



# INSTRUCTIONS TO RESPONDENTS

THE ATTACHED SOLICITATION SHOULD BE RETURNED AS FOLLOWS:

Place a label in the lower left-hand corner of all sealed envelope(s) or box(es) as shown in the below example.

Bid No.: BXX-XXXX-XXXXXXXXXX  
Bid Opening: MM/DD/YY, 00:00 p.m.  
Purchaser: Purchaser Name

## HAND DELIVERY

Texas Department of Transportation  
General Services Division  
3800 Jackson Ave.  
Austin, TX 78731

or

## COURIER SERVICE, UNITED STATES POSTAL SERVICE, FEDERAL EXPRESS, UNITED PARCEL SERVICE OR OTHER MAIL DELIVERY SERVICE

Texas Department of Transportation  
General Services Division  
Camp Hubbard, Bldg. 5  
200 East Riverside Drive  
Austin, TX 78704

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## USE OF NATIONAL INSTITUTE OF GOVERNMENTAL PURCHASING CODE

The Texas Department of Transportation (TxDOT) uses the National Institute of Governmental Purchasing, Inc., (NIGP) code to standardize purchases by conforming to the class, item, and group structure of the code. The NIGP code is used to select vendors for our master vendor file from the Texas Comptroller of Public Accounts (CPA) Centralized Master Bidders List (CMBL).

New suppliers and other vendors wishing to furnish materials, equipment, supplies and services to TxDOT should apply to be on the CMBL to receive bidding opportunities.

Existing TxDOT vendors need only be concerned that the information listed on the CMBL file is correct, and that the applicable NIGP class and item are selected for those you can provide.

***CMBL information is available online at: <http://www.window.state.tx.us/procurement/prog/cmbll/>, or by phoning 1-512-463-3459.***



# INVITATION FOR BID

Page 1

10/31/2011

**SOLICITATION NO: Q442012009344000**

**OPENING DATE 03:00PM Nov 29, 2011**

|                   |                                                                                                                                |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>To:</b>        | <b>Return Sealed Response To:</b>                                                                                              |
|                   | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |
| <b>VENDOR ID:</b> | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b>                                                                                |

Show opening date and number in lower left hand corner of sealed response envelope and show return address of vendor.  
Vendor agrees to comply with this solicitation below and all terms and conditions.  
F.O.B. destination means vendor retains title to goods until delivered and the price quoted includes all freight charges.

Delivery in \_\_\_\_\_ Days  
Cash Discount \_\_\_\_\_ % \_\_\_\_\_ Days

**QUOTE F.O.B. DESTINATION**

| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                              | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-------------|------------|----------------|
|          | <b>SHIP TO THE FOLLOWING LOCATION UNLESS OTHERWISE NOTED:</b><br>TEXAS DEPARTMENT OF TRANSPORTATION<br>THIS IS A SERVICE AND NO SHIPPING IS REQUIRED.                                                                                                                                                                                                                         |          |      |             |            |                |
| 1.       | NIGP 968-85-59-8001.<br>SURVEYS, TRAFFIC, COMMERCIAL VEHICLE<br>SURVEY SELECTION, SAMPLE AND RECRUITMENT<br><br>SURVEY START-UP.                                                                                                                                                                                                                                              | 1        | EA   |             |            |                |
| 2.       | NIGP 968-85-59-2004.<br>SURVEYS, TRAFFIC, COMMERCIAL VEHICLE<br>PILOT SURVEY, SAMPLE SELECTION,<br>RECRUITMENT, SURVEY, PROCESS AND GEOCODE<br><br>NOTE: 1 PILOT SURVEY = AT LEAST ONE<br>COMMERICAL VEHICLE SURVEY FROM 25<br>DIFFERENT ESTABLISHMENTS<br><br>BID ON A QUANTITY OF ONE (1) EACH AS<br>STATED ON LINE ITEM, NOT A QUANTITY OF<br>25 DIFFERENT ESTABLISHMENTS. | 1        | EA   |             |            |                |

**IF RESPONDING, FORM MUST BE SIGNED. IF NOT RESPONDING, DO NOT RETURN THIS FORM.**

**Failure to sign  
will disqualify  
response.**

Authorized Signature

Date

Printed Name

By signing solicitation, respondent certifies that if a Texas address is shown as the address of the respondent, respondent qualifies as a Texas Bidder as defined in 34TAC Rule 20.32.



# INVITATION FOR BID

10/31/2011

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**SOLICITATION NO: Q442012009344000**

**OPENING DATE 03:00PM Nov 29, 2011**

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| <b>To:</b> | <b>Return Sealed Response To:</b>                                                                                              |
|            | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |

|                   |                                                 |
|-------------------|-------------------------------------------------|
| <b>VENDOR ID:</b> | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b> |
|-------------------|-------------------------------------------------|

| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
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| 3.       | NIGP 968-85-59-0404.<br>SURVEYS, TRAFFIC, COMMERCIAL VEHICLE COORDINATE AND CONDUCT SURVEYS, VERIFY, EDIT, PROCESS AND GEOCODE SURVEY DATA<br><br>PRIMARY SURVEY, COORDINATE AND CONDUCT SURVEYS, VERIFY, EDIT, PROCESS AND GEOCODE DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 910      | EA   |             |            |                |
| 4.       | NIGP 968-85-59-0503.<br>SURVEYS, TRAFFIC, COMMERCIAL VEHICLE DOCUMENTATION AND REPORTS<br><br><b>THE FOLLOWING APPLIES TO THIS ENTIRE SOLICITATION.</b><br><br>SERVICE TO BE PROVIDED AT THE FOLLOWING LOCATIONS: DALLAS & FORT WORTH AREAS<br><br>NOTE: ALL INFORMATION OR CHANGES RELATED TO THIS SOLICITATION WILL BE POSTED ON THE BELOW WEBSITE. RESPONDENT SHOULD MONITOR THE WEBSITE FOR ANY ADDENDUMS, ADDITIONAL DOCUMENTS, QUESTIONS AND RESPONSES OR CHANGES.<br><br><a href="http://ESBD.CPA.STATE.TX.US">HTTP://ESBD.CPA.STATE.TX.US</a><br><br>TERM OF SERVICE SHALL COMMENCE UPON ISSUANCE OF PURCHASE ORDER FOR A PERIOD OF 12 MONTHS WITH THE OPTION TO RENEW FOR TWO ADDITIONAL TERMS OF 12 MONTH PERIODS.<br><br>SERVICE SHALL BE IN ACCORDANCE WITH TXDOT SPECIFICATION 968-85-59, REVISED OCTOBER 2011.<br><br>* ATTACHMENT A – SPECIAL REQUIREMENTS | 1        | EA   |             |            |                |



# INVITATION FOR BID

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10/31/2011

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| <b>To:</b> | <b>Return Sealed Response To:</b>                                                                                              |
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|                   |                                                 |
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| <b>VENDOR ID:</b> | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b> |
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| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
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|          | <p>* ATTACHMENT B – PROJECT TASKS</p> <p>* ATTACHMENT C – SURVEY INSTRUMENTS</p> <p>* ATTACHMENT D – DATA FILE FORMATS</p> <p>* SCHEDULE 1 – RESPONDENT QUALIFICATIONS AND EXPERIENCE</p> <p>* SCHEDULE 2 – KEY PERSONNEL QUALIFICATION AND REFERENCES</p> <p>* SCHEDULE 3 – RESPONDENT REFERENCES</p> <p>* TXDOT TERMS AND CONDITIONS, REVISED SEPTEMBER 2011.</p> <p>PAYMENT SHALL BE IN ACCORDANCE WITH PART 4.04, PARAS.(C) OF TXDOT TERMS AND CONDITIONS.</p> <p>* INSURANCE SHALL BE IN ACCORDANCE WITH PART 5, PARAS.5.05, 5.06 (A) TXDOT TERMS AND CONDITIONS.</p> <p>THE VENDOR SHALL PROVIDE THE REQUIRED TXDOT INSURANCE FORM UPON NOTICE OF AWARD. VENDOR SHALL NOT PERFORM SERVICES UNDER THE PURCHASE ORDER UNTIL THIS FORM IS RECEIVED BY TXDOT. FAILURE TO PROVIDE PROOF OF INSURANCE WITHIN THE TIME FRAME REQUEST BY TXDOT MAY RESULT IN THE VENDOR'S RESPONSE BEING DECLARED NON-RESPONSIVE AND THE PURCHASE ORDER BEING AWARDED TO THE NEXT RESPONSIVE, RESPONSIBLE RESPONDENT.</p> <p>* TEXAS HUB SUBCONTRACTING PLAN</p> |          |      |             |            |                |



# INVITATION FOR BID

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**SOLICITATION NO: Q442012009344000**

