant regulations involving data protection (e.g. HIPAA).

## 1.4 Questions

All questions must also be submitted via email to [EHR\\_RFP@bhcnc.org](mailto:EHR_RFP@bhcnc.org) and must be received by **11:59pm CDT on April 25, 2018**. Responses to questions received by this deadline are expected to be posted on the BHCNC website no later than April 30, 2018.

## 2. Proposal Instructions

### 2.1 Proposal Submittal

All communication regarding this RFP must be in writing and addressed to: EHR\_RFP@bhcnc.org The subject line of all communications must include: EHR Proposal and your company name.

### 1.5 Timeline

Milestone	Date
RFP (Request for Proposals) Issued	04/13/2018
Vendor Questions Due to BHCNC	04/25/2018
Responses to Questions Published	04/30/2018
Proposal Due to BHCNC	05/09/2018
BHCNC Review Begins	05/10/2018

### 2.2 Submission Method

- Proposal submission method (email) to: EHR\_RFP@bhcnc.org
- Include “EHR Proposal” and your company name in the subject line
- Format: PDF or MS Word

### 2.3 General and Administrative Information

Any contract award resulting from this RFP will be based upon the most responsive proposal that is the most advantageous to the Client over the life of the project in terms of the evaluation criteria specified in this document as determined by BHCNC in its sole discretion. BHCNC reserves the right to:

- Reject any or all proposals and discontinue the RFP process without obligation or liability to any entity;
- Waive any defect, irregularity, or informality in any proposal;
- Accept a proposal other than the lowest-priced proposal;
- Award a contract on the basis of initial proposals received without discussions or requests for best and final offers;
- Request additional information or clarification from Proposers, which information may vary by Proposer(s);
- Request best and final offers from any or all Proposers;
- Accept proposals from one or more Proposers;
- Procure the services in whole or in part by other means.
- Award more than one contract; and

- Not award any contract.

## **2.4 Proposal Instructions**

Proposals must be valid and proposed fees must be firm and guaranteed for 180 days from the Proposal Due Date. Proposals and any other information submitted by entities in response to this RFP will not be returned. Compensation will not be provided to Proposers for any expenses that they incur as part of the proposal process, including but not limited to expenses incurred in preparing proposals, making demonstrations, responding to inquiries, and attending meetings and negotiations. Proposers submit proposals at their own risk and expense.

Proposers must respond to **ALL** items contained in section 2.5. Every page in the proposal, including all appendices, exhibits and attachments, must be numbered consecutively. Each section must be clearly labeled with the title, letter and number of the section. Proposals should be single-spaced, contain one-inch margins, and be typed in Times New Roman 12-point font.

### **2.4.1 Solicitation Information and Clarifications**

All entities are expected to carefully examine the RFP documents. Any ambiguities or inconsistencies should be brought to the attention of BHCNC. It is BHCNC's intent that all information necessary to complete a response is included in this RFP. It is the responsibility of an interested entity to obtain clarification of any information contained herein that is not fully understood. Any entity, by and through the submission of a Proposal, agrees to be held responsible for: (1) examining the RFP (including attachments and amendments) and all referenced material; (2) becoming familiar with the nature and scope of the services required by the Client; and (3) identifying any local conditions, administrative rules, or other factors that may impact the Client's timeline for completion of the services. BHCNC is responsible for interpretation of the wording of this RFP. Its staff will not give verbal answers to inquiries regarding the RFP contents. Any verbal statement regarding the RFP prior to the award shall be considered non-binding. The only formal interpretation of the RFP will be made via responses to formal questions submitted by 04/25/2018. Responses will be posted by 04/30/2018.

### **2.4.2 Historically Underutilized Business (HUB) Program and Good Faith Effort**

It is BHCNC policy that HUBs have the maximum opportunity to participate in the performance of BHCNC's contracts and subcontracts. Proposers shall make a "good faith effort" to take all necessary and reasonable steps to ensure that HUBs have the maximum opportunity to participate as subcontractors. Failure by a contractor or subcontractor to carry out this good faith effort shall constitute a breach of contract and, after notification of such breach by BHCNC, may result in termination of the contract.

