Texas Tech University Health Sciences Center
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)             (Printed Name)                   Date              Date       

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

ATTACHMENT A
HSC OP 72.13
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