**OPENING DATE 03:00PM Nov 29, 2011**

| <b>To:</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Return Sealed Response To:</b>                                                                                              |      |             |            |                |
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|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |      |             |            |                |
| <b>VENDOR ID:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b>                                                                                |      |             |            |                |
| Item No.          | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Quantity                                                                                                                       | Unit | Make/ Model | Unit Price | Extended Price |
|                   | <p>TEXAS HUB SUBCONTRACTING PLAN (HSP) IN ACCORDANCE WITH TEXAS GOVERNMENT CODE, CHAPTER 2161, THE TEXAS DEPARTMENT OF TRANSPORTATION (TXDOT) DIRECTOR OF PURCHASING HAS DETERMINED THAT SUBCONTRACTING OPPORTUNITIES ARE PROBABLE IN CONNECTION WITH THIS SOLICITATION. ACCORDINGLY, A HSP IS A REQUIRED PART OF THE RESPONSE.</p> <p>FAILURE TO SUBMIT THE HSP SHALL DEEM THE RESPONSE NON-RESPONSIVE AND WILL DISQUALIFY THE RESPONSE FROM CONSIDERATION.</p> <p>RESPONDENTS PLANNING TO SUBCONTRACT A PORTION OF THIS PURCHASE ORDER SHALL IDENTIFY THEIR PROPOSED SUBCONTRACTORS BY COMPLETING AND RETURNING THE REQUIRED FORMS IN THE HSP WITH THEIR RESPONSE.</p> <p>TXDOT HAS THE RIGHT TO CHECK THE SUBCONTRACTORS' BACKGROUND AND MAKE A DETERMINATION ON EITHER APPROVING OR REJECTING THE USE OF A PROPOSED SUBCONTRACTOR. ANY NEGATIVE RESPONSES MAY RESULT IN THE DISQUALIFICATION OF THE SUBCONTRACTOR.</p> <p>TXDOT HAS DETERMINED THAT THE FOLLOWING AREAS PROBABLE SUBCONTRACTING OPPORTUNITIES, BUT SHOULD NOT BE CONSIDERED AN EXHAUSTIVE LIST FOR THIS SOLICITATION.</p> <p>AREA OF WORK      CLASS/ITEM</p> |                                                                                                                                |      |             |            |                |



# INVITATION FOR BID

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10/31/2011

**SOLICITATION NO: Q442012009344000**

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| <b>To:</b>        | <b>Return Sealed Response To:</b>                                                                                              |
|                   | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |
| <b>VENDOR ID:</b> | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b>                                                                                |

| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
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|          | <p>TEMPORARY PERSONNEL 962-69</p> <p>RESPONDENT SHALL RETURN HUB SUBCONTRACTING PLAN FORMS AND ANY ADDITIONAL PAGES IDENTIFYING ALL HUB SUBCONTRACTING EFFORTS.</p> <p>RESPONDENT SHALL RETURN HUB SUBCONTRACTING PLAN FORMS AND ANY ADDITIONAL PAGES IDENTIFYING ALL HUB SUBCONTRACTING EFFORTS.</p> <p>FOR CLARIFICATION OF THE SPECIFICATION OF THIS REQUISITION, BIDDERS MAY CONTACT PURCHASER: JESS R.CASTILLEJA, CTPM, CPPB<br/>TELEPHONE: (512) 374-5444<br/>E-MAIL: JESSE.CASTILLEJA@TXDOT.GOV</p> <p>THE INDIVIDUAL LISTED ABOVE MAY BE TELEPHONED OR VISITED FOR CLARIFICATION OF THE SPECIFICATIONS ONLY. NO AUTHORITY IS INTENDED OR IMPLIED THAT SPECIFICATIONS MAY BE AMENDED OR ALTERNATES ACCEPTED PRIOR TO BID OPENING WITHOUT WRITTEN APPROVAL.</p> <p>QUANTITY(IES): QUANTITIES ARE ESTIMATED TXDOT DOES NOT GUARANTEE TO PURCHASE ANY MINIMUM QUANTITY. TXDOT RESERVES THE RIGHT TO INCREASE THE QUANTITY(IES) OF THE PURCHASE ORDER AT THE SAME ORIGINAL TERM AND CONDITIONS. THE VENDOR WILL BE NOTIFIED IN WRITING BY PURCHASE ORDER CHANGE NOTICE OF ANY REQUIREMENTS FOR ADDITIONAL QUANTITIES.</p> <p>PLEASE PROVIDE A VENDOR POINT-OF-CONTACT FOR SERVICES:<br/>NAME:<br/>TELEPHONE NO.:</p> |          |      |             |            |                |



# INVITATION FOR BID

10/31/2011

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**SOLICITATION NO: Q442012009344000**

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| <b>To:</b> | <b>Return Sealed Response To:</b>                                                                                              |
|            | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |

|                   |                                                 |
|-------------------|-------------------------------------------------|
| <b>VENDOR ID:</b> | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b> |
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| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
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|          | <p>EMAIL ADDRESS:</p> <p>NOTE: THERE WILL NO PRE-BID CONFERENCE.</p> <p>THE BID OPENING WILL BE HELD AT THE TEXAS DEPARTMENT OF TRANSPORTATION, GENERAL SERVICES DIVISION, PURCHASING SECTION, 3800 JACKSON AVE. BUILDING 5, 1ST FLOOR, ROOM B-107, AUSTIN, TEXAS</p> <p>PREFERENCE AND VENDOR ID NUMBER CHECK BELOW IF PREFERENCE CLAIMED UNDER RULE 34TAC 20.38.</p> <p>TIE-BID PREFERENCES</p> <p><input type="checkbox"/> SUPPLIES, MATERIALS OR EQUIPMENT PRODUCED IN TEXAS OR OFFERED BY A TEXAS BIDDER</p> <p><input type="checkbox"/> AGRICULTURAL PRODUCTS PRODUCED OR GROWN IN TEXAS</p> <p><input type="checkbox"/> AGRICULTURAL PRODUCTS AND SERVICES OFFERED BY TEXAS BIDDER</p> <p><input type="checkbox"/> USA PRODUCED SUPPLIES, MATERIAL OR EQUIPMENT</p> <p><input type="checkbox"/> PRODUCTS PRODUCED AT FACILITIES LOCATED ON FORMERLY CONTAMINATED PROPERTY</p> <p><input type="checkbox"/> PRODUCTS AND SERVICES FROM ECONOMICALLY DEPRESSED OR BLIGHTED AREAS</p> <p><input type="checkbox"/> GOODS PRODUCED OR OFFERED BY A TEXAS BIDDER THAT IS OWNED BY A SERVICE-DISABLED VETERAN WHO IS A TEXAS RESIDENT</p> <p>SOURCE PREFERENCES</p> <p><input type="checkbox"/> PRODUCTS OF PERSONS WITH MENTAL OR PHYSICAL DISABILITIES</p> |          |      |             |            |                |



# INVITATION FOR BID

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10/31/2011

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**OPENING DATE 03:00PM Nov 29, 2011**

| To:        | Return Sealed Response To:                                                                                                     |
|------------|--------------------------------------------------------------------------------------------------------------------------------|
|            | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |
| VENDOR ID: | BUYER: 129 - JESSE R CASTILLEJA Q 009344                                                                                       |

| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
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|          | <p>__ VENDORS THAT MEET OR EXCEED AIR QUALITY STANDARDS. FOR CONTRACTS TO BE PERFORMED, IN WHOLE OR IN PART, IN A DESIGNATED NON-ATTAINMENT AREA OR AN AFFECTED COUNTY, AS THOSE TERMS ARE DEFINED BY HEALTH AND SAFETY CODE 386.001 TEXAS EMISSION REDUCTION PLAN</p> <p>__ MANUFACTURER THAT HAS A RECYCLE PROGRAM FOR COMPUTER EQUIPMENT</p> <p>__ CONTRACTOR PROVIDING FOODS OF HIGHER NUTRITIONAL VALUE</p> <p>SPECIFICATION PREFERENCES</p> <p>POINT LINES MADE OF RECYCLED MATERIALS, REMANUFACTURED, OR ENVIRONMENTALLY SENSITIVE MATERIALS INCLUDING RECYCLED STEEL</p> <p>__ ENERGY EFFICIENT PRODUCTS</p> <p>__ RUBBERIZED ASPHALT PAVING MATERIALS</p> <p>__ RECYCLED MOTOR OIL AND LUBRICANTS</p> <p>IF THE NAME OF YOUR COMPANY IS NOT PRINTED ON THE HEADING OF THIS SOLICITATION, YOU MUST WRITE THE FULL NAME OF COMPANY, FULL NAME OF SIGNER, MAILING ADDRESS AND RESPONDENT'S EMPLOYER IDENTIFICATION NUMBER (EIN) ON THE FACE OF THE SOLICITATION.</p> <p>IN AN EFFORT TO MINIMIZE IDENTITY THEFT, EVERY COMPANY MUST HAVE AN EMPLOYER IDENTIFICATION NUMBER (EIN), ALSO KNOWN AS A FEDERAL TAX IDENTIFICATION NUMBER, PRIOR TO AWARD OF A PURCHASE ORDER.</p> <p>FOR INFORMATION ON OBTAINING YOUR EIN</p> |          |      |             |            |                |



# INVITATION FOR BID

10/31/2011

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SOLICITATION NO: Q442012009344000

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|------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>To:</b> | <b>Return Sealed Response To:</b>                                                                                              |
|            | TEXAS DEPARTMENT OF TRANSPORTATION<br>GENERAL SERVICES DIVISION<br>PURCHASING SECTION<br>125 E 11TH ST<br>AUSTIN TX 78701-2483 |

