

APPENDIX A

HUB Utilization Plan

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The prime vendor should use this form when there is a HUB participation requirement. The form documents how the HUB requirement will be met and will become a binding part of the contract. If you are a prime vendor who is also a HUB vendor and will be providing services to meet a HUB participation requirement, you must fill this section out. Prime HUBs must identify the actual percentage of service/product they will provide. Only the percentage of service/product actually provided by the HUB prime will count toward HUB participation.

If you are a prime vendor who is not a HUB, list any contractors or vendors you will employ or partner with to fulfill the HUB requirement.

THIS SECTION MUST BE FILLED IN COMPLETELY. FAILURE TO LIST ALL HUB CONTRACTORS OR VENDORS MAY RESULT IN YOUR RESPONSE BEING DECLARED INVALID AND REMOVED FROM CONSIDERATION. IDENTIFICATION OF A HUB FIRM HERE INFERS PRIME HAS SPOKEN WITH HUB VENDOR AND BOTH ARE IN AGREEMENT WITH CONTINGENT COSTS AND SERVICES LISTED BELOW:

GIVE THE FOLLOWING INFORMATION FOR EACH HUB VENDOR. ATTACH ADDITIONAL SHEETS IF REQUIRED.

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

CONTACT PERSON: _____

PLEASE LIST TYPE OF WORK TO BE PERFORMED, WHICH MUST BE COMMERCIALY USEFUL TO THE SCOPE OF SERVICES OF THE RFP.

IS THIS A CERTIFIED FIRM? Yes No
(Include a copy of the current certification with your response)

CHECK WHICH TYPE OF FIRM: MBE, WBE, EBE, DBE, SBA-8A OR OTHER _____

DOLLAR AMOUNT OF HUB PARTICIPATION: \$ _____

PERCENT OF BID: _____% Total HUB participation must be equal or greater than %

1. List the name, address, telephone number for the contact person of all HUB firms contacted to meet the HUB goals, excluding those listed above.
2. Please indicate any problems you had in meeting the HUB requirement for this RFP. Did you contact CCS during preparation of this RFP?

The undersigned acknowledges that the HUB participation percentages are mandatory and failure to comply with them will render this bid response invalid and any contract made pursuant to it void.

This proposal is submitted by: _____
(Name of Proposer's Firm)

(Street Address) (City, State and Zip Code)

At Milwaukee, Wisconsin, this _____ day of _____ 2014

If a corporation, also answer the following:
Incorporated under the laws of which state? _____

AFFIX YOUR CORPORATE SEAL HERE: 

If you are incorporated outside of Wisconsin, are you licensed to do business in Wisconsin? _____

Print or type the name of the authorized signer:

Proposer's Signature and Title:
