



STEPHEN F. AUSTIN STATE UNIVERSITY

NACOGDOCHES, TEXAS

PROCUREMENT AND BUSINESS SERVICES
P. O. Box 13030
NACOGDOCHES, TX 75962

REQUEST FOR PROPOSAL

RFP NUMBER
LAB TESTING SERVICES-23

ADDENDUM NO. 1
DATED: 2/09/2023

PROPOSAL MUST BE RECEIVED BEFORE:
THURSDAY, FEBRUARY 16, 2023 AT 5:00PM

Show RFP Number, Due Date and Time on Return Envelope

NOTE: Proposal must be stamped at **Stephen F. Austin State University Procurement and Business Services** before the hour and date specified for receipt of proposal.

REFER INQUIRIES TO:

Kay Johnson
Stephen F. Austin State University
Procurement and Business
Services 936.468.4037 or
936.468.4263
Johnsondk6@sfasu.edu

**STEPHEN F. AUSTIN STATE UNIVERSITY
Request for Proposal #
LAB TESTING SERVICES-23**

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* THURSDAY, FEBRUARY 16, 2023 AT 5:00PM
ADDENDUM NO. 1**

**THIS ADDENDUM MUST BE ACKNOWLEDGED IN ORDER FOR THE RESPONSE TO
RECEIVE CONSIDERATION. FAILURE TO ACKNOWLEDGE THE ADDENDUM WILL
RESULT IN DISQUALIFICATION OF THE RESPONSE.**

Updates in Red

EXHIBITS

**EXHIBIT C - FINANCIAL PROPOSAL- REVISED: See Attached
EXHIBIT C LAB TEST PRICING-REVISED (excel file) See attached**

EXHIBIT G - LAB TEST HISTORY – REVISED: See Attached

Please note the following responses to questions received:

1. Exhibit F, #6-Can SFA please clarify what is considered to be a cash pay pricing structure? Would this be cash payment from SFA or the patient? Is SFA looking for a list of patient bill prices?

Answer: Cash pay pricing structure would be if the student (patient) does not have any insurance. The cash payment would be from the patient. Yes, SFA is looking for cash pricing for cash paying students for patient bill prices by CPT code, if any.

2. Exhibit G- Can CPT codes be provided for the Reference Lab test menu?

Answer: Yes. See attached Exhibit G Revised, Exhibit C-Financial Proposal-Revised and excel file Exhibit C Lab Test Pricing-Revised.

3. Exhibit G Reference Lab Volumes- FY21, FY22, and 9/1/22 – 12/31/22 all show the same test volumes. Please confirm that these numbers are correct. Does SFA anticipate an increase in volume for FY23 in comparison to FY21 and FY 22 based on the 9/1/22 – 12/31/22 volumes?

Answer: Please see attached Exhibit G Revised with correct test volumes. Yes, SFA does anticipate a slight increase for FY23.

4. Exhibit G In House Lab Testing Volumes – Is the volume in the 3rd column intended to be 9/1/22 – 12/15/22 as opposed to 9/1/21 – 12/15/22 as listed?

Answer: Yes, see attached Exhibit G Revised.

5. Exhibit G in House Lab Testing Volumes – Is SFA looking to send the inhouse testing volume to the awarded bidder or will this testing remain in house?

Answer: The only in house test we will be providing are the CLIA waived. Other tests will be sent out.

EXHIBIT C- FINANCIAL PROPOSAL-REVISED

Having carefully reviewed the specifications and related documents affecting the proposal to provide Lab testing services for Stephen F. Austin State University, the undersigned submits the following Financial Proposal in accordance with the Request for Proposal documents:

Respondent Name:_____

Authorized Signature:_____

-
-
1. Reference Exhibit C attached to this RFP in excel format labeled
"Exhibit C Lab Test Pricing-Revised"

This file must be submitted with proposal response in excel format.

2. Below please describe any additional information about your fee structure that you believe may be helpful in the evaluation of your financial proposal.

EXHIBIT G – LAB TEST HISTORY-REVISED

REFERENCE LAB VOLUMES FY21-REVISED

<u>CPT Code</u>	<u>Code Name</u>	<u>Count</u>
80324	AMPHETAMINES, QUANT, URINE	6
80307	BARBITURATES, QUANT, URINE	3
82248	BILIRUBIN, DIRECT	2
86140	C-REACTIVE PROTEIN	3
80053	COMPREHENSIVE METABOLIC PANEL	96
87110	CULTURE, CHLAMYDIA	1
87070	CULTURE, ROUTINE	2
87088/87086/87164	CULTURE, URINE/SENSITIVITY ON ALL	1
88164	DRL PAP, CONVENTIONAL	90
80307	DRUG ABUSE SCREEN 10 REFLEX CONFIRM	202
80307	DRUG ABUSE SCREEN 10, NO CONFIRM	1
82728	FERRITIN	2
84439	FREE T4	1
84702	HCG, QUANTITATIVE	11
83036	HEMOGLOBIN A1c	13
83020	HEMOGLOBIN ELECTROPHORESIS	1
86705	HEPATITIS B SURFACE AB	6
86706	HEPATITIS Bs AB QUANT	2
80074	HEPATITIS PANEL, ACUTE	1
86704	HEPATITIS PROFILE (A,B,C)	3
87255	HERPES SIMPLEX VIRUS, TMA	23
87255	HERPES SIMPLEX VIRUS, TMA	3
87389	HIV 1/2 AB/AG RFLX CONF	610
87389	HIV 1/2 CONFIRMATION	1
87595	HIV NUCLEIC ACID AMPLIFICATION TEST	1
87536	HIV-1 QUANT, PCR	1
83550	IRON BINDING CAPACITY AND IRON AND % SATURATION	1
87088	ISOLATE CULTURE, URINE	3
80061	LIPID PANEL	14
80178	LITHIUM	1
86735/86762/86765	MMR PROFILE	1
86735	MUMPS VIRUS IgG	3
80361/80365	OPIATE, QUANT, URINE	1
88141	PAP SMEAR CYTOLOGY REPORT	4
85060/85025	PATHOLOGIST SMEAR REVIEW	5
36415	PHLEBOTOMY FEE - SINGLE	9
84146	PROLACTIN	1
84156/82570	PROTEIN/CREATININE RATIO, URINE, RANDOM	1

86709	REFLEX HEPATITIS A IgM	2
86592	RPR REFLEX TO TP-PA	611
86762	RUBELLA ANTIBODY SCREEN	3
86765	RUBEOLA IgG ANTIBODY	4
87913	SARS-CoV-2 (COVID-19), RT-PCR/TMA	445
86769	SARS-CoV-2 IgG Ab, N protein	1
85652	SEDIMENTATION RATE	3
83021	SICKLE CELL RFLX ELECT	49
86780	T. PALLIDUM - PA	5
84480	T3 TOTAL	1
84479	T3 UPTAKE	1
84436	T4	46
80347	THC METABOLITE, QUANT, URINE	13
84436	THYROID II PROFILE (T3U, T4, T7, TSH)	1
83655	TIQ UNMAPPED	19
84484	TROPONIN T	9
84443	TSH, THIRD GENERATION	107
84550	URIC ACID	1
86787	VARICELLA ZOSTER IgG	13
86787	VARICELLA ZOSTER IgG/IgM	1
82607	VITAMIN B-12	4
82306	VITAMIN D, 25 OH	17

REFERENCE LAB VOLUMES FY22-REVISED

<u>CPT Code</u>	<u>Code Name</u>	<u>Count</u>
80324	AMPHETAMINES, QUANT, URINE	4
82150	BASIC METABOLIC PANEL	1
86140	C-REACTIVE PROTEIN	1
80053	CBC W/AUTO DIFF WITH PLATELETS	4
82550	CK, TOTAL	1
80053	COMPREHENSIVE METABOLIC PANEL	35
87088	CULTURE, URINE	1
88141	DRL PAP SMEAR, MC 1 YR	1
88155	DRL PAP, CONVENTIONAL	42
80307	DRUG ABUSE SCREEN 10 REFLEX CONFIRM	134
80307	DRUG ABUSE SCREEN 10, NO CONFIRM	9
82728	FERRITIN	1
82746	FOLIC ACID	1
84439	FREE T4	9
84702	HCG, QUANTITATIVE	3
83036	HEMOGLOBIN A1c	9
83020	HEMOGLOBIN ELECTROPHORESIS	2
80076	HEPATIC FUNCTION PANEL	1
86705	HEPATITIS B SURFACE AB	8
87255	HERPES SIMPLEX VIRUS, TMA	15
87389	HIV 1/2 AB/AG RFLX CONF	505
87389	HIV 1/2 CONFIRMATION	4
80061	LIPID PANEL	7
83721	LIPID PANEL WITH REFLEX DIRECT LDL	1
86735	MUMPS VIRUS IgG	5
83880	NT-proBNP	1
87177	OVA AND PARASITES WITH TRICHROME STAIN	2
88141	PAP SMEAR CYTOLOGY REPORT	2
85060/85025	PATHOLOGIST SMEAR REVIEW	1
36415	PHLEBOTOMY FEE - SINGLE	6
84100	PHOSPHORUS	1
86480	QUANTIFERON TB GOLD PLUS	40
86592	RPR REFLEX TO TP-PA	506
86762	RUBELLA ANTIBODY SCREEN	5
86765	RUBEOLA IgG ANTIBODY	5
85652	SEDIMENTATION RATE	1
83021	SICKLE CELL RFLX ELECT	71
86593	T. PALLIDUM - PA	15

84480	T3 TOTAL	1
84436	T4	7
82040/84270/84403	TESTOSTERONE, BIOAVAILABLE, FREE AND TOTAL	1
84410	TESTOSTERONE, FREE/TOTAL WITH SHBG	1
80347	THC METABOLITE, QUANT, URINE	8
84436/84479	THYROID I PROFILE (T3U, T4, T7)	1
83655	TIQ UNMAPPED	3
84484	TROPONIN T	1
84443	TSH, THIRD GENERATION	43
86787	VARICELLA ZOSTER IgG	4
82607	VITAMIN B-12	3
82306	VITAMIN D, 25 OH	4
82652	VITAMIN D,1,25-DIHYDROXY	1

REFERENCE LAB VOLUMES 9/1/22 -12/31/22-REVISED

<u>CPT Code</u>	<u>Code Name</u>	<u>Count</u>
80053	CBC W/AUTO DIFF WITH PLATELETS	2
82550	CK, TOTAL	1
80053	COMPREHENSIVE METABOLIC PANEL	31
88155	DRL PAP, CONVENTIONAL	8
84439	FREE T4	22
84702	HCG, QUALITATIVE	2
84702	HCG, QUANTITATIVE	4
83036	HEMOGLOBIN A1c	3
83020	HEMOGLOBIN ELECTROPHORESIS	1
86705	HEPATITIS B SURFACE AB	3
87255	HERPES SIMPLEX VIRUS, TMA	6
87389	HIV 1/2 AB/AG RFLX CONF	30
83550/83540	IRON BINDING CAPACITY AND IRON AND % SATURATION	2
80061	LIPID PANEL	9
86735	MUMPS VIRUS IgG	4
83874	MYOGLOBIN, SERUM	1
88141	PAP SMEAR CYTOLOGY REPORT	3
85060/85025	PATHOLOGIST SMEAR REVIEW	1
36415	PHLEBOTOMY FEE - SINGLE	2
85610	PROTHROMBIN TIME (PT)	5
85730	PROTIME AND PTT	1
86480	QUANTIFERON TB GOLD PLUS	60
86592	RPR	1
86762	RUBELLA ANTIBODY SCREEN	4
86765	RUBEOLA IgG ANTIBODY	4
83021	SICKLE CELL RFLX ELECT	1
84443	TSH, THIRD GENERATION	29
81001	URINALYSIS WITH MICROSCOPIC	2
86787	VARICELLA ZOSTER IgG	4

IN HOUSE TESTING VOLUMES FY21, FY22, 9/1/22 - 12/15/22-REVISED

	9.1.20-8.31.21			9.1.21-8.31.22			9.1.22-12.15.22		
CPT code	Test Name	Ordered		CPT code	Test Name	Ordered	CPT code	Test Name	Ordered
85025	CBC	324		85025	CBC	320	85025	CBC	97
85032	Manual Differential	24		85032	Manual Differential	8	85032	Manual Differential	16
85060	Peripheral smear examinatio	7		85060	Peripheral smear examinatio	12	85060	Peripheral smear examinatio	3
82962	Random Blood Glucose	12		82962	Random Blood Glucose	45	82962	Random Blood Glucose	2
82947	Fasting Whole Blood Glucose	5		82947	Fasting Whole Blood Glucose	4	82947	Fasting Whole Blood Glucose	1
82947	2 hr postprandial glucose	1		82947	2 hr postprandial glucose	0	82947	2 hr postprandial glucose	0
81001	Urinalysis w/microscope	296		81001	Urinalysis w/microscope	278	81001	Urinalysis w/microscope	85
86308	Mono test	35		86308	Mono test	43	86308	Mono test	28
81025	Urine Pregnancy	235		81025	Urine Pregnancy	384	81025	Urine Pregnancy	115
87804	Influenza A /B	18		87804	Influenza A /B	98	87804	Influenza A /B	105
87220	KOH Prep	1		87220	KOH Prep	0	87220	KOH Prep	0
87210	Wet prep	186		87210	Wet prep	112	87210	Wet prep	30
87491/87591	CT/GC/TV	851		87491/87591	CT/GC/TV	629	87491/87591	CT/GC/TV	131
82272	Occult Blood	2		82272	Occult Blood	0	82272	Occult Blood	0
81003	Dipstick	111		81003	Dipstick	101	81003	Dipstick	7
87086	Urine Culture	127		87086	Urine Culture	51	87086	Urine Culture	23
87088	Sensitivity	79		87088	Sensitivity	0	87088	Sensitivity	0
87804	Rapid Strep Test	59		87804	Rapid Strep Test	131	87804	Rapid Strep Test	21
87635	ID Now: Covid	274		87635	ID Now: Covid	516	87635	ID Now: Covid	300
87913	Sars-CoV-2 BioGX PCR	214		87913	Sars-CoV-2 BioGX PCR	68	87913	Sars-CoV-2 BioGX PCR	0
							87389	HIV	40
							86592	RPR	70
							85660	Sickle Cell	22
							80307	Urine Drug Screen	29

STEPHEN F. AUSTIN STATE UNIVERSITY
RFP#LAB TESTING SERVICES-23
Exhibit C- Pricing Proposal-Revised

Respondent Name: _____

Updates in red

<u>CPT Code</u>	<u>Code Name</u>	Fill in pricing	Fill in pricing
		<u>Unit Pricing</u>	<u>Cash Pricing offered, if any</u>
86140	C-REACTIVE PROTEIN		
87536	HIV-1 QUANT, PCR		
36415	PHLEBOTOMY FEE - SINGLE		
86592	RPR REFLEX TO TP-PA		
86593	T. PALLIDUM - PA		
82607	VITAMIN B-12		
82575	24 HR CREATININE CLEARANCE		
80324	AMPHETAMINES, QUANT, URINE		
82150	AMYLASE		
86038	ANTI NUCLEAR ANTIBODIES		
80307	BARBITURATES, QUANT, URINE		
80048	BASIC METOBOLIC PANEL		
82248	BILIRUBIN, DIRECT		
86304	CANCER ANTIGEN 125		
80156	CARBAMAZEPINE TOTAL		
85025	CBC		
85027	CBC W/AUTO DIFF WITH PLATELETS		
85027	CBC W/O DIFF, WITH PLATE		
82378	CEA		
80349	CHARGE THC, QUANTITATIVE		
82465	CHOLESTEROL		
88141	CHRG NON IMAGED TP PAP		
82552	CK TOTAL		
87491	CLAMYDIA, TMA, SIMPLE SWAB		
86157	COLD AGGLUTININ, QUANTITATIVE		
80053	COMPREHENSIVE METABOLIC PANEL		
87491/87591/87661	CT/GC/TV		
87491/87591	CT/NG, TMA, SIMPLE SWAB		
87075	CULTURE, ANAEROBIC		
87110	CULTURE, CHLAMYDIA		
87101	CULTURE, FUNGUS SKIN, HAIR		
87081	CULTURE, GC		
87070	CULTURE, ROUTINE		
87045/87046	CULTURE, STOOL		
87088	CULTURE, URINE		
86644	CYTOMEGALOVIRUS IGG		
86645	CYTOMEGALOVIRUS IGM		
81003	DIPSTICK		
88164	DRL PAP, CONVENTIONAL		
80307	DRUG ABUSE SCREEN 10 REFLEX CONFIRM		
80307	DRUG ABUSE SCREEN 10, NO CONFIRM		
80307	ETHANOL, URINE, QUALITATIVE		
82947	FASTING WHOLE BLOOD GLUCOSE		
82728	FERRITIN		
82746	FOLIC ACID		
83001	FOLLICLE STIM HORMONE		
84481	FREE T3		
84439	FREE T4		
87591	GONORRHEA TMA SIMPLE SWAB		
84702	HCG QUANTITATIVE		
83036	HEMOGLOBIN A1c		
83020	HEMOGLOBIN ELECTROPHORESIS		
80076	HEPATIC FUNCTION PANEL		
86708	HEPATITIS A TOTAL		
86705	HEPATITIS B CORE IGM		
86704	HEPATITIS B CORE TOTAL AB		
87340	HEPATITIS B SURF AG		
86705	HEPATITIS B SURFACE AB		
86706	HEPATITIS Bs AB QUANT		
86803	HEPATITIS C ANTIBODY		
80074	HEPATITIS PANEL, ACUTE		
86704	HEPATITIS PROFILE (A,B,C)		
86695/86696	HERPES SIMPLES 1 & 2		
87255	HERPES SIMPLEX VIRUS, TMA		

87255	HERPES SIMPLEX VIRUS, TMA		
87389	HIV		
87389	HIV 1/2 AB/AG RFLX CONF		
87389	HIV 1/2 CONFIRMATION		
87595	HIV NUCLEIC ACID AMPLIFICATION TEST		
87804	INFLUENZA A/B		
83550	IRON BINDING CAPACITY AND IRON AND % SATURATION		
83550	IRON+IBC+SATURATION %		
87088	ISOLATE CULTURE, URINE		
83690	LIPASE		
80061	LIPID PANEL		
83721	LIPID PANEL WITH REFLEX DIRECT		
80178	LITHIUM		
83735	MAGNESIUM		
85032	MANUAL DIFFERENTIAL		
85651	MANUAL SEDRATE		
86780	MHA-TP		
86735/86762/86765	MMR PROFILE		
86308	MONO TEST		
86735	MUMPS VIRUS IgG		
80180	MYCOPHENOLIC ACID		
83880	NT proBNP		
80361/80365	OPIATE, QUANT, URINE		
87177	OVA & PARASITES W/TRICHOME STAIN		
88141	PAP PATH INTERP		
88141	PAP SMEAR CYTOLOGY REPORT		
88142	PAP SMEAR THIN		
85060	PATH REVIEW OF BLD SMEAR		
85060/85025	PATHOLOGIST SMEAR REVIEW		
	PATHOLOGIST SMEAR REVIEW		
85060	PERIPHERAL SMEAR EXAMINATION		
84100	PHOSPHOROUS		
84146	PROLACTIN		
84156/82570	PROTEIN/CREATININE RATIO, URINE, RANDOM		
85610	PROTHROMBIN TIME		
84153	PSA TOTAL		
85730	PTT		
86480	QUANTIFERON TB GOLD PLUS		
82947	RANDOM BLOOD GLUCOSE		
87880	RAPID STREP TEST		
86709	REFLEX HEPATITIS A IgM		
86431	RHEUMATOID FACTOR		
86592	RPR		
86593	RPR if Postive		
86762	RUBELLA ANTIBODY SCREEN		
86765	RUBEOLA IgG ANTIBODY		
87913	SARS-CoV-2 (COVID-19), RT-PCR/TMA		
86769	SARS-CoV-2 IgG Ab, N protein		
85652	SEDIMENTATION RATE		
85660	SICKLE		
83021	SICKLE CELL RFLX ELECT		
84480	T3 TOTAL		
84479	T3 UPTAKE		
84436	T4		
84439	TESTOSTERONE		
82040/84270/84403	TESTOSTERONE BIOAVAILABLE, FREE & TOTAL		
84410	TESTOSTERONE, FREE TOTAL W/SHBG		
80347	THC METABOLITE, QUANT, URINE		
80349	THC, QUANT, URINE		
88175	THINPREP PAP IMAGED		
88141	THINPREP PAP		
84436	THYROID II PROFILE (T3U, T4, T7, TSH)		
83655	TIQ UNMAPPED		
84478	TRIGLYCERIDES		
84484	TROPONIN T		
84443	TSH, THIRD GENERATION		
84550	URIC ACID		
81001	URINALYSIS W/MICROSCOPIC		
87086	URINE CULTURE		
87086	URINE CULTURE		
80307	URINE DRUG SCREEN		
81025	URINE PREGNANCY		

86787	VARICELLA ZOSTER IgG		
86787	VARICELLA ZOSTER IgG/IgM		
82652	VITAMIN D 1,25 DIHYDROXY		
82306	VITAMIN D, 25 OH		
87210	WET PREP		



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PROCUREMENT AND BUSINESS SERVICES

P. O. Box 13030

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REQUEST FOR PROPOSAL

RFP NUMBER

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Kay Johnson
Stephen F. Austin State University
Procurement and Business Services
936.468.4037 or 936.468.4263
email: johnsondk6@sfasu.edu

STEPHEN F. AUSTIN STATE UNIVERSITY
Request for Proposal: Lab Testing Services-23
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SECTION 1- INTRODUCTION

1.1 SCOPE OF PROPOSAL

Stephen F. Austin State University, hereafter referred to as “SFA” or “the University”, is seeking proposals for laboratory testing services from qualified companies to serve the University Health Clinic on campus. These services are to be performed by the respondent and its reference laboratory or laboratories. The specifications outlined in this document meet the minimum requirements for the proposed services.

The Scope of Services are more specifically described in Section 2 (“Statement of Work”) of this Request for Proposal (RFP).

1.2 CONTRACT TERM

This contract will begin after award as mutually agreed and upon executed agreement. The expected term of this agreement is to start in February 2023 for a period of one (1) year with the possible option to renew for four (4) additional one year periods as mutually agreed. Future contract extensions may be negotiable as mutually agreed upon between contractor and SFA.

1.3 SFA INFORMATION

Stephen F. Austin State University is a comprehensive, regional institution located in Nacogdoches, Texas. The University enrolls approximately 11,000 students, offering approximately 80 undergraduate majors and more than 120 areas of study within six academic colleges – business, education, fine arts, forestry and agriculture, liberal and applied arts, and sciences and mathematics. Accredited by the Southern Association of Colleges and Schools, SFA provides the academic breadth of a state university with the personalized attention of a private school.

SFA is an institution of higher education as an agency of the State of Texas. SFA employs approximately 1,600 full and part-time faculty and staff members.

The Student Health Clinic is located on the SFA campus at 2106 Raguet Street, Nacogdoches, Texas. The clinic occupies approximately 11,200 square feet, built in 1978, and has had subsequent renovations.

1.4 SCHEDULE OF EVENTS*

*DATE	EVENT
January 30, 2023	Issuance of Request for Proposal
February 7, 2023 by 5:00 PM	Deadline for Questions
February 8, 2023 by 5:00 PM	Question and Answer Addenda Document Posted, if any
February 16, 2023 at 5:00 PM	Requests for Proposals Due
February 17, 2023 at 8:30am	Proposals Opened
February 17 – February 28, 2023	Evaluation of Proposals and Selection of Finalist and/or Negotiations
February 2023	Notification of Award
February 2023	Fully executed Agreement
March 2023	Scope of Work to begin

*Dates are tentative and subject to change; time listed is Central Standard Time

1.5 OPEN RECORDS

SFA anticipates that the review of the proposals will be completed and awarded in February 2023. Due to the nature of the proposals, the parties understand the information exchanged in the negotiation process is confidential to the fullest extent permitted by law, and neither party will disclose such information to anyone other than representatives of the negotiating parties except as required by Texas law. Final awards and agreements, after all negotiations are completed, may be subject to open records request. Additionally, state law requires each contract for the purchase of goods or services to be posted on the University's website. By entering into a contract with the University, the firm acknowledges and accepts the University will comply with all applicable laws regarding the public posting of contracts.

1.6 HISTORICALLY UNDERUTILIZED BUSINESSES (HUB)

SEE EXHIBIT E – HUB SUBCONTRACTING PLAN READ CAREFULLY

Each respondent is required to make a good faith effort to subcontract with historically underutilized businesses and shall submit a HUB Subcontracting Plan using the HUB Subcontracting Plan documents provided in Exhibit E.

Stephen F. Austin State University is committed to making a good faith effort to increase business with historically underutilized businesses (HUBs) by contracting with HUBs either directly or indirectly through subcontracting opportunities. Respondents are encouraged to actively seek to subcontract or partner with HUBs in an effort to create an environment that actively acknowledges and values diversity.

The University has determined that subcontracting opportunities are probable under this contract.

The University's HUB goal for this procurement is:
20.7% for other services

Each HUB subcontracting plan will be evaluated independently of the response. If the HSP does not reflect a good faith effort to subcontract with HUBs, the entire response will be disqualified.

All questions regarding the HUB Subcontracting Plan may be directed to the Procurement and Business Services office, Kay Johnson, 936-468-4037, johnsondk6@sfasu.edu

Failure to submit the HUB Subcontracting Plan will disqualify the bid from consideration.

1.7 PARKING ON CAMPUS

All vehicles parked on the University campus must properly display a valid parking permit and comply with all University parking rules. The Parking and Traffic Office supervises and coordinates all parking transportation and traffic related functions on the campus. Permits expire each August 31.

Contractor shall be responsible for obtaining parking permits from the Parking and Traffic Office and for resolving, should they arise, any parking regulation disputes and violations. The Parking and Traffic Office telephone number is 936-468-7275

1.8 GROUP PURCHASING AUTHORITY

Texas law authorizes institutions of higher education (defined by Section 61.003, Education Code) to use the group purchasing procurement method (ref. Section 51.9335, Education Code). Additional Texas institutions of higher education may therefore elect to enter into a contract with the successful Proposer under this RFP.

1.9 RIGHT TO MODIFY

Stephen F. Austin State University reserves the rights to modify, revoke, or cancel this RFP in whole or in part at any time prior to the date on which SFA executes a Contract with the selected Respondent(s).

1.10 ADDITIONAL TERMS AND CONDITIONS

<https://www.sfasu.edu/docs/procurement-business-services/purchase-order-general-terms-conditions.pdf>

1.11 HIPPA

To the extent that this contract involves covered use of Protected Health Information, as defined under the Health Insurance Portability and Accountability Act (HIPAA), vendor agrees to fully comply with applicable privacy requirements under HIPAA.

SECTION 2 -STATEMENT OF WORK

2.1 SCOPE OF WORK

SFA is seeking proposals from qualified companies to assist the University with laboratory services.

2.2 MINIMUM SERVICE REQUIREMENTS

2.2.1 Respondents are encouraged to provide an offering that presents the maximum benefit to the University in terms of service and total overall cost.

2.2.2 Respondents represent that they have the knowledge, ability, skills, and resources to provide requested services.

2.2.3 The result of this RFP should:

A. Provide a comprehensive pricing structure for laboratory testing services as requested.

B. Provide test results within agreed upon turnaround times.

2.2.4 Respondent shall maintain a staff of properly credentialed and experienced personnel to ensure satisfactory performance of requested services if awarded a contract.

2.2.5 Respondent shall provide reports to the university routinely as mutually agreed upon.

2.3 LABORATORY TESTING SERVICES

Reference Exhibit G for historical lab test volumes for in-house testing and reference lab testing.

SECTION 3 - INSTRUCTIONS TO RESPONDENTS

3.1 CONTACT INFORMATION

3.1.1 All questions regarding the solicitation, or response must be forwarded to the following:

Kay Johnson
Executive Director of Finance and Administrative Services
P.O. Box 13030, SFA Station
Nacogdoches, TX 75962
Phone: 936.468.4037
Fax: 936.468.4282
Email: johnsondk6@sfasu.edu

3.1.2 Questions relating to the HUB Subcontracting Plan may be directed to the Procurement and Business Services office, Kay Johnson, 936-468-4037, johnsondk6@sfasu.edu.

3.2 SUBMITTAL DEADLINE AND LOCATION

3.2.1 All proposals must be received by SFA no later than 5:00 PM, Thursday, February 16, 2023.

3.2.2 Proposals submitted by mail should be sent to:

MAIL PROPOSAL TO:

Stephen F. Austin State University
Procurement and Business Services
P.O. Box 13030, SFA Station
Nacogdoches, TX 75962-3030

**HAND DELIVER AND/OR
EXPRESS MAIL TO:**

Stephen F. Austin State University
Procurement and Business Services
2102 Alumni Drive, Austin Bldg., Room 131
Nacogdoches, TX 75962

3.2.3 All U.S. Mail addressed to any component of SFA is delivered to a central mailroom and redistributed by SFA personnel to the addressee's on-campus post office box. Consequently, there is a possibility of delay between receipt of mail at the central mailroom and receipt in the office of Procurement and Business Services. Proposals must be in the office of the Procurement and Business Services by the time set for RFP closing in order to be considered, and receipt by SFA at the central mailroom will not be deemed sufficient. The University shall not be responsible for responses received after the due date and time. Late responses will not be considered under any circumstances. Properly identified late responses will be returned to the Respondent unopened.

3.2.4 Proposals will be publicly opened 8:30 AM, Friday, February 17, 2023 in the office of Procurement and Business Services, 2102 Alumni Drive, Austin Building, Room 131. Only the names of the Respondents will be read aloud.

3.2.5 Proposals received after the time for closing will be returned to Respondent unopened regardless of the circumstance. It is the responsibility of the Respondent to get the proposals delivered in a timely manner, regardless of delivery method or circumstances.

3.2.6 Faxed proposals will **not** be accepted.

3.2.7 Proposals may be emailed to bids@sfasu.edu with subject line titled "RFP#LAB TESTING SERVICES-23".

3.2.8 Proposals may be withdrawn at any time prior to the time and date set for proposal closing.

3.2.9 Stephen F. Austin State University reserves the right to accept or reject any or all proposals and to waive irregularities or technicalities provided such waiver does not substantially change the offer or provide a competitive advantage to any Respondent in the judgment of Stephen F. Austin State University.

3.3 SUBMITTAL INSTRUCTIONS

3.3.1 All proposals must be submitted in the format prescribed in Section 3.6.

3.3.2 Respondent may email the proposal response to bids@sfasu.edu with the subject titled "RFP-LAB TESTING SERVICES-23" or shall submit one (1) complete electronic copy of the Proposal on electronic media (e.g., USB Drive) in a Microsoft Office (Word, Excel, Project and PowerPoint files) version 2003 or later format, or searchable Adobe .PDF files by mail in accordance with section 3.2.2.

3.3.3 All proposals must be complete and convey all of the information requested to be considered responsive. If the proposal fails to conform to the essential requirements of the RFP, SFA alone will determine whether the variance is significant enough to consider the proposal susceptible to being made acceptable and therefore a candidate for further consideration, or not susceptible to being made acceptable and therefore not considered for award.

3.3.4 Each Respondent, by submitting a proposal, represents that the Respondent has read and completely understands the request for proposal documents and agrees to abide by the terms of this RFP and any resulting agreement. Failure of the selected contractor to fulfill the provisions of this request for proposal shall in no way relieve the obligation of the Contractor to furnish all services necessary to carry out the provisions of the agreement.

3.3.5 A legally authorized representative of the Respondent shall sign proposals. Unsigned proposals (**Exhibit A**) and possible addenda will be rejected as a material failure.

3.4 ACCEPTANCE AND FORMATION OF AGREEMENT

3.4.1 No recommendation for award will be made until Stephen F. Austin State University is fully satisfied that the Respondent is professionally competent and properly equipped to render the specified service.

3.4.2 The University reserves the right to negotiate further with any respondent that submits a proposal, once proposals have been opened. SFA may award a contract(s) based on initial proposals received without any discussion of such proposals. Therefore, each proposal should be submitted on the most favorable and complete price and terms possible.

3.4.3 SFA reserves the right to enter into an agreement not based only on the cost to the University, but which, in the sole opinion of SFA, is deemed to represent the best value to SFA. The University shall be the sole judge of determining which proposal represents the best value to the University.

3.4.4 By submitting a response, the Respondent agrees to accept an agreement including the scope of work and specifications herein and attached to this Request For Proposal. SFA may also add additional services at a mutually agreed upon rate, as needed after award is made.

3.5 EVALUATION CRITERIA

3.5.1 Award will be based on a comprehensive review and analysis based on a weighted value of averaged evaluation scores and negotiation of the proposal that best meets the needs of the University. Submission of a proposal represents concurrence with this method of evaluation and award. Furthermore, respondents will not, under any circumstances, dispute any award made using this method.

3.5.2 Evaluation of the proposals will be performed by an evaluation committee representing Stephen F. Austin State University. Proposals will be evaluated using the following criteria, which are listed below in Section 3.5.3. Stephen F. Austin State University reserves the right to award an agreement not based only on the cost to the University, but on the criteria that best meet the university's requirements and goals. The University shall be the sole judge of determining which proposal represents the best value to the University. The University reserves the right to request a presentation of the finalist(s) to present their operational plan to the evaluation committee. The University shall be the sole judge of determining which proposal represents the best value of the University.

3.5.3 Evaluation Criteria

- a. 35% - Financial Proposal, Exhibit C
- b. 45% - Qualifications and Experience, Exhibit F
- c. 10% - Respondent's past relationship with the University, Exhibit F
- d. 10% - References, Exhibit F

3.6 PROPOSAL FORMAT

- 3.6.1 Proposals shall be prepared in a straightforward and concise manner, identifying clearly and concisely any deviations, enhancements and other differences that exist between the RFP and the respondent's proposed services. Emphasis should be placed on responsiveness to the RFP requirements, completeness and clarity of content and conformance to the RFP instructions. **Respondents shall organize their proposal in a point-by-point format according to Section 3.6.2.** Failure to follow point-by-point presentation could be grounds for disqualification.

Proposals shall be submitted on (1) complete electronic copy of the of the Proposal via email to bids@sfasu.edu or by mail on electronic media (e.g., USB Drive) in a Microsoft Office (Word, Excel, Project and PowerPoint files) version 2003 or later format, or searchable Adobe .PDF files.

Submittals shall include a "Table of Contents" and give page numbers for each part of the Proposal. Number all pages of the Proposal submittal sequentially using Arabic numerals (1,2,3,etc).

- 3.6.2 Proposal shall include the following information and be submitted in the following order:

Failure to provide any of the following documents will result in disqualification of the proposal from further consideration

Required Submittals

- A. Exhibit A – Signed Execution Of Offer
- B. Exhibit B – Acknowledgement of Addenda* (*only if addenda were sent out)
- C. Exhibit C – Financial Proposal and Excel Format File
- D. Exhibit D – Non-Collusion Affidavit
- E. Exhibit E – HUB Subcontracting
- F. Exhibit F – Evaluation of Qualifications, Experience and References

Stephen F. Austin State University reserves the right to check references prior to award. Any negative responses received may be grounds for disqualification of the bid. SFA reserves the right to enter into an agreement not based only on lowest cost to the University, but which, in the sole opinion of SFA, is deemed to represent the best value to SFA.

EXHIBIT A - EXECUTION OF OFFER

In compliance with this RFP, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all commodities or services and to comply with all terms, conditions and requirements set forth in the RFQ documents and contained herein.

By signature hereon, Respondent affirms that he/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted Qualifications. Failure to sign the response, or signing it with a false statement, shall void the submitted response or any resulting contracts, and the Respondent may be removed from all bid lists.

By the signature hereon affixed, the Respondent hereby certifies that neither the Respondent nor the firm, corporation, partnership, or institution represented by the Respondent or anyone acting for such firm, corporation, or institution has violated the antitrust laws of this State or the Federal antitrust laws nor communicated directly or indirectly the response made to any competitor or any other person engaged in such line of business.

By signature hereon, Respondent certifies that if a Texas address is shown as the address of the Respondent, Respondent qualifies as a Texas Resident Bidder as defined in Rule 34 TAC 20.38.

Certifications:

Representations and Warranties by Respondent

If Respondent is a corporation, limited liability company, or any other entity organized and existing under state law, Respondent warrants, represents, covenants, and agrees that it is duly organized, validly existing and in good standing under the laws of the state of its incorporation or organization and is duly authorized and in good standing to conduct business in the State of Texas, that it has all necessary power and has received all necessary approvals to execute and deliver the Agreement, and the individual signing the Agreement on behalf of the Respondent has been duly authorized to act for and bind Respondent.

Tax Certification

If Respondent is a taxable entity as defined by Chapter 171, Texas Tax Code ("Chapter 171"), then Respondent certifies that it is not currently delinquent in the payment of any taxes due under Chapter 171, or that Respondent is exempt from the payment of those taxes, or that Respondent is an out-of-state taxable entity that is not subject to those taxes, whichever is applicable.

Eligibility to Receive Payment

In accordance with Section 231.006 of the Texas Family Code and Sections 2155.004 and 2155.006 of the Texas Government Code, Respondent certifies that it is not ineligible to receive the Agreement or any payments under the Agreement and acknowledges that University may terminate the Agreement and/or withhold any payment and/or reimbursement if this certification is inaccurate.

Payment of Debt or Delinquency to the State

Pursuant to Sections 2107.008 and 2252.903, Texas Government Code, Respondent agrees that any payments owing to Respondent under the Agreement may be applied directly toward any debt or delinquency that Respondent owes the State of Texas or any agency of the State of Texas regardless of when it arises, until such debt or delinquency is paid in full.

The person signing the Response should show title or authority to bind his/her firm in contract.

Federal Employer's Identification Number: _____

Sole Owner should also enter Social Security No.: _____

Respondent/Company: _____

Signature (INK): _____

Name (Typed/Printed): _____

Title: _____

Street: _____

City/State/Zip: _____

Telephone No/Fax No: _____

Email: _____

THIS SHEET MUST BE COMPLETED, SIGNED, AND RETURNED WITH RESPONDENT'S RESPONSE. FAILURE TO SIGN AND RETURN THIS SHEET MAY RESULT IN THE REJECTION OF YOUR RESPONSE

EXHIBIT B - ACKNOWLEDGEMENT OF ADDENDA

(If addenda are sent out)

Receipt is hereby acknowledged of the following addenda to this RFP.

Addenda No. _____ Dated _____

Addenda No. _____ Dated _____

Addenda No. _____ Dated _____

Addenda No. _____ Dated _____

Respondent/Company: _____

Refer to the SFA Procurement and Business Services Department website to confirm
all addenda issued: <http://www.sfasu.edu/purchasing/122.asp>

EXHIBIT C- FINANCIAL PROPOSAL

Having carefully reviewed the specifications and related documents affecting the proposal to provide Lab testing services for Stephen F. Austin State University, the undersigned submits the following Financial Proposal in accordance with the Request for Proposal documents:

Respondent Name: _____

Authorized Signature: _____

-
-
1. Reference Exhibit C attached to this RFP in excel format labeled "Exhibit C Lab Test Pricing"

This file must be submitted with proposal response in excel format.

2. Below please describe any additional information about your fee structure that you believe may be helpful in the evaluation of you financial proposal.

EXHIBIT D - NON-COLLUSION AFFIDAVIT

The undersigned, duly authorized to represent the persons, firms and corporations joining and participating in the submission of the foregoing Proposal (such persons, firms and corporations hereinafter being referred to as the "Respondents"), being duly sworn, on his or her oath, states that to the best of his or her belief and knowledge no person, firm or corporation, nor any person duly representing the same joining and participating in the submission of the foregoing Proposal, has directly or indirectly entered into any agreement or arrangement with any other Respondent, or with any official of SFA or any employee thereof, or any person, firm or corporation under contract with SFA whereby the Respondent, in order to induce acceptance of the foregoing Proposal by said SFA, has paid or is to pay to any other Respondent or to any of the aforementioned persons anything of value whatsoever, and that the Respondent has not, directly or indirectly entered into any arrangement or agreement with any other Respondent or Respondent which tends to or does lessen or destroy free competition in the letting of the contract sought for by the foregoing Proposal.

The Respondent hereby certifies that neither it, its officers, partners, owners, providers, representatives, employees and/or parties in interest, including the affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Respondent, potential Respondent, firm or person, in connection with this solicitation, to submit a collusive or sham bid, to refrain from bidding, to manipulate or ascertain the price(s) of other Respondents or potential Respondents, or to obtain through any unlawful act an advantage over other Respondents or SFA.

The prices submitted herein have been arrived at in an entirely independent and lawful manner by the Respondent without consultation with other Respondents or potential Respondents or foreknowledge of the prices to be submitted in response to this solicitation by other Respondents or potential Respondents on the part of the Respondent, its officers, partners, owners, providers, representatives, employees or parties in interest including the affiant.

CONFLICT OF INTEREST

The undersigned Respondent and each person signing on behalf of the Respondent certifies, and in the case of a sole proprietorship, partnership or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no member of SFA, nor any member of its Board of Regents, employee, or person whose salary is payable in whole or in part by SFA, has a direct or indirect financial interest in the award of the Proposal, or in the services to which this Proposal relates, or any of the profits, real or potential, thereof, except as noted otherwise herein.

Signature _____

Company name _____

Date _____

EXHIBIT E - HUB SUBCONTRACTING PLAN (HSP)



HUB Subcontracting Plan (HSP)

QUICK CHECKLIST

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

- **If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:**
 - Section 1 - Respondent and Requisition Information
 - Section 2 a. - Yes, I will be subcontracting portions of the contract.
 - Section 2 b. - List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors.
 - Section 2 c. - Yes
 - Section 4 - Affirmation
 - GFE Method A (Attachment A) - Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.
- **If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you do not have a continuous contract* in place for more than five (5) years meets or exceeds the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:**
 - Section 1 - Respondent and Requisition Information
 - Section 2 a. - Yes, I will be subcontracting portions of the contract.
 - Section 2 b. - List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors.
 - Section 2 c. - No
 - Section 2 d. - Yes
 - Section 4 - Affirmation
 - GFE Method A (Attachment A) - Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.
- **If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you do not have a continuous contract* in place for more than five (5) years does not meet or exceed the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:**
 - Section 1 - Respondent and Requisition Information
 - Section 2 a. - Yes, I will be subcontracting portions of the contract.
 - Section 2 b. - List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors.
 - Section 2 c. - No
 - Section 2 d. - No
 - Section 4 - Affirmation
 - GFE Method B (Attachment B) - Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b.
- **If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources (i.e., employees, supplies, materials and/or equipment), complete:**
 - Section 1 - Respondent and Requisition Information
 - Section 2 a. - No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources.
 - Section 3 - Self Performing Justification
 - Section 4 - Affirmation

***Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service, to include under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.



HUB Subcontracting Plan (HSP)

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Plan (HSP) with their response to the bid requisition (solicitation).

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) §20.284 are:

- **11.2 percent for heavy construction other than building contracts,**
- **21.1 percent for all building construction, including general contractors and operative builders' contracts,**
- **32.9 percent for all special trade construction contracts,**
- **23.7 percent for professional services contracts,**
- **26.0 percent for all other services contracts, and**
- **21.1 percent for commodities contracts.**

- - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.285(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only the aggregate percentage of the contracts expected to be subcontracted to HUBs with which the respondent does not have a continuous contract in place for more than five (5) years shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.*

SECTION 1: RESPONDENT AND REQUISITION INFORMATION

- a. Respondent (Company) Name: _____ State of Texas VID #: _____
Point of Contact: _____ Phone #: _____
E-mail Address: _____ Fax #: _____
- b. Is your company a State of Texas certified HUB? ☐ - Yes ☐ - No
- c. Requisition #: _____ Bid Open Date: _____
(mm/dd/yyyy)

Enter your company's name here: _____ Requisition #: _____

SECTION 2: RESPONDENT'S SUBCONTRACTING INTENTIONS

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, **including contracted staffing, goods and services will be subcontracted**. Note: In accordance with 34 TAC §20.282, a "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:

- ☐ - *Yes*, I will be subcontracting portions of the contract. (If *Yes*, complete Item b of this SECTION and continue to Item c of this SECTION.)
- ☐ - *No*, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources, including employees, goods and services. (If *No*, continue to SECTION 3 and SECTION 4.)

b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you do not have a continuous contract* in place for more than five (5) years .	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years .	Percentage of the contract expected to be subcontracted to non-HUBs.
1		%	%	%
2		%	%	%
3		%	%	%
4		%	%	%
5		%	%	%
6		%	%	%
7		%	%	%
8		%	%	%
9		%	%	%
10		%	%	%
11		%	%	%
12		%	%	%
13		%	%	%
14		%	%	%
15		%	%	%
Aggregate percentages of the contract expected to be subcontracted:		%	%	%

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at <https://www.comptroller.texas.gov/purchasing/vendor/hub/forms.php>.)

c. Check the appropriate box (Yes or No) that indicates whether you will be using **only** Texas certified HUBs to perform **all** of the subcontracting opportunities you listed in SECTION 2, Item b.

- *Yes* (If *Yes*, continue to SECTION 4 and complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)
- *No* (If *No*, continue to Item d, of this SECTION.)

d. Check the appropriate box (Yes or No) that indicates whether the aggregate expected percentage of the contract you will subcontract **with Texas certified HUBs** with which you **do not** have a **continuous contract*** in place with for **more than five (5) years**, **meets or exceeds** the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements."

- *Yes* (If *Yes*, continue to SECTION 4 and complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)
- *No* (If *No*, continue to SECTION 4 and complete an "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed.)

***Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

Enter your company's name here: _____

Requisition #: _____

SECTION 2: RESPONDENT'S SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)

This page can be used as a continuation sheet to the HSP Form's page 2, Section 2, Item b. Continue listing the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you do not have a <u>continuous contract*</u> in place for <u>more than five (5) years</u> .	Percentage of the contract expected to be subcontracted to HUBs with which you have a <u>continuous contract*</u> in place for <u>more than five (5) years</u> .	Percentage of the contract expected to be subcontracted to non-HUBs.
16		%	%	%
17		%	%	%
18		%	%	%
19		%	%	%
20		%	%	%
21		%	%	%
22		%	%	%
23		%	%	%
24		%	%	%
25		%	%	%
26		%	%	%
27		%	%	%
28		%	%	%
29		%	%	%
30		%	%	%
31		%	%	%
32		%	%	%
33		%	%	%
34		%	%	%
35		%	%	%
36		%	%	%
37		%	%	%
38		%	%	%
39		%	%	%
40		%	%	%
41		%	%	%
42		%	%	%
43		%	%	%
Aggregate percentages of the contract expected to be subcontracted:		%	%	%

***Continuous Contract:** Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

Enter your company's name here: _____ Requisition #: _____

SECTION 3: SELF PERFORMING JUSTIFICATION (If you responded "No" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.) If you responded "No" to SECTION 2, Item a, in the space provided below **explain how** your company will perform the entire contract with its own employees, supplies, materials and/or equipment.

SECTION 4: AFFIRMATION

As evidenced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and supporting documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisition:

- The respondent will provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded contract. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.
- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying its compliance with the HSP, including the use of and expenditures made to its subcontractors (HUBs and Non-HUBs). (The PAR is available at <https://www.comptroller.texas.gov/purchasing/docs/hub-forms/ProgressAssessmentReportForm.xls>).
- The respondent must seek approval from the contracting agency prior to making any modifications to its HSP, including the hiring of additional or different subcontractors and the termination of a subcontractor the respondent identified in its HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to any and all enforcement remedies available under the contract or otherwise available by law, up to and including debarment from all state contracting.
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are being performed and must provide documentation regarding staffing and other resources.

Signature

Printed Name

Title

Date
(mm/dd/yyyy)

Reminder:

- If you responded "Yes" to SECTION 2, Items c or d, you must complete an "HSP Good Faith Effort - Method A (Attachment A)" for each of the subcontracting opportunities you listed in SECTION 2, Item b.
- If you responded "No" SECTION 2, Items c and d, you must complete an "HSP Good Faith Effort - Method B (Attachment B)" for each of the subcontracting opportunities you listed in SECTION 2, Item b.

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IMPORTANT: If you responded “Yes” to **SECTION 2, Items c or d** of the completed HSP form, you must submit a completed “HSP Good Faith Effort - Method A (Attachment A)” for **each** of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at <https://www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-gfe-achm-a.pdf>

Item Number: Description:

[illegible]

Page 1 of 1
(Attachment A)

HSP Good Faith Effort - Method B (Attachment B)

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Enter your company's name here: _____ Requisition #: _____

IMPORTANT: If you responded “No” to **SECTION 2, Items c and d** of the completed HSP form, you must submit a completed “HSP Good Faith Effort - Method B (Attachment B)” for **each** of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at <https://www.comptroller.texas.gov/purchasing/docs/hub-forms/hub-sbcont-plan-gfe-achm-b.pdf>.

SECTION B-1: SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing the attachment.

Item Number: _____ Description: _____

SECTION B-2: MENTOR PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the subcontracting opportunity listed in **SECTION B-1**, constitutes a good faith effort to subcontract with a Texas certified HUB towards that specific portion of work.

Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the portion of work you listed in SECTION B-1 to your Protégé.

- Yes (If Yes, continue to SECTION B-4.)
- No / Not Applicable (If No or Not Applicable, continue to SECTION B-3 and SECTION B-4.)

SECTION B-3: NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you **MUST** comply with items **a, b, c and d**, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs and trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at <https://www.comptroller.texas.gov/purchasing/docs/hub-forms/HUBSubcontractingOpportunityNotificationForm.pdf>.

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs and trade organizations or development centers. Also, be mindful that a working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the trade organizations or development centers is considered to be “day zero” and does not count as one of the seven (7) working days.

- a.** Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to three (3) or more Texas certified HUBs. Unless the contracting agency specified a different time period, you must allow the HUBs at least seven (7) working days to respond to the notice prior to you submitting your bid response to the contracting agency. When searching for Texas certified HUBs and verifying their HUB status, ensure that you use the State of Texas’ Centralized Master Bidders List (CMBL) - Historically Underutilized Business (HUB) Directory Search located at <http://mycpa.cpa.state.tx.us/tpasscmbldsearch/index.jsp>. HUB status code “A” signifies that the company is a Texas certified HUB.
- b.** List the **three (3) Texas certified HUBs** you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company’s Texas Vendor Identification (VID) Number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

Company Name	Texas VID (Do not enter Social Security Numbers.)	Date Notice Sent (mm/dd/yyyy)	Did the HUB Respond?
			- Yes - No
			- Yes - No
			- Yes - No

- c.** Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to **two (2)** or more trade organizations or development centers in Texas to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program’s webpage at <https://www.comptroller.texas.gov/purchasing/vendor/hub/resources.php>.
- d.** List **two (2) trade organizations or development centers** you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

Trade Organizations or Development Centers	Date Notice Sent (mm/dd/yyyy)	Was the Notice Accepted?
		- Yes - No
		- Yes - No

HSP Good Faith Effort - Method B (Attachment B) Cont.

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Enter your company's name here: _____ Requisition #: _____

SECTION B-4: SUBCONTRACTOR SELECTION

Enter the item number and description of the subcontracting opportunity you listed in **SECTION 2, Item b**, of the completed HSP form for which you are completing the attachment.

- a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

Item Number: _____ Description: _____

- b. List the subcontractor(s) you selected to perform the subcontracting opportunity you listed in **SECTION B-1**. Also identify whether they are a Texas certified HUB and their Texas Vendor Identification (VID) Number or federal Employer Identification Number (EIN), the approximate dollar value of the work to be subcontracted, and the expected percentage of work to be subcontracted. When searching for Texas certified HUBs and verifying their HUB status, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) - Historically Underutilized Business (HUB) Directory Search located at <http://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>. HUB status code "A" signifies that the company is a Texas certified HUB.

Company Name	Texas certified HUB	Texas VID or federal EIN <small>Do not enter Social Security Numbers. If you do not know their VID / EIN, leave their VID / EIN field blank.</small>	Approximate Dollar Amount	Expected Percentage of Contract
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%
	- Yes - No		\$	%

- c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in **SECTION B-1** is not a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary):

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity it (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.



HUB Subcontracting Opportunity Notification Form

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in Section B has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.285 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, at least seven (7) working days prior to submitting its bid response to the contracting agency, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more trade organizations or development centers (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American, Hispanic American, Native American, Woman, Service Disabled Veteran) identified in Texas Administrative Code §20.282(19)(C).

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in Section C, Item 2, reply no later than the date and time identified in Section C, Item 1. Submit your response to the point-of-contact referenced in Section A.

SECTION A: PRIME CONTRACTOR'S INFORMATION

Company Name: _____

State of Texas VID #: _____

Point-of-Contact: _____

Phone #: _____

E-mail Address: _____

Fax #: _____

SECTION B: CONTRACTING STATE AGENCY AND REQUISITION INFORMATION

Agency Name: _____

Point-of-Contact: _____

Phone #: _____

Requisition #: _____

Bid Open Date: _____

(mm/dd/yyyy)

SECTION C: SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION

1. Potential Subcontractor's Bid Response Due Date:

If you would like for our company to consider your company's bid for the subcontracting opportunity identified below in Item 2,

we must receive your bid response no later than _____ on _____ .
Central Time Date (mm/dd/yyyy)

In accordance with 34 TAC §20.285, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs, and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, at least seven (7) working days prior to us submitting our bid response to the contracting agency, we must provide notice of each of our subcontracting opportunities to two (2) or more trade organizations or development centers (in Texas) that serves members of groups (i.e., Asian Pacific American, Black American, Hispanic American, Native American, Woman, Service Disabled Veteran) identified in Texas Administrative Code, §20.282(19)(C).

(A working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.)

2. Subcontracting Opportunity Scope of Work:

3. Required Qualifications:

- Not Applicable

4. Bonding/Insurance Requirements:

- Not Applicable

5. Location to review plans/specifications:

- Not Applicable

EASY HUB LOOKUP on the CMBL

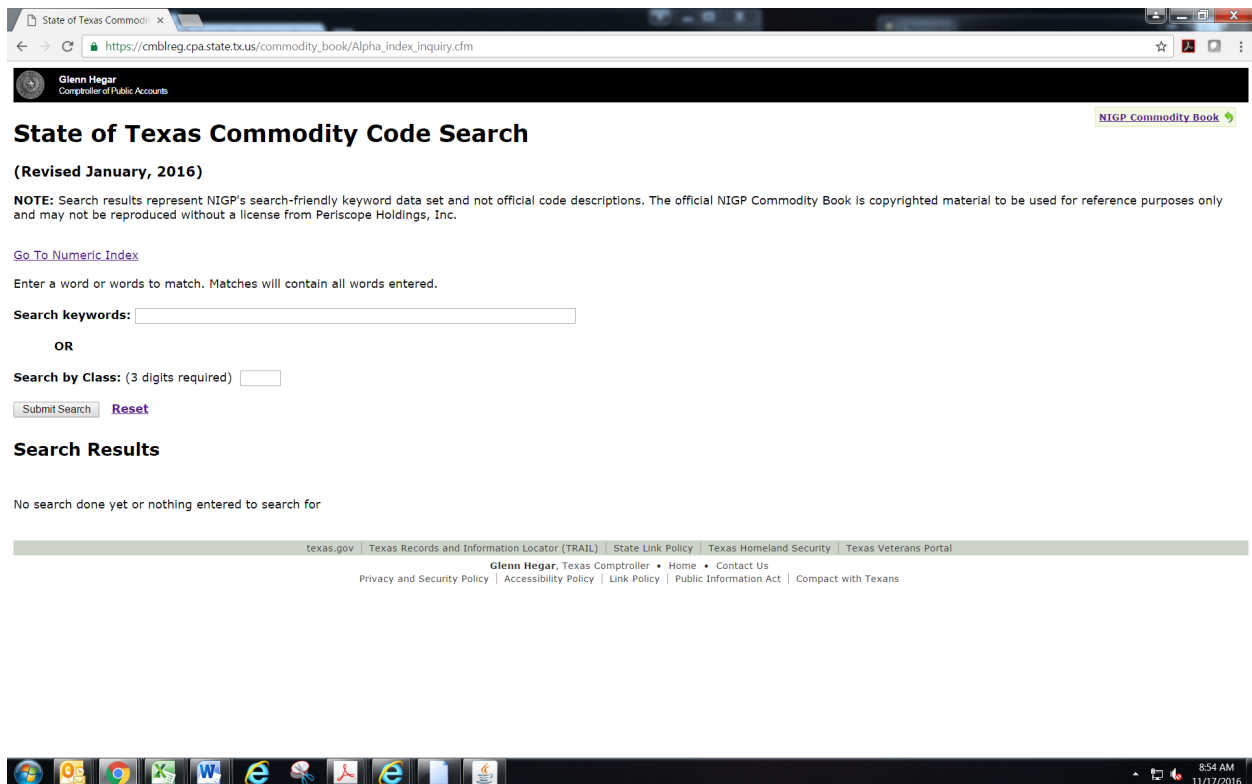
In accordance with Texas Administrative Code 20.14, the following HUB lookup procedures have been developed utilizing the Comptroller of Public Accounts website to identify possible HUB Vendors for subcontracting opportunities.

To that end the following easy step by step instructions to identify NIGP codes and search for potential HUB subcontractors is provided by Stephen F. Austin State University. In addition, the University may have already completed searches that may be beneficial and include a list of potential HUB subcontractors that may be used by the Respondent. If you have a hard time reading the webpages cited, increase the page view to 200% or better.

For assistance with this instruction or further assistance in identifying potential HUB subcontractors, please contact Kay Johnson at 936-468-6550.

STEP 1: After identifying what areas that are going to be subcontracted for the project go to the following web address at Comptroller of Public Accounts:

<https://mycpa.cpa.state.tx.us/commbook/indexSearch>



State of Texas Commodity Code Search

(Revised January, 2016)

NOTE: Search results represent NIGP's search-friendly keyword data set and not official code descriptions. The official NIGP Commodity Book is copyrighted material to be used for reference purposes only and may not be reproduced without a license from Periscope Holdings, Inc.

[Go To Numeric Index](#)

Enter a word or words to match. Matches will contain all words entered.

Search keywords:

OR

Search by Class: (3 digits required)

[Reset](#)

Search Results

No search done yet or nothing entered to search for

texas.gov | Texas Records and Information Locator (TRAIL) | State Link Policy | Texas Homeland Security | Texas Veterans Portal

Glenn Hegar, Texas Comptroller • Home • Contact Us
Privacy and Security Policy | Accessibility Policy | Link Policy | Public Information Act | Compact with Texans

At this point type in the item you are looking for in Search keywords: (for this example we are looking for drywall services). Press Submit Search and the results will appear. See example below:

The screenshot shows a web browser window with the URL https://cmlreg.cpa.state.tx.us/commodity_book/Alpha_index_inquiry.cfm. The page header includes the Glenn Hegar logo and the title "State of Texas Commodity Code Search". A note states: "NOTE: Search results represent NIGP's search-friendly keyword data set and not official code descriptions. The official NIGP Commodity Book is copyrighted material to be used for reference purposes only and may not be reproduced without a license from Periscope Holdings, Inc." Below the note is a link "Go To Numeric Index". A search bar contains the text "drywall". Below the search bar is a section for "Search by Class: (3 digits required)" with a text input field. A "Submit Search" button and a "Reset" link are present. The "Search Results" section shows "10 results matching 'drywall' sorted by Keyword Match". A table lists the results:

Class-Item	Keyword Match
150-33	DRYWALL GROUT
150-33	DRYWALL MORTAR
150-33	DRYWALL PLASTER
320-71	DRYWALL SCREWS
910-75	DRYWALL SERVICES, CEILING AND WALL
570-81	DRYWALL STUDS, STEEL
150-33	GROUT, DRYWALL
150-33	MORTAR, DRYWALL

The page will list Keyword Match for drywall. In this example the Class-Item for Drywall Services, Ceiling and Wall is 910-75. Remember to write down the Class and Item numbers. You will do the same for other items that you will be subcontracting on the project. Once you have completed collecting all Class and Item numbers for sub-contracting opportunities you can proceed to Step 2

STEP 2: With the Class and Item numbers you can search for HUB Vendors on the Centralized Master Bidders List – HUB Directory Search. Go to the following web address at Texas Comptroller of Public Accounts:

<https://mycpa.cpa.state.tx.us/tpasscmlsearch/index.jsp>

Under **SEARCH FOR** mark HUBs Only (you are looking for HUB vendors)

The EXAMPLE below is how the form should be filled out. Search for HUBs on CMBL; Selection 1: Class-Item; Select Fields For Output (Vendor ID, Company Name, Contact Person, City, Email, Phone, Business Description, HUB Eligibility, HUB Gender)

In the example below we are searching for NIGP Class Code 910, Items 75 (Drywall Services).

Once all the information needed has been marked. Click : **SEARCH**.

Search For Vendors - Centralized Master Bidders List - HUB Directory Search

Glenn Hegar
Texas Comptroller of Public Accounts

Search For Vendors

Help

Related Links

- CMBL/HUB Directory Search Tips
- Register For CMBL - HUB
- HUB Mentor Protege Agreement Listing
- System for Award Management (EPLS)
- Debarred Vendors List

The **CMBL** is a master database used by State of Texas purchasing entities to develop a mailing list for vendors to receive bids based on the products or services they can provide to the State of Texas. Manufacturers, suppliers, and other vendors wishing to furnish materials, equipment, supplies, and services to the state should register for the CMBL to receive bidding opportunities.

The CMBL/HUB Directory Search is automatically defaulted to "CMBL Only" to perform a search for vendors, including Texas certified HUBs who have elected to register on the CMBL. Purchasing entities use NIIG Class and Item Codes within the "Multiple Vendor Search" feature to identify vendors who can provide the products or services they want to purchase, and to develop mailing lists of vendors to receive bids.

For detailed explanations of the various search and data output features (i.e., Search For, Single Vendor Search, Multiple Vendor Search, Business Category / Vendor Location Search, Select Fields For Output, Output Options) that may be used to create lists of potential vendors as well as retrieve detailed information on a specific vendor, click CMBL/HUB Directory Search Tips.

Search **Clear Search**

SEARCH FOR

☒ CMBL Only ☐ HUBs Only ☐ HUBs On CMBL ☐ All Vendors

SINGLE VENDOR SEARCH

Vendor ID:

Vendor Number:

Vendor Name: contains

[Include Inactive Vendors](#) ☐ Note: If this box is checked, you must enter either a Vendor ID, Vendor Number or Vendor Name.

MULTIPLE VENDOR SEARCH

Selection	NIIG Class Code	Items	Highway District(s)
Selection 1	910	75	
Selection 2			
Selection 3			

BUSINESS CATEGORY / VENDOR LOCATION SEARCH

Business Category:

County Location:

City Location: begins with

Zip Code Location: exact

Highway District(s) Location:

Once the search is completed, a page like the one below will appear listing all the HUB companies that are Class 910 and Item 75.

The search found 222 vendors where are HUB's.

At this point you should look at the Business Description to confirm that the company does indeed provide drywall services. Note that the first company listed 1DZ ENTERPRISE, L.L.C. does not list drywall services, instead the company business description list Janitorial Service – if at all possible you should not use this company in your Good Faith Efforts as there are other companies that list dry wall in their business description.

3 B'S CONTSTRUCTION does list drywall and is a good candidate for sending a request to bid the project.

YOU ARE REQUIRED TO SELECT THREE (3) HUB VENDORS TO CONTACT.

When looking for HUB Vendors to support you at SFA look for these vendors that are close to Nacogdoches and East Texas. If none can be found in our area, expand your search to the Dallas/Fort Worth area, Austin and Houston market areas.

NOTES:

1) SELECTING HUBS THAT ARE FROM EL PASO, AND FAR WEST TEXAS DOES NOT SHOW GOOD FAITH IN YOUR SELECTION PROCESS.

2) IF YOU DO NOT UNDERSTAND THESE DIRECTIONS OR NEED ASSITANCE PLEASE CONTACT THE SFA PROCUREMENT OFFICE FOR HELP.

Search For Vendors - C:\ x

https://mycpa.cpa.state.tx.us/tpasscmlsearch/CmbllHubSearch.do

Glenn Hagar
Texas Comptroller of Public Accounts

Search For Vendors

Results For HUBs Only Search

Search found 222 vendors, 222 are HUB's, Includes 0 Inactive Vendors.
Search Condition : SearchType=HUB's Only,Section1 Class Code=910,Section1 Item(s)=(75)

[Back](#)

Vendor ID	Company Name	Contact Person	City	Email	Phone	Business Description
1475357271900	1DZ ENTERPRISE, LLC	Debra A. Garcia	INGLESIDE	debbiegarc20@gmail.com	361-534-4244	Janitorial Service
1204990047000	3 B'S CONSTRUCTION	Owner/Andrew Rosas	LYTLE	andrewrosas@sbcglobal.net	210-382-0984	New construction, remodeling to include wood frame, metal stud,drywall. Installat suspended ceiling, concrete work and demolition.
1461995281600	360TXC	Tony Lester	AUSTIN	estimator@360txc.com	877-710-7474	We provide general contracting and complete project planning and management s vast project portfolio covers everything from 1,000sqft interiors and renovations to 25,000sqft+ ground-up and core-shell buildouts.
1472181557000	3J CONTRACTING	Jose Mondragon	CORPUS CHRISTI	3jcontracting@gmail.com	361-548-4937	Remodel, repair, Paint, Lawn Services,constructions,electrical, plumbing, fencing a demolition of small building,& hauling land waste.
1743004957100	A-1 TOTAL INTERIOR, INC.	Pres./CEO/Randy Sanchez Sr.	SAN ANTONIO	A1totalinteriors@sbcglobal.net	210-733-3739	Construction finish out new builds; remodels; commercial & residential contractors
1760404341800	A.C.T. SERVICES	President / Deborah Harris	SAN ANTONIO	debbie@actsoftx.com	210-902-5785	A.C.T. Services provides quality residential and commercial design and constructio
1752966405800	ACUMEN ENTERPRISES, INC.	Wayne Boyter	DESOTO	wayne@acumen-enterprises.com	972-572-0701	Mechanical HVAC & plumbing contractor, mechanical insulation, & general construc
1760616493100	ADVACS, INC.	Francis Foyeku	HOUSTON	fofeyeku@aol.com	713-266-7200	IT Services/Facilities Maintenance Service/Construction Management of Division 9
1263904481200	AG CONSTRUCTION MANAGEMENT	Anthony Gutierrez	AUSTIN	info@agcm.us	512-579-6498	Service general contractors for the federal, state, public works projects
1741946544200	AIR STREAM GENERAL CONSTRUCTION, INC	Rebecca Flores	SAN ANTONIO	bflores@air-streamservices.com	210-533-3264	Air-Conditioning, HVAC Contracting, Mechanical Services, and Facilities Support Se
1811519383300	ALA SIGNATURE SERVICES, LLC	Linda Alexander	KATY	alasignatureservices@gmail.com	817-993-9905	Facility/Building Maintenance Services; Janitorial/Custodial Services; General Freig Local; Administrative Services