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|-------------------|-------------------------------------------------|
| <b>VENDOR ID:</b> | <b>BUYER: 129 – JESSE R CASTILLEJA Q 009344</b> |
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| Item No. | Item Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Quantity | Unit | Make/ Model | Unit Price | Extended Price |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-------------|------------|----------------|
|          | <p>YOU MAY CALL 800-829-4933 OR VISIT THE FOLLOWING WEBSITE:<br/><a href="http://www.irs.gov/businesses/small/">HTTP://WWW.IRS.GOV/BUSINESSES/SMALL/</a><br/>(NOTE: THIS LINK WILL NOT WORK IF CAPITALIZATION IS USED. TYPE IN NAVIGATION BAR USING LOWER CASE LETTERS)</p> <p>VIN IDENTIFICATION:<br/>VENDOR TO PROVIDE CURRENT COMPANY NAME:<br/>_____</p> <p>VENDOR TO PROVIDE FEDERAL EIN:<br/>_____</p> <p>IF INVOICE WILL BE SUBMITTED BY, AND/OR AN EIN OR COMPANY NAME DIFFERENT FROM THE, PO, VENDOR MUST COMPLETE THE FOLLOWING THE EIN OF THE COMPANY AUTHORIZED TO INVOICE FOR:<br/>_____</p> <p>EIN OF COMPANY AUTHORIZED TO INVOICE FOR<br/>_____</p> <p>NAME OF INVOICING COMPANY<br/>_____</p> <p>EIN OF COMPANY AUTHORIZED TO RECEIVE PAY NAME OF COMPANY TO BE PAID.<br/>_____</p> |          |      |             |            |                |

TEXAS DEPARTMENT OF TRANSPORTATION  
GENERAL SERVICES DIVISION

SPECIFICATION NO.  
TxDOT 968-85-59\*  
REVISED: OCTOBER 2011

COMMERCIAL VEHICLE TRAVEL SURVEY

PUBLICATION

This specification is a product of the Texas Department of Transportation (TxDOT). It is the practice of TxDOT to support other entities by making this specification available through the National Institute of Governmental Purchasing (NIGP). This specification may not be sold for profit or monetary gain. If this specification is altered in any way, the header, and any and all references to TxDOT must be removed. TxDOT does not assume nor accept any liability when this specification is used in the procurement process by any other entity.

1. SCOPE: This solicitation is an Invitation for Bid (IFB) for services to provide the basic elements required for conducting Commercial Vehicle Travel Surveys for the TxDOT Transportation Planning and Programming Division. The purpose is to obtain as much data as possible when conducting Commercial Vehicle Travel Surveys. Travel information data collected will be utilized to update travel demand models used for transportation planning. The identified study area is specified in Attachment A – Special Requirements. The Commercial Vehicle Travel Survey consists of the following basic tasks:
  - 1.1. TASK A – Survey Selection, Sample, and Recruitment
  - 1.2. TASK B – Pilot Survey
  - 1.3. TASK C – Coordinate and Conduct Surveys
  - 1.4. TASK D – Verify, Edit, Process and Geocode Survey Data
  - 1.5. TASK E – Survey Documentation and Reports
2. DEFINITIONS OF TERMS AND ACRONYMS
  - 2.1. CFR – Code of Federal Regulations
  - 2.2. COMMERCIAL VEHICLE: Vehicles owned or leased by a business, agency, or private operator that are used for business purposes in the normal course of operations. Commercial vehicles are classified in two categories:
    - 2.2.1. Cargo Transport Vehicles: Vehicles that carry cargo or freight as a normal and typical part of business operations.
    - 2.2.2. Commercial Service Vehicles: Vehicles used for commercial purposes that do not include transporting cargo or freight.
  - 2.3. HOV – High Occupancy Vehicle.

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\* This Specification Supersedes TxDOT Specification No. 968-85-59, Revised September 2010.

- 2.4. MPO – Metropolitan Planning Organization – An association of local agencies established to coordinate transportation planning and development activities within a metropolitan region of over 50,000 population.
  - 2.5. PM – Project Manager
  - 2.6. POC – Point of Contact
  - 2.7. SAM – Statewide Analysis Model
  - 2.8. TAZ – Traffic Analysis Zone – A geographic section dividing a planning area into similar areas of land use and land activity. TAZs are developed cooperatively between TxDOT and MPOs.
3. APPLICABLE LAWS AND STANDARDS: The vendor shall provide the specified service requirements in accordance with all federal, state and local applicable laws, standards and regulations necessary to perform the services, including, but not limited to:
- 3.1. Title 23, CFR Part 450 – Planning and Assistance Standards, Subparts B and C, latest edition.
  - 3.2. Executive Order 11246 entitled “Equal Employment Opportunity” as amended by Executive Order 11375 and as supplemented in Department of Labor Regulations (Title 41, CFR, 60).
4. CURRENT ENVIRONMENT: TxDOT and MPOs need to update the basic travel information required for developing and calibrating trip generation and distribution models used in transportation planning. Long-range transportation planning efforts utilize traditional travel demand models that include trip generation, trip distribution, mode split, and 24-hour vehicular traffic assignment for metropolitan areas within Texas.
5. RESPONDENT QUALIFICATIONS: The respondent shall:
- 5.1. Be a company engaged in the business of conducting Commercial Vehicle Travel, Household Activity or Workplace and Special Generator travel surveys, which include, recruitment, interviews, geocoding, and data reporting for a minimum of three years within the last five years. Recent start-up businesses do not meet the requirements of this solicitation. A start up business is defined as a new company that has no previous operational history or expertise in the relevant business and is not affiliated with a company that has that history or expertise.
  - 5.2. Have a minimum of three years experience within the last five years in successfully conducting and managing commercial vehicle travel surveys, household activity travel surveys or workplace and special generator travel surveys for federal, state or local governmental entities.
  - 5.3. Be in good financial standing, current in payment of all taxes and fees such as state franchise fees. TxDOT may request a statement from the president, owner or financial officer on company letterhead certifying that the company is in good financial standing, current in payment of all taxes and fees.

- 5.4. TxDOT reserves the right to request a copy of the respondent's audited or un-audited financial statements. When financial statements are requested, TxDOT will review the respondent's audited or un-audited financial statements to this solicitation in accordance with Texas Government Code, Title 10, Subtitle D, Section 2156.007 to evaluate the sufficiency of the respondent's financial resources and ability to perform the contract or provide the service required in the solicitation. TxDOT will be the sole judge in determining the sufficiency of the respondent's financial resources and ability to perform the contract or provide the service. Factors to be reviewed include:
  - 5.4.1. Balance sheets.
  - 5.4.2. Net working capital.
  - 5.4.3. Current asset ratio.
  - 5.4.4. Liquidity ratio.
  - 5.4.5. Auditor(s) notes.
  - 5.4.6. Any notes to the financial statements.
6. REFERENCES: The respondent shall submit a minimum of three references to substantiate the qualifications and experience requirements for completed services identified in Para. 5.1. within the past five years. References shall illustrate Respondent's and PM's ability to provide the services outlined in the specification. References shall include name, point of contact, telephone number, and dates services were performed. The response will be disqualified if TxDOT is unable to verify qualification and experience requirements from the respondent's references. The response will be disqualified if TxDOT receives negative responses. TxDOT will be the sole judge of references (Ref. Schedule 3 – Respondent References)
7. KEY PERSONNEL QUALIFICATIONS: The respondent shall provide the following key personnel:
  - 7.1. **PROJECT MANAGER**: A PM with a minimum of three years experience within the last five years in project management for the same or similar services and shall have the knowledge to develop and implement the service requirements in this specification.
  - 7.2. **DATA MANAGER**: A Data Manager with a minimum of six months within the last three years experience in verifying, editing, geocoding and validating electronic data using ASCII file formatting as described in Para. 11.4., Task D – Verify Edit, Process and Geocode Survey Data.
8. VENDOR REQUIREMENTS: The vendor shall:
  - 8.1. Adhere to the TxDOT Terms and Conditions identified on the solicitation.
  - 8.2. Conduct an orientation session prior to beginning survey work to be attended by all vendor employees, whether permanent, temporary or subcontractors, assigned to this TxDOT survey. The orientation session shall include, but not be limited to, an explanation of the survey goals, objectives, guidelines, and safety procedures.
  - 8.3. Ensure vendor employees, whether permanent, temporary or subcontractors removed from the survey at any location are not allowed to return to any TxDOT project.