To be eligible under this program, HUB contractors and subcontractors must be certified as a HUB, M/WBE, or DBE source by a recognized governmental program, such as:

- City of Corpus Christi Municipal Government;
- Texas Unified Certification Program; or
- State of Texas Building and Procurement Commission.

Any entity identified as a HUB (as either a prime or subcontractor) shall submit a copy of its certification with its proposal. BHCNC reserves the right to verify any entity's HUB status prior to contract award.

### **2.4.3 Conflict-of-Interest Questionnaire**

Pursuant to Chapter 176 of the Texas Local Government Code, entities submitting proposals shall complete the Conflict-of-Interest Questionnaire ("Questionnaire") attached to this RFP and submit it together with the proposal.

## **2.5 Proposal Contents**

The proposal contents *must* be organized in the following order:

**2.5.1 Proposer Questionnaire** – The Proposer(s) Questionnaire Form must be completed and will be the first section of the proposal. If the Proposer(s) is including any subcontractors as part of its proposal, Proposer(s) must include a separate Subcontractor Questionnaire Form for each proposed subcontractor. The Subcontractor Questionnaire Form will follow the Proposer(s) Questionnaire Form.

**2.5.2 Executive Summary (2 pages max)** - a brief narrative that demonstrates the vendor's understanding of the services requested by this RFP and the scale and complexity of this initiative. The Executive Summary should demonstrate the strengths of the vendor's proposed approach, the key features that distinguish its proposed solution to meet the requirements and the major benefits it offers. If the vendor is collaborating with other vendors, identify instances where the prime vendor has worked with the proposed subcontractors.

**2.5.3 Approach for EHR Implementation (2-3 pages)**– a brief description of the approach the vendor proposes to use to implement its solution

- Describe the requirements gathering process for key components of the EHR that require customization or configuration. This could include, but is not limited to:
  - Screening and/or assessment tools that must be configured within specific workflows;
  - Tools that are mandated by the State of Texas;
  - Report, especially where requirements of State contracts;
- Given that BHCNC will be moving from an existing EHR, please describe your recommended approach for data migration, including which aspects of your EHR can/cannot accept a bulk load of information.
- Please describe how you intend to handle cut-over given that BHCNC can experience no disruption in services, and the range of programs and sites served by BHCNC.

### **2.5.4 EHR Detailed Narrative (10 pages)**

Provide a detailed narrative of your experience and approach for each of the items listed in the EHR Detailed Narrative section below. Each item in the table has a cross reference to specific Technical or Business Requirements provided in sub-sections 2 and 3 below. Vendor

responses to the items in the table should address the identified requirements. Vendors are also encouraged to find areas of overlap between their responses and other Technical or Business requirements.

See Addendum II for details on requirements for each functional unit of BHCNC.

