Texas Tech University Health Sciences Center El Paso
HSP Change Order Request Form for Contract Modifications

In accordance with State Law, each state agency must determine whether subcontracting opportunities are probable under the contract or any modification thereto. In order to comply with this regulation, the Prime Contractor/Prime Consultant shall complete this form and attach it to their pricing submittal for any contract modification.

Additional subcontracting opportunities are probable in the context of this contract modification.

Yes ☐ No ☐

If YES, provide a listing of subcontracting opportunities and attach a completed HSP for this scope of work:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If NO, complete the following statements:

Services provided as a result of this contract modification will be provided via Prime Contractor/Consultant.

Yes ☐ No ☐

Services provided as a result of this contract modification will be provided via existing subcontractor/subconsultant.

Yes ☐ No ☐

Existing subcontractors/subconsultants providing this work are part of the current HUB Subcontracting Plan (HSP). (If NO, the prime contractor will initiate/complete a revised HSP)

Yes ☐ No ☐

For Reporting Purposes, list the type and cost of each additional service that will be provided:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

______________________________ _______________________________
Signature-Project Manager       Signature-Purchasing Director or Rep
(Printed Name)                           Date    (Printed Name)                             Date
______________________________  _______________________________
Signature-Prime Contractor      Signature-HUB Coordinator or Rep.
______________________________  _______________________________
(Printed Name)                           Date    (Printed Name)                             Date