- 8.4. Submit a detailed Survey Implementation Plan (Ref. Attachment B – Project Tasks Schedule) for all project tasks no later than 30 days after the post award meeting. The vendor shall monitor and update the Survey Implementation Plan throughout the term of the purchase order, revising as appropriate, with prior approval from TxDOT. The Survey Implementation Plan shall include, but is not limited to, the following:
  - 8.4.1. A logical sequence of tasks and deliverables included in each project period.
  - 8.4.2. A clear definition of each task and deliverable.
  - 8.4.3. Staff requirements for each task and deliverable.
  - 8.4.4. A target completion date for each task and deliverable.
  - 8.4.5. Task and deliverable relationships and dependencies.
- 8.5. Provide project tasks as identified in Attachment B – Project Tasks Schedule.
- 8.6. Provide identification badges for all vendor employees, whether permanent, temporary or subcontractors, which include legal first name, last name and current photograph.
- 8.7. Provide company business cards to vendor employees, whether permanent, temporary or subcontractors, assigned to conduct on-site surveys for distribution as necessary. Business cards shall contain a contact name and a toll-free telephone number for the public to call with comments or questions relating to the survey.
- 8.8. Establish a Toll Free '1-800' telephone number to address questions and comments regarding the survey prior to contacting businesses, agencies and private operators. The vendor shall:
  - 8.8.1. Have trained employees, whether permanent, temporary or subcontractors, experienced in fielding travel survey questions from the public to answer calls from 7:00 a.m. to 7:00 p.m. on weekdays during the time surveys are conducted.
  - 8.8.2. Ensure the vendor's employees, whether permanent, temporary or subcontractors maintain a positive and professional attitude and demeanor at all times respecting the caller's concerns and privacy when conversing with the public.
  - 8.8.3. Maintain records of all calls received. The call log shall be kept in electronic format and submitted with the Final Report unless requested by TxDOT prior to that time. Each call received by the vendor shall document the following:
    - 8.8.3.1. The date of the call
    - 8.8.3.2. The time of call using military time in hours and minutes
    - 8.8.3.3. Specific details of the nature or purpose of the call
    - 8.8.3.4. The survey location

- 8.8.4. Use a pre-recorded message approved by TxDOT from 7:00 p.m. to 7:00 a.m. on weekdays and during weekends. The message shall provide basic details of the survey as well as time periods when the public can call back to speak with an individual.
- 8.9. Begin contacting businesses, agencies, and private operators within 60 days after the post award meeting, unless otherwise stated (Ref. Attachment A – Special Requirements).
- 8.10. When requested by TxDOT, attend or assist both the MPO and TxDOT representatives with any media event to publicize or respond to questions regarding the Commercial Vehicle Survey.
- 8.11. Submit a monthly progress report between the first and fifth of each month. The progress report will include status of the previous month's work and any other information requested by TxDOT.
- 8.12. BILINGUAL REQUIREMENTS
  - 8.12.1. A minimum of one survey worker who is fluent in both written and oral English and Spanish shall be present at all times when:
    - 8.12.1.1. Businesses, agencies or private operators are being contacted for recruitment in the survey.
    - 8.12.1.2. Vendor is meeting with businesses, agencies or private operators that have agreed to participate in the surveys and are predominately Spanish speaking.
    - 8.12.1.3. Spanish is preferred by the businesses, agencies or private operators. Spanish versions of the survey instruments provided by TxDOT shall be used. Changes to the Spanish version of the survey instruments require TxDOT approval prior to use.
    - 8.12.1.4. All data collected in Spanish is required to be translated to English before submitting to TxDOT for review and acceptance.
  - 8.12.2. The vendor shall provide Spanish-English bilingual telephone interviewers and workers to ensure that Spanish speaking agencies, businesses and private operators contacted for the survey are handled immediately and without call back.
- 8.13. TRANSPORTATION
  - 8.13.1. All vehicles utilized by the vendor shall be registered, inspected and insured in accordance with state law.
  - 8.13.2. All drivers of the vehicles shall have a valid driver license acceptable in the State of Texas.

8.14. SEXUAL HARASSMENT TRAINING: The vendor shall:

- 8.14.1. Provide a sexual harassment training course to all vendor employees, whether permanent, temporary or subcontractors, who work on any TxDOT survey during the term of the purchase order. All employees, whether permanent, temporary or subcontractors, shall attend or have attended this course within the past year.
- 8.14.2. Possess an original, signed and dated certificate of completion for sexual harassment training for each employee, whether permanent, temporary, or subcontractor. Certificates shall not be more than one year old.
- 8.14.3. Provide a copy of each sexual harassment certificate for each employee, whether permanent, temporary or subcontractor when requested by TxDOT.
- 8.14.4. Maintain a zero tolerance policy on sexual harassment and immediately remove any employee from the survey not adhering to the policy (Ref. Para. 8.3.).

8.15. BACKGROUND CHECKS

- 8.15.1. Background checks shall be conducted on all permanent, temporary and subcontractor employees, prior to assignment to TxDOT projects.
- 8.15.2. The background checks shall include, but not be limited to, the following:
  - 8.15.2.1. Criminal records shall include all Texas counties and out-of-state counties based on the current and previous addresses of the employee for the last three years.
  - 8.15.2.2. Sex offender records shall include all Texas counties and out-of-state counties based on the current and previous addresses of the employee for the last three years. Persons convicted of sex crimes shall not be allowed to work on any TxDOT project.
  - 8.15.2.3. The vendor's best effort to ensure permanent, temporary, or subcontract employees have not and will not pose any danger to, or compromise the safety of the public or TxDOT employees.
  - 8.15.2.4. Vendor shall adhere to all federal laws and requirements for employability.

9. KEY PERSONNEL REQUIREMENTS

9.1. PROJECT MANAGER: The PM shall:

- 9.1.1. Be a permanent employee of the respondent and serve as a primary point of contact for the term of the purchase order.
- 9.1.2. Be responsible for the day-to-day operation of the service in accordance with the requirements of the purchase order.

9.2. DATA MANAGER: The Data Manager shall be:

- 9.2.1. A permanent employee of the respondent.

- 9.2.2. Responsible for accurate processing, geocoding, editing, verifying, and correcting all survey data as described in the solicitation.

10. ADDITIONAL PERSONNEL REQUIREMENTS

10.1. APPEARANCE

- 10.1.1. All employees, whether permanent, temporary or subcontractors, shall be well groomed, neatly dressed and shall wear long-sleeve or short sleeve shirts and long pants, all of which shall be free of holes or tears.
- 10.1.2. Tank-tops, shorts and cutoffs shall not be worn.
- 10.1.3. All employees that meet with the public shall wear identification badges which include the employee's legal first and last name and current photograph.

- 10.2. CONDUCT: All vendor employees, whether permanent, temporary or subcontractors, shall treat the public, TxDOT employees and designated TxDOT representative(s) in a courteous and professional manner at all times (Ref. Para. 8.3.).

11. SERVICE REQUIREMENTS: The vendor shall perform the following tasks:

11.1. TASK A – SURVEY SELECTION, SAMPLE AND RECRUITMENT

- 11.1.1. Survey Selection: TxDOT or its designated representative will provide the vendor with electronic data files containing the names and addresses of businesses, agencies, and private operators that have been randomly selected from the Texas Workforce Commission database.
- 11.1.2. Survey Sample
  - 11.1.2.1. No more than five commercial vehicles from a business, agency or private operator may be included in the commercial vehicle survey.
  - 11.1.2.2. To be included in the commercial vehicle survey, vehicles shall be owned or leased by the business, agency, or private operator and used for commercial or business purposes.
  - 11.1.2.3. The minimum number of commercial vehicles to be surveyed is specified in Attachment A – Special Requirements.
- 11.1.3. Survey Recruitment: When contacting businesses, agencies and private operators , the vendor shall:
  - 11.1.3.1. Use the script provided by TxDOT when contacting establishments, agencies and private operators for recruitment. A sample script and questions are shown in Attachment C – Survey Instruments. Any modifications made to the script or survey instrument shall be approved in writing by TxDOT prior to use.
  - 11.1.3.2. Verify the phone number of each establishment, agency or private operator to be contacted.

- 11.1.3.3. Contact and recruit the establishments in the order listed in the electronic data file provided by TxDOT to solicit participation in the survey.
- 11.1.3.4. Consider the establishment non-responsive and continue with the next establishment on the list if contact has not been made after five attempts.
- 11.1.3.5. Ask the establishments that agree to participate in the survey specific questions to determine if the establishment owns and operates one or more commercial vehicles.
- 11.1.3.6. Ask those businesses, agencies or private operators that agree to participate in the survey specific questions to determine if the establishment owns and operates one or more commercial vehicles.
- 11.1.4. Call Log: The vendor shall maintain a call log on the number of establishments contacted, including those establishments considered non-responsive. The call log shall be kept in electronic format and submitted with the Final Report unless requested by TxDOT prior to that time. Documentation shall include:
  - 11.1.4.1. Number of establishment's vendor attempted to contact.
  - 11.1.4.2. Number of establishments contacted.
  - 11.1.4.3. Name of establishment.
  - 11.1.4.4. Telephone number.
  - 11.1.4.5. Number of attempts to contact.
  - 11.1.4.6. Date of call(s).
  - 11.1.4.7. Time of the call(s) using military time in hours and minutes.
  - 11.1.4.8. Identification of each call's resolution.
- 11.2. TASK B – PILOT SURVEY: This pilot survey is identical to the surveys detailed below. It is used as a practice survey to test survey procedures, survey instruments, data collection, processing, geocoding and survey methodology prior to performing any other survey. The required number of surveys to be completed for the pilot survey is specified in Attachment A – Special Requirements. The pilot survey shall be conducted using a standard method where survey responses are recorded in a survey instrument similar to that provided in Attachment C – Survey Instruments. Data collected in the pilot survey will not be counted as part of the regular survey.
- 11.3. TASK C – COORDINATE AND CONDUCT SURVEYS: The data to be collected for each commercial vehicle in the survey instruments is contained in Attachment C – Survey Instruments and in the data file formats contained in Attachment D – Data File Formats. The vendor shall:

- 11.3.1. Provide commercial vehicle travel survey forms to businesses, agencies, and private operators that agree to participate in the survey. An example of the survey instrument is provided in Attachment C – Survey Instruments, and includes two parts, Part 1, collects general information about the workplace and vehicle; Part 2, collects the travel data for the trips made by the vehicle on the survey day.
  - 11.3.2. Identify a contact person within the establishment of the businesses, agencies, and private operators that will be responsible for administering the survey to their drivers.
  - 11.3.3. Explain in detail to the contact person, the purpose and intent of the survey forms and answer any questions they may have with regard to administering the survey and data collection.
  - 11.3.4. Request that commercial vehicle drivers complete all forms for a specified survey day, Monday through Thursday only.
  - 11.3.5. Complete the survey form when a business, agency, or private operator provides a detailed trip log maintained by the driver which contains all of the necessary information for the survey.
- 11.4. TASK D – VERIFY, EDIT, PROCESS AND GEOCODE SURVEY DATA
- 11.4.1. TxDOT and its designated representative will provide a computer program to the vendor for use in checking the survey data prior to submitting the data to the TxDOT designated representative.
  - 11.4.2. The vendor shall process the survey data into specified ASCII data files in a prescribed format. Examples of these file formats are shown in Attachment D – Data File Formats. Survey locations, addresses, trip origins, and trip destinations collected in the surveys shall be geocoded to longitude, latitude, study area TAZ, and the state zone system used in the SAM when the location, address, origin or destination is outside the study area but within the State of Texas. For example, a longitude of -97 degrees, 27 minutes, and 41 seconds would be coded as -97.461667. Surveys that lack an address or that contain an 'incomplete' address that is not sufficient to determine an accurate longitude and latitude point shall be eligible for no more than 50% payment of its unit value. The vendor shall geocode 95% of the trip origins and destinations to the appropriate zone system and 90% of the trip origins and destinations to the longitude and latitude. The following coding procedures shall be used:
    - 11.4.2.1. Addresses, intersections, or specific place names collected in the survey shall still be entered into the data file even if it could not be geocoded to a zone or longitude and latitude.
    - 11.4.2.2. Locations within the State of Texas that cannot be geocoded shall be coded 666.666666 for the longitude and latitude and 6666 for the state zone.
    - 11.4.2.3. Locations that are in Mexico shall be geocoded 777.777777 for the longitude and latitude and 7777 for the zone.
    - 11.4.2.4. Locations that are outside the State of Texas shall be coded 999.999999 for the longitude and latitude and 9999 for the zone.

- 11.4.2.5. Locations that fall within the study areas that cannot be geocoded shall be coded 888.888888 for the longitude and latitude and 8888 for the zone.
- 11.4.2.6. Locations of businesses, agencies, or private operators that participate in the commercial vehicle travel survey shall also be geocoded.
- 11.4.3. Within 60 days of the date the survey data was collected, the ASCII data files shall be electronically transmitted to TxDOT and its designated representative as instructed in the post-award meeting.
- 11.4.4. Electronic data submittals will be accepted by TxDOT between the first and fifth day of each month. Data submittals transmitted outside this time period will not be recorded or accepted.
- 11.4.5. The data will be processed and checked to identify, but not limited to, records with missing or incomplete information or illogical data.
- 11.4.6. If TxDOT, within 30 days of original receipt, determines the data are unacceptable, the data shall be returned to the vendor with an itemized listing of the errors or problems for correction. Data files should not contain incorrect data entries. An incorrect data entry refers to a value or character in a specified field that is not valid in terms of the range of values or characters that may be input. Example, a non-response to the odometer question should be entered as 9999999 and if this field is left blank, it is considered an error.
- 11.4.7. The vendor shall return the corrected data within ten calendar days of receipt to TxDOT and the designated representative.
- 11.4.8. The vendor shall be solely responsible for any costs associated with correcting errors found in the data.
- 11.5. TASK E – SURVEY DOCUMENTATION AND REPORTS
  - 11.5.1. Project Reports and Survey Instruments: Vendor shall number, organize, and sort all project reports and survey instruments and place them in labeled boxes. Boxes shall be labeled by study area and submitted to TxDOT at the end of the survey. Completed survey instruments and other documents created or completed during this project shall become the property of TxDOT.
    - 11.5.1.1. Three copies of the Preliminary Report shall be provided to TxDOT within 30 calendar days of acceptance of the final data set by TxDOT.
    - 11.5.1.2. Following acceptance of the Preliminary Report, 12 copies of the Final Report shall be prepared and delivered to TxDOT within 30 calendar days with all corrections and comments from review of the Preliminary Report incorporated. Final Reports shall be organized and spiral bound with durable plastic covers.

- 11.5.1.3. Final Report shall be submitted on CD to TxDOT in Microsoft™ Word™ for Windows™, compatible with TxDOT's current version. All accompanying artwork (i.e. photographs, charts, illustrations) shall be included on the CD in JPEG or GIF format. The file name shall clearly reference the artwork's location in the Final Report. In addition, the Final Report shall be submitted on CD to TxDOT in Adobe™ Portable Document format (.pdf)

#### 11.6. COMPLAINTS

- 11.6.1. Complaints filed by the public against the vendor, or any employee of the vendor, regarding work performed by the vendor under this service shall be answered in writing by the vendor to the complainant within five days of receipt of complaint with a copy to TxDOT.
- 11.6.2. The vendor shall provide a toll-free telephone number (Ref. Para. 8.8.) where complaints or requests for additional information can be referred. The number shall be available to the public and answered either by vendor personnel or an answering machine.
- 11.6.3. The vendor shall provide business-type cards to the public as necessary, which contain a contact name and the toll-free telephone number to call for complaints, comments, or questions relating to the survey. Failure to adhere to these requirements will be deemed grounds for cancellation of the purchase order.

#### 12. VENDOR DELIVERABLES: The vendor shall submit:

- 12.1. Survey Implementation Plan (Ref. Para 8.4.).
- 12.2. Recruitment call log and related documentation (Ref. Para 11.1.4.).
- 12.3. Pilot survey data in the specified ASCII format (Ref. Para.11.4. and Attachment D – Data File Formats).
- 12.4. Commercial Vehicle Travel Surveys and geocoded survey data in the specified ASCII format. (Ref. Attachment D – Data File Formats).
- 12.5. Monthly progress reports (Ref. Para 8.11.).
- 12.6. Survey Reports and Survey Instruments in labeled boxes (Ref. Para. 11.5.1.).
- 12.7. Preliminary and Final Reports (Ref. Paras. 11.5.1.1. through 11.5.1.3.).

#### 13. PERSONNEL CONTINUITY AND REPLACEMENT

- 13.1. TxDOT recognizes that events beyond the control of the vendor such as the death, physical or mental incapacity, long-term illness, or the voluntary termination of employment of the PM will require that the vendor propose a replacement. In the event such a replacement is necessary, vendor agrees that personnel shall not begin work on the project without prior written approval from TxDOT.
- 13.2. The vendor agrees that the PM assigned to the project shall remain available for the entirety of the project throughout the term of the purchase order as long as that individual is employed by the vendor.

- 13.3. If TxDOT determines the PM is unable to perform in accordance with the service requirements or to communicate effectively, the vendor shall immediately remove that person.
- 13.4. Proposed replacement personnel shall meet minimum qualifications and have experience comparable to the person(s) being replaced. Replacement personnel shall be provided at no additional cost to TxDOT. Resume(s) and reference(s) will be requested for the proposed replacement(s). TxDOT may reject any replacement if references or past working performance is questionable or unfavorable. TxDOT will be the sole judge of the qualifications of the proposed replacement personnel.
14. VENDOR PERSONNEL SAFETY: The vendor shall provide all required safety equipment and instruct personnel to observe all safety policies, rules and requirements at all times.
15. WORK HOURS
  - 15.1. Work hours are flexible, due to the need to contact businesses, agencies or private operators during their individual hours of operation.
  - 15.2. Commercial Vehicle surveys are to be conducted Mondays through Thursdays, during the local area school year, with the exception of school holidays.
16. SUBCONTRACTING
  - 16.1. Subcontractors providing service under the purchase order shall meet the same service requirements and provide the same quality of service required of the vendor.
  - 16.2. No subcontract under the purchase order shall relieve the primary vendor of responsibility for the services.
  - 16.3. The vendor shall be the primary contact for TxDOT and subcontractor(s).
  - 16.4. The vendor shall manage all, quality and performance, project management, and schedules for subcontractors. The vendor shall be held solely responsible and accountable for the completion of all work for which the vendor has subcontracted.
  - 16.5. TxDOT reserves the right to request the removal of vendor's subcontractor staff deemed unsatisfactory by TxDOT.
  - 16.6. Subcontracting shall be at the vendor's expense.
  - 16.7. TxDOT retains the right to check subcontractor's background and make a determination to approve or reject the use of submitted subcontractor's. Any negative responses may result in the disqualification of the subcontractor.
  - 16.8. During the term of the purchase order, if the vendor determines a need for a subcontractor change, TxDOT shall be notified in writing by the vendor within five days of any proposed change. The vendor shall be required to provide references and work history for any proposed subcontractor to TxDOT. No change will be allowed without written authorization by TxDOT.
  - 16.9. SOLICITATIONS OVER \$100,000: TxDOT will make an initial determination of whether subcontracting is probable. It is the respondent's determination if they choose to subcontract any of the work under this purchase order with a Texas Certified Historically Underutilized Business (HUB) or other businesses.