**EHR Detailed Narrative:**

Detailed Narrative	
1.	Please describe your solution data architecture, including where and how data is stored and how it is protected at rest, in transit and how access to restricted for local and remote users. (Requirements: BUS-002, SEC-001-SEC-004, FUNC-004, FUNC-012, TECH-001,)
2.	Please describe your system's data architecture including how to create, access, write to and extract data from various structures, including rules-based alerts. This should include the solution's capacity to enable the use of custom user interfaces that can write data to core components of the patient record. (Requirements: ADMIN-001, ADMIN-002, FUNC-001, FUNC-002, FUNC-008, FUNC-016, FUNC-019, FUNC-023, FUNC-024, TECH-002, TECH-003, TECH-005, BH-001 to BH-003, IDD-001, CS-002)
3.	Please describe your solutions approach to consent management and the use of roles-based access controls. (Requirements: BUS-005, FUNC-006, FUNC-013, FUNC-017, TECH-005, MR-003, MR-004)
4.	Please describe your solution's capabilities as concerns medication inventory management. (Requirements: BUS-004)
5.	Please describe how your tool will support usability requirements, particularly as regards usability across platforms, use of rules-based clinical and administrative support, and roles-based access. (Requirements: FUNC-003, FUNC-005, FUNC-009, FUNC-010, FUNC-011, FUNC-021, TECH-004, COSR-001, COSR-002, BILL-001 to BILL-006)
6.	Please describe in detail the components of your solution that support patient engagement and usability, including the capture of patient reported data, sharing of patient appointment scheduling, and billing/invoicing. (Requirements: FUNC-014, FUNC-015, FUNC-020, COSR-003, MR-006,
7.	Please describe how you intend to support implementation of your solution, and on-going maintenance and cultivation of your relationship with BHCNC. (Requirements: AM-01 to AM-03, DOC-001, ES-001 to ES-004, MIGR-001 to MIGR-003, PM-001, PM-002)
8.	Please describe your standard approach to risk particularly as regards continuity of services and service level/line agreements that meet with industry standards. (RISK-001 to RISK-004)

**2.5.5 Hardware/Software Requirements (4-pages)**

Please describe minimum *and* optimal hardware and software requirements to support your EHR system. Should include servers, networking, PC's, laptops (notebooks), tablet computers, and hand-held devices (smartphones), and software requirements to support this system. Cloud-based systems should also include bandwidth requirements including for mobile technology. The proposal should describe the software version(s) and hardware specifications such as memory and cache requirements.

Furthermore, the description should clearly identify any component described in this RFP—particularly where it affects the business and technical requirements—that will require BHCNC expenditures above and beyond those included in this bid.

For EHR systems that can support self-hosted systems, please articulate all hardware/software requirements to support this option.

Hardware/Software Requirement (Please specify product, manufacturer, technical requirements, and/or version as appropriate)	Please specify unit (eg. users, servers, etc.)	Purpose: Build/Maintain/Both	If the item will not be required long-term, over what term will it be needed?	COMMENTS
<i>example: PC w/Windows 7, 8GB Memory, and 5GB hard drive</i>	<i>licenses (1/box)</i>	<i>both</i>		<i>eg: Given your desire for scalability, you should explore an enterprise license which will allow you to use this for up to XX boxes.</i>

### **2.5.6 Team (3-4 Pages)**

Detailed overview of the functional roles required as part of the solution implementation for each vendor and any proposed subcontractors. Where possible, this section should identify all key team members by name and role, or provide a CV for an individual representative of someone who may fill that role.

The response to this section should describe staff involved in building this system, creating interfaces, importing data, running data checks, and documenting procedures in support of the goal of a well-functioning, high quality EHR solution.

*Note: BHCNC is seeking a vendor that is able to complete the full implementation by the end of year, 2017.; vendors should take this into account when considering the team size and makeup.*

1. Organization Chart: In addition to identifying all team members (including any subcontractors) by name (for key members) and roles the chart should identify all roles, teams and governance groups that the vendor expects BHCNC to provide for the implementation.
2. Name, role and brief experience of key members of the team (include key subcontractor positions).

### **2.5.7 Other Services (2 pages)**

Identify and provide details for other supporting services that will be provided as part of the on-going servicing of the overall implementation and maintenance. These include:

- Help Desk Services:
- Documentation and Knowledge Transfer Services:
- Service Level Agreements (include standard SLA documents as an appendix): Software Support (including upgrades and maintenance)

### **2.5.8 Project Implementation Timeline (2-3 pages)**

Provide a timeline for the overall implementation. Identify the key tasks, milestones and deliverables within the timeline. Any assumptions used in developing the timeline should be identified in this section. If there are specific tasks that BHCNC will be responsible for, they should be identified clearly within the timeline.

Note: The Project Implementation Timeline should consider a strong desire of BHCNC to complete deployment of the EHR solution by May 2019. In addition to that, BHCNC has on-going reporting requirements for state and other contracts with deadlines that cannot be missed without substantial penalties.