10:32 AM 11/17/2016

POTENTIAL HUB SUBCONTRACTORS PROVIDED WITH

Request for Proposal: #LAB TESTING SERVICES-23

Issued by Stephen F. Austin State University

Closing Date/Time: February 16, 2023 at 5:00pm

This list of potential HUB subcontractors is provided for information only and SFA does not endorse, recommend, nor attest to the capabilities of any company or individual listed. A complete list of State certified HUBs can be searched online at <https://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>

The Respondent is responsible for compliance with the Good Faith Effort requirements outlined in the Request For Proposal and HUB Subcontracting Plan documents.

NIGP Class Code – vendors in the following commodity class codes are identified on the following pages. The vendor is responsible to identify all commodity classes that may represent subcontracting opportunities.

948-55 Medical and Laboratory Services, Non-Physician

EXHIBIT F - EVALUATION OF QUALIFICATIONS, EXPERIENCE & REFERENCES

1. Provide a history of your company, including how long your company has been in business under its present name and any structural changes contemplated in the next year.
2. Provide a brief overview of your company and its demonstrated expertise and experience related to requested services. Include service areas your company provides services to.
3. Provide a description of experience working with colleges/universities of similar size (or larger) and scope, if any. Please indicate none if no experience.
4. Describe any previous related services performed for SFA in the past five (5) years, if any. Include description of services provided and years of service.
5. Provide a minimum of three (3) client references for which Respondent currently provides lab testing services, including but not limited to higher education clients. The services provided should be similar to services requested in this RFP. At a minimum, include entity name, contact name, address, telephone number and email address, description of services provided, and time period of service.
6. Provide a list of all insurances you accept as well as your cash pay pricing structure?
7. How often are your fee schedules updated?

EXHIBIT G – LAB TEST HISTORY

REFERENCE LAB VOLUMES FY21

<u>Code</u>	<u>Code Name</u>	<u>Count</u>
5861	AMPHETAMINES, QUANT, URINE	6
5809	BARBITURATES, QUANT, URINE	3
2036	BILIRUBIN, DIRECT	2
3545	C-REACTIVE PROTEIN	3
9179	COMPREHENSIVE METABOLIC PANEL	96
6066	CULTURE, CHLAMYDIA	1
6007	CULTURE, ROUTINE	2
6089	CULTURE, URINE/SENSITIVITY ON ALL	1
8964	DRL PAP, CONVENTIONAL	90
3254	DRUG ABUSE SCREEN 10 REFLEX CONFIRM	202
3317	DRUG ABUSE SCREEN 10, NO CONFIRM	1
2090	FERRITIN	2
2823	FREE T4	1
2713	HCG, QUANTITATIVE	11
2708	HEMOGLOBIN A1c	13
2720	HEMOGLOBIN ELECTROPHORESIS	1
2737	HEPATITIS B SURFACE AB	6
2738	HEPATITIS Bs AB QUANT	2
9325	HEPATITIS PANEL, ACUTE	1
162	HEPATITIS PROFILE (A,B,C)	3
6068	HERPES SIMPLEX VIRUS, TMA	23
6069	HERPES SIMPLEX VIRUS, TMA	3
3540	HIV 1/2 AB/AG RFLX CONF	610
3518	HIV 1/2 CONFIRMATION	1
3954	HIV NUCLEIC ACID AMPLIFICATION TEST	1
4141	HIV-1 QUANT, PCR	1
2118	IRON BINDING CAPACITY AND IRON AND % SATURATION	1
6003	ISOLATE CULTURE, URINE	3
173	LIPID PANEL	14
2128	LITHIUM	1
152	MMR PROFILE	1
4585	MUMPS VIRUS IgG	3
5702	OPIATE, QUANT, URINE	1
8150	PAP SMEAR CYTOLOGY REPORT	4
1022	PATHOLOGIST SMEAR REVIEW	5
920	PHLEBOTOMY FEE - SINGLE	9
2800	PROLACTIN	1
2159	PROTEIN/CREATININE RATIO, URINE, RANDOM	1
272501	REFLEX HEPATITIS A IgM	2

3503	RPR REFLEX TO TP-PA	611
4600	RUBELLA ANTIBODY SCREEN	3
4604	RUBEOLA IgG ANTIBODY	4
7305	SARS-CoV-2 (COVID-19), RT-PCR/TMA	445
7301	SARS-CoV-2 IgG Ab, N protein	1
1055	SEDIMENTATION RATE	3
3521	SICKLE CELL RFLX ELECT	49
4581	T. PALLIDUM - PA	5
2818	T3 TOTAL	1
2817	T3 UPTAKE	1
2819	T4	46
5911	THC METABOLITE, QUANT, URINE	13
119	THYROID II PROFILE (T3U, T4, T7, TSH)	1
942	TIQ UNMAPPED	19
4017	TROPONIN T	9
2835	TSH, THIRD GENERATION	107
2233	URIC ACID	1
4665	VARICELLA ZOSTER IgG	13
3720	VARICELLA ZOSTER IgG/IgM	1
997	VERBAL DIAGNOSIS	4
9999	VERBAL ORDER	11
2840	VITAMIN B-12	4
4958	VITAMIN D, 25 OH	17

REFERENCE LAB VOLUMES FY22

<u>Code</u>	<u>Code Name</u>	<u>Count</u>
5861	AMPHETAMINES, QUANT, URINE	6
5809	BARBITURATES, QUANT, URINE	3
2036	BILIRUBIN, DIRECT	2
3545	C-REACTIVE PROTEIN	3
9179	COMPREHENSIVE METABOLIC PANEL	96
6066	CULTURE, CHLAMYDIA	1
6007	CULTURE, ROUTINE	2
6089	CULTURE, URINE/SENSITIVITY ON ALL	1
8964	DRL PAP, CONVENTIONAL	90
3254	DRUG ABUSE SCREEN 10 REFLEX CONFIRM	202
3317	DRUG ABUSE SCREEN 10, NO CONFIRM	1
2090	FERRITIN	2
2823	FREE T4	1
2713	HCG, QUANTITATIVE	11
2708	HEMOGLOBIN A1c	13
2720	HEMOGLOBIN ELECTROPHORESIS	1
2737	HEPATITIS B SURFACE AB	6
2738	HEPATITIS Bs AB QUANT	2
9325	HEPATITIS PANEL, ACUTE	1
162	HEPATITIS PROFILE (A,B,C)	3
6068	HERPES SIMPLEX VIRUS, TMA	23
6069	HERPES SIMPLEX VIRUS, TMA	3
3540	HIV 1/2 AB/AG RFLX CONF	610
3518	HIV 1/2 CONFIRMATION	1
3954	HIV NUCLEIC ACID AMPLIFICATION TEST	1
4141	HIV-1 QUANT, PCR	1
2118	IRON BINDING CAPACITY AND IRON AND % SATURATION	1
6003	ISOLATE CULTURE, URINE	3
173	LIPID PANEL	14
2128	LITHIUM	1
152	MMR PROFILE	1
4585	MUMPS VIRUS IgG	3
5702	OPIATE, QUANT, URINE	1
8150	PAP SMEAR CYTOLOGY REPORT	4
1022	PATHOLOGIST SMEAR REVIEW	5
920	PHLEBOTOMY FEE - SINGLE	9
2800	PROLACTIN	1
2159	PROTEIN/CREATININE RATIO, URINE, RANDOM	1
272501	REFLEX HEPATITIS A IgM	2

3503	RPR REFLEX TO TP-PA	611
4600	RUBELLA ANTIBODY SCREEN	3
4604	RUBEOLA IgG ANTIBODY	4
7305	SARS-CoV-2 (COVID-19), RT-PCR/TMA	445
7301	SARS-CoV-2 IgG Ab, N protein	1
1055	SEDIMENTATION RATE	3
3521	SICKLE CELL RFLX ELECT	49
4581	T. PALLIDUM - PA	5
2818	T3 TOTAL	1
2817	T3 UPTAKE	1
2819	T4	46
5911	THC METABOLITE, QUANT, URINE	13
119	THYROID II PROFILE (T3U, T4, T7, TSH)	1
942	TIQ UNMAPPED	19
4017	TROPONIN T	9
2835	TSH, THIRD GENERATION	107
2233	URIC ACID	1
4665	VARICELLA ZOSTER IgG	13
3720	VARICELLA ZOSTER IgG/IgM	1
997	VERBAL DIAGNOSIS	4
9999	VERBAL ORDER	11
2840	VITAMIN B-12	4
4958	VITAMIN D, 25 OH	17

REFERENCE LAB VOLUME 9/1/22 – 12/31/22

<u>Code</u>	<u>Code Name</u>	<u>Count</u>
5861	AMPHETAMINES, QUANT, URINE	6
5809	BARBITURATES, QUANT, URINE	3
2036	BILIRUBIN, DIRECT	2
3545	C-REACTIVE PROTEIN	3
9179	COMPREHENSIVE METABOLIC PANEL	96
6066	CULTURE, CHLAMYDIA	1
6007	CULTURE, ROUTINE	2
6089	CULTURE, URINE/SENSITIVITY ON ALL	1
8964	DRL PAP, CONVENTIONAL	90
3254	DRUG ABUSE SCREEN 10 REFLEX CONFIRM	202
3317	DRUG ABUSE SCREEN 10, NO CONFIRM	1
2090	FERRITIN	2
2823	FREE T4	1
2713	HCG, QUANTITATIVE	11
2708	HEMOGLOBIN A1c	13
2720	HEMOGLOBIN ELECTROPHORESIS	1
2737	HEPATITIS B SURFACE AB	6
2738	HEPATITIS Bs AB QUANT	2
9325	HEPATITIS PANEL, ACUTE	1
162	HEPATITIS PROFILE (A,B,C)	3
6068	HERPES SIMPLEX VIRUS, TMA	23
6069	HERPES SIMPLEX VIRUS, TMA	3
3540	HIV 1/2 AB/AG RFLX CONF	610
3518	HIV 1/2 CONFIRMATION	1
3954	HIV NUCLEIC ACID AMPLIFICATION TEST	1
4141	HIV-1 QUANT, PCR	1
2118	IRON BINDING CAPACITY AND IRON AND % SATURATION	1
6003	ISOLATE CULTURE, URINE	3
173	LIPID PANEL	14
2128	LITHIUM	1
152	MMR PROFILE	1
4585	MUMPS VIRUS IgG	3
5702	OPIATE, QUANT, URINE	1
8150	PAP SMEAR CYTOLOGY REPORT	4
1022	PATHOLOGIST SMEAR REVIEW	5
920	PHLEBOTOMY FEE - SINGLE	9
2800	PROLACTIN	1
2159	PROTEIN/CREATININE RATIO, URINE, RANDOM	1
272501	REFLEX HEPATITIS A IgM	2