- 16.9.1. If TxDOT has determined that subcontracting opportunities are probable, the class and items in which HUBs may be registered will be noted in the solicitation.
  - 16.9.2. The respondent shall identify all proposed HUB and other subcontractors at the time of response submittal. The required forms with video instructions can be found at the following website:  
<http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan>
- 16.10. HUB SUBCONTRACTING PLAN (HSP) PRIME CONTRACTOR PROGRESS ASSESSMENT REPORT: After award of the purchase order, the vendor shall report all HUB and non-HUB subcontractor information using the HSP Prime Contractor Progress Assessment Report form. The report shall be submitted to the TxDOT contract manager monthly. The report shall be submitted monthly even during the months the vendor is not invoicing TxDOT. All payments made to subcontractors shall be reported. TxDOT may verify the amounts being reported as paid by requesting copies of cancelled checks paid to subcontractors.
17. TRAVEL: All travel and per diem shall be included in the unit price.
18. CONFLICT OF INTEREST: The vendor, vendor's personnel, and vendor's subcontractor(s) shall affirm not to have, nor acquire any interest during the term of the purchase order that would conflict in any manner with the performance of the vendor's obligations in regards to services authorized.
19. FEDERAL FUNDING: The purchase order will be supported in part with federal funds, therefore, the following federal laws and standards apply:
  - 19.1. Title 42 U.S.C. §§ 2000d-2000d-7, with the exception of sections 2000d-5 and 2000d-6, also known as – Title VI of the Civil Rights Act of 1964.
  - 19.2. Title 49 CFR Subtitle A – Office of the Secretary of Transportation.
  - 19.3. OMB Circular A-87 – Office of Management and Budget Circular relating to Cost Principles for State, Local and Indian Tribal governments.
  - 19.4. OMB Circular A-102 – Office of Management and Budget Circular relating to Grants and Cooperative Agreements with State and Local Governments.
  - 19.5. OMB Circular A-133 – Office of Management and Budget Circular relating to Audits of States, Local Governments and Non-Profit Organizations.
20. INVOICING INSTRUCTIONS: The vendor shall provide a comprehensive and detailed invoice with reference to the basis for each item charged. Original documentation that validates the charges shall be attached. The original invoice shall be sent to the address shown on the purchase order or emailed to [FIN\\_Invoices@dot.state.tx.us](mailto:FIN_Invoices@dot.state.tx.us) to ensure timely payment and shall include the following:
  - 20.1. A comprehensive and detailed invoice with reference to the basis for each item charged.
  - 20.2. Location of study area on each invoice.
- NOTE: Invoices requiring correction shall be re-submitted with a new invoice date.
21. PAYMENT REQUIREMENTS: Payment will be based on the receipt of deliverables meeting the specification requirements and accepted in writing by TxDOT.

22. TxDOT RESPONSIBILITIES: TxDOT will provide:
- 22.1. A contract manager and point of contact.
  - 22.2. Recruitment scripts.
  - 22.3. Examples of survey instruments to be utilized when conducting surveys.
  - 22.4. Spanish versions of survey instruments.
  - 22.5. Electronic data files containing the names and addresses of businesses, agencies and private operators that have been randomly selected from the Texas Work Force Commission database. These files shall be consistent with the types of employment specified in Attachment A – Special Requirements.
  - 22.6. ASCII format in which data shall be submitted.
  - 22.7. Computer program for use in checking the survey data.
  - 22.8. Written approval of acceptance of completed tasks and data eligible for payment.
  - 22.9. Periodic audits or field reviews as needed to ensure the vendor is operating the program under the requirements of state law, specifications and terms and conditions of the purchase order.
  - 22.10. Consistent responses to anticipated “frequently asked questions” when calls are received on the vendor’s toll-free telephone number.
  - 22.11. Press releases for use by MPO and TxDOT staff to increase public awareness and encourage participation by the public.
23. RESPONSE SUBMISSION: The following shall be submitted with the response. Failure by the respondent to submit the documentation listed below will disqualify the respondent from further consideration.
- 23.1. Original, signed, dated, and completed IFB
- NOTE TO RESPONDENT: If addendums are generated as part of this solicitation, include the original signed and dated addendum(s) with response.
- 23.2. Respondent Qualifications and Experience (Ref. Schedule 1 – Respondent Qualifications and Experience)
  - 23.3. Key Personnel Qualifications and References (Ref. Schedule 2 – Key Personnel Qualifications and References)
  - 23.4. Respondent References (Ref. Schedule 3 – Respondent References)
  - 23.5. HUB Subcontracting Plan

24. AWARD

24.1. TxDOT reserves the right to award a single purchase order to the most responsive, responsible respondent meeting the specification. TxDOT may award to a single vendor, multiple vendors, split award or use any combination that best serves the interest of TxDOT.

24.2. TYPES OF AWARD

24.2.1. Single Award: One purchase order awarded to a single vendor.

24.2.2. Multiple Awards: A multiple award is the award of multiple purchase orders for the same line item(s) from a single solicitation to two or more vendors to provide the same or similar goods or services.

24.2.3. Split Award: Award of separate line items on a single solicitation to different vendors resulting in two or more purchase orders.

25. POST AWARD MEETING: Vendor shall be required to attend a post award meeting in Austin, Texas with TxDOT within 30 calendar days after the award of the purchase order. The purpose of the meeting is to discuss the terms and conditions of the purchase order and to provide additional information regarding the purchase order. Vendor and TxDOT shall identify specific goals, strategies and activities planned for meeting particular program area objectives.

26. CONTRACT ADMINISTRATION: Administration of the purchase order is a joint responsibility of the TxDOT Transportation Planning and Programming Division and TxDOT Purchasing. TxDOT Purchasing staff will be responsible for administering the contractual business relationship with the vendor.

26.1. Any proposed changes to work, whether initiated by TxDOT or the vendor, shall receive final written approval in the form of a Purchase Order Change Notice signed by the authorized TxDOT purchasing agent.

26.2. Upon issuance of purchase order, TxDOT will designate an individual who will serve as the Contract Manager and point of contact between the agency and the vendor. The Contract Manager does not have any express or implied authority to vary the terms of the purchase order, amend the purchase order in any way or waive strict performance of the terms or conditions of the purchase order. This individual's contract management and contract administration responsibilities include, but are not limited to:

26.2.1. Monitoring the vendor's progress and performance and ensuring services conform to established specification requirements.

26.2.2. Managing the financial aspects of the contract including approval of payments.

26.2.3. Meeting with the vendor as needed to review progress, discuss problems, and consider necessary action.

26.2.4. Identifying a breach of contract by assessing the difference between contract performance and non-performance.

26.2.5. Other areas as identified by the Comptroller of Public Accounts, State of Texas Contract Management Guide, latest edition.

LIST OF ATTACHMENTS  
COMMERCIAL VEHICLE TRAVEL SURVEYS

ATTACHMENT A - SPECIAL REQUIREMENTS

ATTACHMENT B - PROJECT TASKS

ATTACHMENT C - SURVEY INSTRUMENTS

ATTACHMENT D - DATA FILE FORMATS

**ATTACHMENT A - SPECIAL REQUIREMENTS**

1. **SURVEY LOCATION:** The vendor shall survey businesses/work places located in the Dallas-Ft. Worth (D-FW)/ North Central Texas Council of Governments (NCTCOG) area to collect information on the establishments' business, commercial, and work-related travel. The D-FW/NCTCOG study area includes Collin, Dallas, Denton, Ellis, Hill, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise counties. The D-FW and NCTCOG study areas are one and the same.
2. **PILOT SURVEY:** The project shall include a pilot survey of 25 work places where at least one vehicle per establishment is surveyed to record business/work trips associated with the establishment. The vehicle(s) surveyed at a recruited establishment must be owned, leased, or operated by the establishment or be the private vehicle of an owner/employee and used for business-related travel. The pilot survey data may not be used as part of the full survey sample as specified in item 3. The pilot survey data shall be submitted to TxDOT for review and approval for payment in the same manner as the data collected in the full survey. TxDOT or its representative may make minor revisions to the survey instruments and ASCII file formats based on the results of the Pilot survey.
3. **SURVEY SAMPLE:** The number and type of work places to be surveyed is shown in Table A-1. The vendor shall collect one or more useable commercial/business vehicle travel surveys from vehicles in 910 different work places in the D-FW study area. At least one useable survey is required per work place in order for that establishment to be eligible for invoicing. For work places with multiple commercial/business vehicles, commercial travel data for no more than 5 vehicles shall be collected and submitted. The total number of vehicles that each recruited establishment owns or has available for business use (excluding vehicles used only for commuting purposes) shall be reported in the ASCII data file for Record Type 20 of the Commercial Travel Survey.

Table A-1: Number of Work Places to be Surveyed by Employment Size and Type.

| Employment Size | Employment Type |        |                                |           |         |
|-----------------|-----------------|--------|--------------------------------|-----------|---------|
|                 | Basic           | Retail | Transportation and Warehousing | Education | Service |
| < 10            | 70              | 70     | 70                             | 70        | 70      |
| 10 - 49         | 70              | 70     | 70                             |           | 70      |
| 50 – 99         | 70              | 70     |                                |           | 70      |
| 100 +           |                 |        |                                |           | 70      |
| Total           | 910             |        |                                |           |         |

4. **ZERO-TRAVEL VEHICLES:** Surveys of commercial/business vehicles that do not contain any reported trips shall not be eligible for submission as an establishment's commercial vehicle travel survey. The vendor may choose to survey more than one vehicle at each recruited establishment in order to ensure that at least one useable commercial vehicle travel survey is obtained.
5. **GEOCODING:** Survey locations, addresses, trip origins, and trip destinations shall be geocoded to a longitude and latitude position and carried out six decimal places. The vendor shall not be required to geocode survey data to the urban area's Traffic Analysis Zone (TAZ) system or the Statewide Analysis Model (SAM) zone system. Regarding geocoding to the TAZ and SAM systems, this section shall supercede paragraph 11.4.2 of the bid specification.

