

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

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

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

Yes  No

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

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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:

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\_\_\_\_\_  
Signature-Project Manager

\_\_\_\_\_  
Signature-Purchasing Director or Rep

\_\_\_\_\_  
(Printed Name) Date

\_\_\_\_\_  
(Printed Name) Date

\_\_\_\_\_  
Signature-Prime Contractor

\_\_\_\_\_  
Signature-HUB Coordinator or Rep.

\_\_\_\_\_  
(Printed Name) Date

\_\_\_\_\_  
(Printed Name) Date