3503	RPR REFLEX TO TP-PA	611
4600	RUBELLA ANTIBODY SCREEN	3
4604	RUBEOLA IgG ANTIBODY	4
7305	SARS-CoV-2 (COVID-19), RT-PCR/TMA	445
7301	SARS-CoV-2 IgG Ab, N protein	1
1055	SEDIMENTATION RATE	3
3521	SICKLE CELL RFLX ELECT	49
4581	T. PALLIDUM - PA	5
2818	T3 TOTAL	1
2817	T3 UPTAKE	1
2819	T4	46
5911	THC METABOLITE, QUANT, URINE	13
119	THYROID II PROFILE (T3U, T4, T7, TSH)	1
942	TIQ UNMAPPED	19
4017	TROPONIN T	9
2835	TSH, THIRD GENERATION	107
2233	URIC ACID	1
4665	VARICELLA ZOSTER IgG	13
3720	VARICELLA ZOSTER IgG/IgM	1
997	VERBAL DIAGNOSIS	4
9999	VERBAL ORDER	11
2840	VITAMIN B-12	4
4958	VITAMIN D, 25 OH	17

IN HOUSE LAB TESTING VOLUMES FY21, FY22, 9/1/22-12/15/22

<u>9.1.20-8.31.21</u>			<u>9.1.21-8.31.22</u>			<u>9.1.21-12.15.22</u>		
<u>Test Code</u>	<u>Test Name</u>	<u>Ordered</u>	<u>Test Code</u>	<u>Test Name</u>	<u>Ordered</u>	<u>Test Code</u>	<u>Test Name</u>	<u>Ordered</u>
1010	CBC	324	1010	CBC	320	1010	CBC	97
1510	Manual Differential	24	1510	Manual Differential	8	1510	Manual Differential	16
1795	Peripheral smear examination	7	1795	Peripheral smear examination	12	1795	Peripheral smear examination	3
2110	Random Blood Glucose	12	2110	Random Blood Glucose	45	2110	Random Blood Glucose	2
2111	Fasting Whole Blood Glucose	5	2111	Fasting Whole Blood Glucose	4	2111	Fasting Whole Blood Glucose	1
2112	2 hr postprandial glucose	1	2112	2 hr postprandial glucose	0	2112	2 hr postprandial glucose	0
5000	Urinalysis w/microscope	296	5000	Urinalysis w/microscope	278	5000	Urinalysis w/microscope	85
7110	Mono test	35	7110	Mono test	43	7110	Mono test	28
7220	Urine Pregnancy	235	7220	Urine Pregnancy	384	7220	Urine Pregnancy	115
7310	Influenza A /B	18	7310	Influenza A /B	98	7310	Influenza A /B	105
8210	KOH Prep	1	8210	KOH Prep	0	8210	KOH Prep	0
8250	Wet prep	186	8250	Wet prep	112	8250	Wet prep	30
9999	CT/GC/TV	851	9999	CT/GC/TV	629	9999	CT/GC/TV	131
8425	Occult Blood	2	8425	Occult Blood	0	8425	Occult Blood	0
5101	Dipstick	111	5101	Dipstick	101	5101	Dipstick	7
9110	Urine Culture	127	9110	Urine Culture	51	9110	Urine Culture	23
9212	Sensitivity	79	9212	Sensitivity	0	9212	Sensitivity	0
7550	Rapid Strep Test	59	7550	Rapid Strep Test	131	7550	Rapid Strep Test	21
7660	ID Now: Covid	274	7660	ID Now: Covid	516	7660	ID Now: Covid	300
9470	Sars-CoV-2 BioGX PCR	214	9470	Sars-CoV-2 BioGX PCR	68	9470	Sars-CoV-2 BioGX PCR	0
						14000	HIV	40
						13000	RPR	70
						12000	Sickle Cell	22
						11000	Urine Drug Screen	29

STEPHEN F. AUSTIN STATE UNIVERSITY
RFP#LAB TESTING SERVICES-23
Exhibit C- Pricing Proposal

Respondent Name:

		Fill in pricing
<u>Code</u>	<u>Code Name</u>	<u>Unit Pricing</u>
3545	C-REACTIVE PROTEIN	
4141	HIV-1 QUANT, PCR	
920	PHLEBOTOMY FEE - SINGLE	
3503	RPR REFLEX TO TP-PA	
4581	T. PALLIDUM - PA	
2840	VITAMIN B-12	
2079	24 HR CREATININE CLEARANCE	
5861	AMPHETAMINES, QUANT, URINE	
2025	AMYLASE	
3550	ANTI NUCLEAR ANTIBODIES	
5809	BARBITURATES, QUANT, URINE	
142	BASIC METOBOLIC PANEL	
2036	BILIRUBIN, DIRECT	
4824	CANCER ANTIGEN 125	
3025	CARBAMAZEPINE TOTAL	
1010	CBC	
1000	CBC W/AUTO DIFF WITH PLATELETS	
1041	CBC W/O DIFF, WITH PLATE	
2645	CEA	
85003	CHARGE THC, QUANTITATIVE	
2210	CHOLESTEROL	
814601	CHRG NON IMAGED TP PAP	
2075	CK TOTAL	
5398	CLAMYDIA, TMA, SIMPLE SWAB	
3565	COLD AGGLUTININ, QUANTITATIVE	
9179	COMPREHENSIVE METABOLIC PANEL	
9999	CT/GC/TV	
5246	CT/NG, TMA, SIMPLE SWAB	
6010	CULTURE, ANAEROBIC	
6066	CULTURE, CHLAMYDIA	
6075	CULTURE, FUNGUS SKIN, HAIR	
6031	CULTURE, GC	
6007	CULTURE, ROUTINE	
6042	CULTURE, STOOL	
6089	CULTURE, URINE	
4544	CYTOMEGALOVIRUS IGG	
4546	CYTOMEGALOVIRUS IGM	
8964	DRL PAP, CONVENTIONAL	
3254	DRUG ABUSE SCREEN 10 REFLEX CONFIRM	
3317	DRUG ABUSE SCREEN 10, NO CONFIRM	
5924	ETHANOL, URINE, QUALITATIVE	

2090	FERRITIN	
2090	FOLIC ACID	
2700	FOLLICLE STIM HORMONE	
4273	FREE T3	
2823	FREE T4	
5396	GONORRHEA TMA SIMPLE SWAB	
2713	HCG QUANTITATIVE	
2713	HCG, QUANTITATIVE	
2708	HEMOGLOBIN A1c	
2720	HEMOGLOBIN ELECTROPHORESIS	
9175	HEPATIC FUNCTION PANEL	
2725	HEPATITIS A TOTAL	
4644	HEPATITIS B CORE IGM	
2729	HEPATITIS B CORE TOTAL AB	
2739	HEPATITIS B SURF AG	
2736	HEPATITIS B SURF AG	
2737	HEPATITIS B SURFACE AB	
2738	HEPATITIS Bs AB QUANT	
4675	HEPATITIS C ANTIBODY	
9325	HEPATITIS PANEL, ACUTE	
162	HEPATITIS PROFILE (A,B,C)	
4592	HERPES SIMPLES 1 & 2	
6068	HERPES SIMPLEX VIRUS, TMA	
6069	HERPES SIMPLEX VIRUS, TMA	
14000	HIV	
3540	HIV 1/2 AB/AG RFLX CONF	
3518	HIV 1/2 CONFIRMATION	
3954	HIV NUCLEIC ACID AMPLIFICATION TEST	
2118	IRON BINDING CAPACITY AND IRON AND % SATURATION	
2118	IRON+IBC+SATURATION %	
6003	ISOLATE CULTURE, URINE	
2124	LIPASE	
173	LIPID PANEL	
1754	LIPID PANEL WITH REFLEX DIRECT	
2128	LITHIUM	
2130	MAGNESIUM	
1510	MANUAL DIFFERENTIAL	
856510	MANUAL SEDRATE	
4581	MHA-TP	
152	MMR PROFILE	
4585	MUMPS VIRUS IgG	
5365	MYCOPHENOLIC ACID	
5722	NT proBNP	
5702	OPIATE, QUANT, URINE	
7000	OVA & PARASITES W/TRICHROME STAIN	
881410	PAP PATH INTERP	
8150	PAP SMEAR CYTOLOGY REPORT	

8281	PAP SMEAR THIN	
1600	PATH REVIEW OF BLD SMEAR	
1022	PATHOLOGIST SMEAR REVIEW	
1022	PATHOLOGIST SMEAR REVIEW	
1795	PERIPHERAL SMEAR EXAMINATION	
2227	PHOSPHOROUS	
2800	PROLACTIN	
2800	PROLACTIN	
2159	PROTEIN/CREATININE RATIO, URINE, RANDOM	
1425	PROTHROMBIN TIME	
2606	PSA TOTAL	
1430	PTT	
7580	QUANTIFERON TB GOLD PLUS	
2110	RANDOM BLOOD GLUCOSE	
272501	REFLEX HEPATITIS A IgM	
3505	RHEUMATOID FACTOR	
3500	RPR	
4600	RUBELLA ANTIBODY SCREEN	
4604	RUBEOLA IgG ANTIBODY	
7305	SARS-CoV-2 (COVID-19), RT-PCR/TMA	
7301	SARS-CoV-2 IgG Ab, N protein	
1055	SEDIMENTATION RATE	
3521	SICKLE CELL RFLX ELECT	
2818	T3 TOTAL	
2817	T3 UPTAKE	
2819	T4	
2830	TESTOSTERONE	
4143	TESTOSTERONE BIOAVAILABLE, FREE & TOTAL	
4937	TESTOSTERONE, FREE TOTAL W/SHBG	
5911	THC METABOLITE, QUANT, URINE	
5911	THC, QUANT, URINE	
8146	THINPREP PAP IMAGED	
8147	THINPREP PAP	
119	THYROID II PROFILE (T3U, T4, T7, TSH)	
942	TIQ UNMAPPED	
2232	TRIGLYCERIDES	
4017	TROPONIN T	
2835	TSH, THIRD GENERATION	
2233	URIC ACID	
5000	URINALYSIS W/MICROSCOPIC	
9110	URINE CULTURE	
6049	URINE CULTURE	
11000	URINE DRUG SCREEN	
4665	VARICELLA ZOSTER IgG	
3720	VARICELLA ZOSTER IgG/IgM	
997	VERBAL DIAGNOSIS	
9999	VERBAL ORDER	

4960	VITAMIN D 1,25 DIHYDROXY	
4958	VITAMIN D, 25 OH	
8250	WET PREP	