**ATTACHMENT B**  
**PROJECT TASKS**  
(Provided for information only)

Any deviation from the due date schedule will require TxDOT written approval

| PROJECT TASKS                                                                                                                                                                                                                                                                                                                                                                                                                      | DUE DATE                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Survey Design & Start-up documentation <ul style="list-style-type: none"> <li>• Background checks (Ref. Para.8.15.)</li> <li>• Date and attendees of the orientation session (Ref. Para. 8.2.)</li> <li>• Survey Implementation Plan (Ref. Para 8.4.)</li> <li>• Toll-free number (Ref. Para. 8.8)</li> <li>• Sexual harassment training certificates (Ref. Para. 8.14.)</li> <li>• Sample call-log (Ref. Para.11.1.4.)</li> </ul> | Work to begin no later than 30 days after the Post Award meeting.                                                                                                                                    |
| Pilot Survey - Commercial Travel Surveys from 25 Work Places (Ref. Attachment A-Special Requirements, Para 2.)                                                                                                                                                                                                                                                                                                                     | Work to begin no later than 30 days after completion of Survey Design and Start-up unless otherwise stipulated by TxDOT                                                                              |
| Full Survey - Commercial Travel Surveys from 910 Work Places (Ref. Attachment A - Special Requirements, Table A-1.                                                                                                                                                                                                                                                                                                                 | Work to begin no later than 30 days after completion of the Pilot Survey unless otherwise stipulated by TxDOT. Data must be submitted between the 1 <sup>st</sup> and 5 <sup>th</sup> of each month. |
| Monthly Status Reports (Ref. Para. 8.11.)                                                                                                                                                                                                                                                                                                                                                                                          | Due between the 1 <sup>st</sup> and 5 <sup>th</sup> of each month following the Post Award meeting.                                                                                                  |
| Preliminary Report (Ref. Para. 11.5.1.1.)                                                                                                                                                                                                                                                                                                                                                                                          | Due within 30 days of acceptance of the final data set by TxDOT.                                                                                                                                     |
| Final Report (Ref. Para. 11.5.1.2 and Para. 11.5.1.3.)<br>Survey instruments in labeled boxes                                                                                                                                                                                                                                                                                                                                      | Due within 30 days of acceptance of Preliminary Report, inclusive of corrections and comments.                                                                                                       |
| Recruitment Call Log and related documentation (Ref. Para. 11.1.4)                                                                                                                                                                                                                                                                                                                                                                 | Due with Final Report, unless requested earlier by TxDOT.                                                                                                                                            |

**ATTACHMENT C - SURVEY INSTRUMENTS**

|                                                                              |         |
|------------------------------------------------------------------------------|---------|
| Commercial Travel Survey Instrument – English<br>Recruitment Script          | 1 page  |
| Commercial Travel Survey Instrument – Spanish<br>Recruitment Script          | 1 page  |
| Commercial Travel Survey Instrument – English<br>Thank You Letter            | 1 page  |
| Commercial Travel Survey Instrument – Spanish<br>Thank You Letter            | 1 page  |
| Commercial Travel Survey Instrument – English<br>Survey Instructions         | 1 page  |
| Commercial Travel Survey Instrument – Spanish<br>Survey Instructions         | 1 page  |
| Commercial Travel Survey Instrument – English<br>Part 1: Vehicle Information | 1 page  |
| Commercial Travel Survey Instrument – Spanish<br>Part 1: Vehicle Information | 1 page  |
| Commercial Travel Survey Instrument – English<br>Part 2: Trip Information    | 4 pages |
| Commercial Travel Survey Instrument – Spanish<br>Part 2: Trip Information    | 4 pages |

## Commercial Travel Survey Instrument – English Recruitment Script

Good (*morning/afternoon/evening*), my name is \_\_\_\_\_ and I work for \_\_\_\_\_ in [CITY].

We're doing a study of commercial and business-related travel in your area for the Texas Department of Transportation. TxDOT is going to use this information to assist in the decision-making process for planning road improvements in your area. Your work place was randomly selected from a database to participate in the study.

The process involves at least one of your employees or drivers completing a **very simple** trip log for **one day** of travel in order to record commercial or business related trips. One of our employees will come out to your location and explain the logs to you or your employees/drivers (whichever you prefer). Would next week be convenient? Monday, Tuesday, or Wednesday?

Great ----- Thank you for your participation!

How many vehicles does your establishment own or have available for use for commercial or business purposes? These include privately-owned vehicles that are used by the business. *Please exclude vehicles that are used only for commuting to work.*

*Make sure that you get a Point of Contact, and confirm the address.*

### Commercial Travel Survey Instrument – Spanish Recruitment Script

(Buenos días/Buenas tardes/Buenas noches), mi nombre es \_\_\_\_\_ y trabajo para \_\_\_\_\_ en [CITY].

Estamos haciendo un estudio de los viajes comerciales en su área para el Departamento de Transporte de Texas (TxDOT por sus siglas en ingles). TxDOT usará esta información para ayudar en la planificación de mejoras de transporte en su área. Su negocio fue elegido al azar de una base de datos para participar en este estudio.

El proceso requiere que al menos uno sus empleados o conductores llene una encuesta **muy básica**, la cual describe sus viajes comerciales durante **un día**. Uno de nuestros empleados visitará su lugar de trabajo para explicar la encuesta a usted o a sus empleados/conductores (cualquier que prefiera). ¿Será conveniente la semana próxima? ¿Lunes, martes o miércoles?

Muy bien ----- ¡Gracias por su participación!

¿Cuántos vehículos tiene su establecimiento o están disponibles para los propósitos comerciales del establecimiento? Estos incluyen vehículos privados que se utilizan para fines comerciales. *Por favor excluyan los vehículos que se utilizan sólo para ir al trabajo.*

*Make sure that you get a Point of Contact, and confirm the address.*

**Commercial Travel Survey Instrument – English Thank You Letter**

[DATE]

Dear Participant:

Thank you for agreeing to participate in the [YEAR] [AREA] area Commercial Travel Study. You are helping to improve local mobility.

Good information on the amount, purpose, and location of commercial and business travel helps transportation planners and public officials make better use of increasingly scarce resources, and develop strategies for making wise transportation investments. Your participation is important toward meeting these goals.

The Texas Department of Transportation (TxDOT) has hired [VENDOR] to conduct this important study. The information provided in the travel logs will only be used in combination with data from other participants, and will be used for research purposes only.

A [VENDOR] employee will deliver your travel log materials to you prior to your travel day. If you or your employees have any questions on how to fill out the travel logs, please contact [VENDOR] toll-free at [VENDOR TOLL-FREE NUMBER]. *Please collect the travel log packets from your drivers when the travel logs are complete. An employee from [VENDOR] will come to your place of business and collect the travel log packets on the day following your travel day.*

We appreciate your taking the time to help with this very important study. If you have any comments or concerns about the study, please call [VENDOR CONTACT NAME] of [VENDOR] at [VENDOR TOLL-FREE NUMBER], the [CITY] District TxDOT Office, or the [AREA] MPO:

[CONTACT NAME]  
TxDOT  
[CITY] District  
[TxDOT DISTRICT TELEPHONE]

[CONTACT NAME]  
[MPO]  
[TITLE]  
[MPO TELEPHONE]

Sincerely,

[VENDOR CONTACT NAME]  
[TITLE]  
[VENDOR]

**Commercial Travel Survey Instrument – Spanish Thank You Letter**

[DATE]

Estimado Participante:

Gracias por su participación en la Encuesta de Viajes Comerciales del [YEAR] del área de [AREA]. Usted está ayudando a mejorar la vialidad local.

Información buena sobre la cantidad, propósito y área de viajes de negocio ayuda a los planificadores de transporte y a los funcionarios públicos a mejorar el uso de escasos recursos, y desarrollar estrategias prudentes con respeto a inversiones en el transporte. Su participación en esta encuesta es vital para lograr estas metas.

El Departamento de Transporte de Texas (TxDOT, por sus siglas en ingles) ha contratado a [VENDOR] para llevar a cabo este importante estudio. La información proporcionada en la encuesta será utilizada solamente en combinación con información de otros participantes, y únicamente para los fines de esta investigación.

Un representante de [VENDOR] le entregará su paquete de instrucciones y encuestas antes de su día asignado de viaje. Si usted o sus conductores tienen alguna pregunta sobre cómo llenar la encuesta, por favor llame a [VENDOR] gratis al [VENDOR TOLL-FREE NUMBER]. *Por favor recoja todas las encuestas de sus conductores una vez que estén llenadas. Un representante de [VENDOR] visitará su oficina para recogerlas un día después de su día asignado de viaje.*

Gracias por ayudarnos en este importante estudio. Si tiene algún comentario o pregunta referente al estudio, por favor llame gratis a [VENDOR CONTACT NAME] de [VENDOR] al [VENDOR TOLL-FREE NUMBER], o a la oficina de TxDOT en el Distrito de [CITY], o a la Organización de Planificación Metropolitana de [AREA]:

CONTACT NAME]  
TxDOT  
[CITY] District  
[TXDOT DISTRICT TELEPHONE]

[CONTACT NAME]  
[MPO]  
[TITLE]  
[MPO TELEPHONE]

Atentamente,

[VENDOR CONTACT NAME]  
[TITLE]  
[VENDOR]

## **Commercial Travel Survey Instrument – English Instructions**

### **COMMERCIAL TRAVEL SURVEY INSTRUCTIONS**

Thank you for participating in this important effort. Your information will help local and state officials make decisions to improve future transportation.