### **2.5.9 Business Model and Pricing (2-3 pages)**

- Costs for all required components (including services and any other costs) must be included using the pricing table below. All areas are required to be addressed. If an area is non-applicable a reason must be provided as to why there is no price. If a cost for an area is included within other costs please mark the item as “included” and specify in the Comments column where the cost is covered.
- In the Hardware/software table, vendors should articulate specific hardware/software requirements along with pricing and unit requirements. BHCNC expects to negotiate and purchase items independent of vendor, but reserves the right to purchase through the Vendor if price and/or support is advantageous.
- Vendors must indicate if their proposed solution requires collaboration with any other entities not included as subcontractors and must clearly state if these are ongoing or new relationships.
- Vendors must clearly identify components of the EHR solution that are proprietary in nature.
- Vendors may add additional rows within the table as required. This includes adding sub-components to an existing line to provide a more detailed breakdown of a cost or adding new rows to identify a cost component not identified in the table. Please be sure to indicate the creation of a new sub-component or row within the Comments column and to provide an explanation for why it was included.
- Consulting rates over the life of this contract for new customized requirements cannot increase in years 1 and 2, and by not more than CPI+2% per year subsequently.

Solution Item:	Year 1	Year 2	Year 3	Year 4	Year 5
EHR Configuration/Customization/Deployment					
Design					
Development					
Testing					
Deployment					
Other: Please Specify					
Regular Maintenance					
Report Development/Deployment					
Planning					
Requirements (eg. discussions with stakeholders, articulation of needs, data requirements, etc.)					
Design					
Development					
Testing					
Implementation					
Other: Please Specify					
Other: Please Specify					

**Contract Notes:**

All prospective vendors should be aware of the following items which must be included in any proposed contract agreement for the system described above:

**Insurance:**

Provider agrees to maintain or to cause its personnel providing services under this Agreement to maintain, at its sole cost and expense or the cost and expense of its personnel, policies of professional liability insurance coverage from an insurer acceptable to the Local Authority in order to insure Provider and Local Authority against any claim for damages arising in connection with the Provider's responsibilities or the responsibilities of Provider's personnel under this Agreement, and will name BHCNC as an additional insured. Coverage will be in the amount of one million dollars (\$1,000,000) per claim and three million dollars (\$3,000,000) annual aggregate, or the amount required by the laws or regulations of the State of Texas, whichever is greater. Provider will provide a Certificate of Insurance as evidence of this coverage and will communicate in writing any modifications, alterations, or cancellation of coverage during the term of this Agreement to the Local Authority a minimum of thirty (30) days prior to such changes. BHCNC may withhold payments under the terms of this Agreement until Provider furnishes BHCNC with the Certificate of Insurance showing such insurance is in full force and effect.

**Indemnification:**

Provider hereby agrees, to the extent permitted under the laws of the State of Texas, to indemnify and hold harmless the Local Authority and all of its directors, officers, employees, and agents from all suits, actions, claims or cost of any character, type or description, including attorney fees and cost of court, brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any acts of Provider or Provider's personnel, if any, or its agents or employees whether occurring during the performance of the services under this Agreement or in the execution of the performance of any of its duties under this Agreement.

**Venue:**

Contract language specific to legal venue for arbitration, litigation, etc. shall be specific to the State of Texas, bound by Texas law, and any proceedings conducted in Texas.

## Attachment A: Proposer Questionnaire

### Proposer General Information:

Complete (Legal) Name of Proposer: \_\_\_\_\_

Proposer Tax Identification Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Organization:  Individual  Partnership  Corporation  Association

Other (please describe) \_\_\_\_\_

If incorporated, state of incorporation: \_\_\_\_\_

Date organization was formed (Month/Year): \_\_\_\_\_

Principal type of business: \_\_\_\_\_

Total number of years in business: \_\_\_\_\_

Proposer's history (include description of formation, mergers, acquisition, other names, etc.):\_\_

Number of years providing services similar to those requested in this RFP: \_\_\_\_\_

Please certify the following by placing an "X" in the appropriate column:

Certification	Yes	No
Is Proposer currently in the process of filing for bankruptcy?		
Has Proposer filed for bankruptcy within the past five (5) years?		
Do you certify that the Proposer is not currently under suspension or debarment by any governmental entity (local/state/federal government)?		
Do you acknowledge that if the Proposer is currently under suspension or debarment, its proposal may not be considered?		

**Individual authorized to bind Proposer to contract:**

Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Point of contact information for this RFP (if different from authorized individual):**

Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Proposer Organization:**

Executive Team

Name and Title of Executive	Role

List current number of full-time employees (FTEs) (minimum of 32 hours/week) in each category:

Employee Category	Total Number of Employees (Texas-based)	Total Number of Employees (Entity-wide)
Total FTE's		
Customer user support FTEs		
Customer technical support FTEs		
Research and development FTEs		
Project management FTEs		
Project implementation/rollout FTEs		
Other (please describe)		
Other (please describe)		
Other (please describe)		

**Proposer Revenues:**

What are the Proposer's total revenues received from Electronic Health Record sales and services during each of the last three (3) years (rounded to the nearest 1,000):

2017 Revenues: \_\_\_\_\_

2016 Revenues: \_\_\_\_\_

2015 Revenues: \_\_\_\_\_

How many EHR customer implementations does the Proposer currently support? \_\_\_\_\_

What is the annual contract value of the Proposer's three (3) largest Electronic Health Record Contracts?

Contract #1: \_\_\_\_\_

Contract #2: \_\_\_\_\_

Contract #3: \_\_\_\_\_

**Proposer Pending Litigations:**

Are there any current claims, or have any claims been made against the Proposer in the past 2 years?  Yes  No

If yes, please identify the claims and describe the dispensation of the claim or claims (include client name, description of litigations, imposed damage amounts, imposed dates, collected amount, and description of cause for litigation).

## Attachment B: Conflict of Interest

### CONFLICT OF INTEREST QUESTIONNAIRE

**FORM CIQ**

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

**OFFICE USE ONLY**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

**1 Name of person who has a business relationship with local governmental entity.**

**2 Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3 Name of local government officer with whom filer has employment or business relationship.**

\_\_\_\_\_   
 Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes                      No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes                      No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes                      No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

## Attachment C: Historically Underutilized Business (HUB) Form

BHCNC policy is to include Historically Underutilized Businesses (HUBs) in its procurement process and to provide equal opportunities for HUB participation in the provision of supplies, services, equipment, and construction projects required by the District. As such, BHCNC seeks to ensure that a “good faith effort” is made to assist certified HUB vendors and contractors in its award of contracts and subcontracts.

To be considered as a “Certified HUB Contractor/Vendor”, the contractor/vendor must have been certified by, and hold a current and valid certification, from any of the following certifying agencies recognized BHCNC : the Texas Building and Procurement Commission (State of Texas); City of Austin; and the Texas Unified Certification Program (TUCP), which includes six certifying agencies.

### Proposer HUB Declaration

Is your company certified as a HUB or an MBE/WBE/DBE source?  Yes  No. If yes,

1. **Attach your certification to this form and return it in the proposal;**
2. Identify the certification agency by checking all that apply;  Texas Building and Procurement Commission;  City of Corpus Christi;  Texas Unified Certification Program; and
3. Identify HUB Status (Gender & Ethnicity): \_\_\_\_\_

### Subcontractor HUB Declaration

**\*\*Please complete this section if your proposal includes the use of HUBSubcontractors.\*\***

Estimated percentage of the bid (proposal) that is to be subcontracted with Certified HUB Sources: \_\_\_\_\_

For each proposed HUB subcontractor, complete the information below and **attach the subcontractor’s HUB certification to this form and return it in the proposal.**

HUB Subcontractor Name	Contact Person/Title (First/Last Name)/Title	Telephone Number (including area code)	Email address (if available)