If you have any questions after you review this package, one of our survey specialists will be available to help. Questions about how to answer a specific question on the travel log during your travel day can be answered by calling toll free: [VENDOR TOLL-FREE NUMBER]

#### Instructions for completing the survey:

1. Read the form entitled “Part 2: Trip Information” and call us if you need any clarification or have any questions.
2. Please keep all of the survey information for your vehicle together:
  - a. Commercial Travel Survey Part 1: Vehicle Information
  - b. Commercial Travel Survey Part 2: Trip Information
  - c. Commercial Travel Survey Map (Optional)
  - d. Commercial Travel Survey Instructions
3. Fill out the sheet entitled:  
COMMERCIAL TRAVEL SURVEY  
Part 1: Vehicle Information
4. Fill out the top of the sheet titled:  
COMMERCIAL TRAVEL SURVEY  
Part 2: Trip Information
5. As you make each stop, fill out a numbered section about that trip. Please, include any personal stops for lunch, restroom or other reasons. If you have more than 19 stops, indicate the number of additional stops at the bottom of the last page. At the end of the day, be sure to fill out the total number of stops at the end of PART 1 of the survey.
6. If a map has been provided, at each stop draw a point on the COMMERCIAL TRAVEL SURVEY MAP showing where the stop was made and put a number next to the point that corresponds to the number of the location in “Part 2: Trip Information”.
7. Turn in all sheets from the survey packet at the end of the day. An employee from [VENDOR] will collect them the day after your assigned travel day.

## **Commercial Travel Survey Instrument – Spanish Instructions**

### **INSTRUCCIONES PARA LA ENCUESTA DE VIAJES COMERCIALES**

Gracias por participar en este importante esfuerzo. Su información les ayudará a funcionarios locales y estatales a tomar decisiones para mejorar el transporte del futuro.

Si tiene alguna pregunta después de leer este paquete, uno de nuestros especialistas estará disponible para ayudarle. Preguntas sobre cómo responder a una pregunta específica en la encuesta durante su día de viaje, pueden ser aclaradas llamando al siguiente número sin costo:

[VENDOR TOLL-FREE NUMBER]

#### Instrucciones para llenar la encuesta:

1. Lea la encuesta titulada “Parte 2: Información de Viajes” y llámenos si necesita clarificación o tiene alguna pregunta.

2. Favor de conservar toda la información para la encuesta de su vehículo juntada:

- a. Encuesta de Viajes Comerciales Parte 1: Información Vehicular
- b. Encuesta de Viajes Comerciales Parte 2: Información de Viajes
- c. Mapa para la Encuesta de Viajes Comerciales (Opcional)
- d. Instrucciones para la Encuesta de Viajes Comerciales

3. Llene la hoja titulada:

ENCUESTA DE VIAJES COMERCIALES

PARTE 1: Información Vehicular

4. Llene la parte de arriba de la hoja titulada:

ENCUESTA DE VIAJES COMERCIALES

PARTE 2: Información de Viajes

5. A medida que usted hace paradas durante el día, llene la sección numerada por ese viaje. Favor de incluir cualquier parada personal para cargar combustible, comer, ir al baño u otra razón. Si tiene más de 19 paradas, note el número de paradas adicionales al pie de la última página. Al terminar el día, asegúrese de llenar el número total de paradas que está al final de la PARTE 1 de la encuesta.

6. Si un mapa ha sido proporcionado, en cada parada dibuje un punto en el MAPA PARA LA ENCUESTA DE VIAJES COMERCIALES indicando la ubicación de la parada y escriba el número (al lado del punto) que corresponda al número del lugar en la “Parte 2: Información de Viajes”.

7. Entregue todas las hojas del paquete. Un empleado de [VENDOR] estará en contacto con su empresa el día después de su día asignado de viaje.

Record 20

## COMMERCIAL TRAVEL SURVEY PART 1: VEHICLE INFORMATION

(Please fill out this form, even if the information requested has been provided elsewhere.)

|                     |                     |                   |
|---------------------|---------------------|-------------------|
| <b>Official Use</b> | Vehicle ID #: _____ | NAICS Code: _____ |
|---------------------|---------------------|-------------------|

Travel Day: \_\_\_\_\_  
Month / Day / Year

Vehicle License Plate #: \_\_\_\_\_

Company or Name of Owner (name on registration):

Company Address:

(Street Address or Names of Nearest Intersecting Streets)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company - Type of Place (see options below): \_\_\_\_\_

Vehicle Info: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Type (Primary Use) 1) ☐ Cargo / Freight Transport Vehicle  
2) ☐ Service Vehicle (vehicle used PRIMARILY for non-cargo transport purposes)  
3) ☐ Cargo Delivery and Commercial Service Vehicle

Vehicle Fuel: 1) ☐ Unleaded Gas 2) ☐ Diesel 3) ☐ Propane 4) ☐ Natural Gas (LNG or CNG)  
5) ☐ Electric 6) ☐ Gas/Electric 96) ☐ Other (specify) \_\_\_\_\_

What is the average Miles Per Gallon (MPG) of the vehicle? \_\_\_\_\_

Vehicle Classification:

- |                                                         |                                                                     |
|---------------------------------------------------------|---------------------------------------------------------------------|
| 1) <input type="checkbox"/> Passenger Car               | 5) <input type="checkbox"/> Single Unit 2-axle (6 wheels)           |
| 2) <input type="checkbox"/> Pick-up                     | 6) <input type="checkbox"/> Single Unit 3-axle (10 wheels)          |
| 3) <input type="checkbox"/> Van (Cargo or Minivan)      | 7) <input type="checkbox"/> Single Unit 4-axle (14 wheels)          |
| 4) <input type="checkbox"/> Sport Utility Vehicle (SUV) | 8) <input type="checkbox"/> Semi (all Tractor-Trailer combinations) |
|                                                         | 96) <input type="checkbox"/> Other _____                            |

Gross Vehicle Weight (including trailer): \_\_\_\_\_ pounds

Odometer Reading at beginning of travel day: \_\_\_\_\_ Total Number of Stops on travel day: \_\_\_\_\_

| PLACE OPTIONS                                  |                                     |                          |
|------------------------------------------------|-------------------------------------|--------------------------|
| (1) Office Building (Non-Government)           | (6) Education (college, trade, etc) | (11) Warehouse           |
| (2) Retail / Shopping                          | (7) Government Office / Building    | (12) Distribution Center |
| (3) Industrial / Manufacturing                 | (8) Residential                     | (13) Construction Site   |
| (4) Medical / Hospital                         | (9) Airport                         | (96) Other (specify)     |
| (5) Education (12 <sup>th</sup> grade or less) | (10) Intermodal Facility            |                          |



Vehicle Plate #: \_\_\_\_\_

## COMMERCIAL TRAVEL SURVEY PART 2: TRIP INFORMATION

The place my travel began today was:

☐ Work / Base Location (Company address)   ☐ Other Location (Please describe): \_\_\_\_\_

Type of Place (Specify Type of Place 1-13 or 96 using the Place options below): \_\_\_\_\_

\_\_\_\_\_  
(Street Address or Names of Nearest Intersecting Streets)TRAVEL DATE: \_\_\_\_\_  
Month / Day / Year\_\_\_\_\_  
(City, State, Zip Code)

DEPARTURE TIME: \_\_\_\_\_ am/pm

When you left the above location was your vehicle: ☐ Fully Loaded   ☐ Partially Loaded   ☐ Empty   ☐ Not Applicable (Service Vehicle)

If loaded, what is the total weight in pounds of the cargo being transported? (Please provide an estimate if unsure of exact weight): \_\_\_\_\_ pounds

**RECORD EVERY PLACE YOU GO, INCLUDING BRIEF STOPS**

|                      | Record the following information about each place.<br><br>Location: Address including City, State, and Zip Code<br>or<br>Names of Nearest Intersecting Streets or Landmark | Is this the<br>Work/Base<br>Location<br>for this<br>vehicle?<br><br><input type="checkbox"/> - Yes<br><input type="checkbox"/> - No | What Type<br>of Place<br>is this?<br>(See Place<br>Options<br>below) | What Time did<br>you Arrive<br>and Depart<br>this location?<br>(Record exact times) | What Activity<br>are you doing<br>at this location?<br>(See Activity<br>Options below) | If transporting<br>cargo, what is<br>the Cargo?<br>(If HAZMAT also<br>enter Placard #) | If transporting<br>cargo, enter<br>Cargo<br>Weight<br>(Pounds) |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| PLACE<br>1<br>2<br>3 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                                     |                                                                      | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | Delivered<br>Picked Up                                         |
|                      |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                                     |                                                                      | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | Delivered<br>Picked Up                                         |
|                      |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                                     |                                                                      | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | Delivered<br>Picked Up                                         |

| PLACE OPTIONS                                  |                                     |                          | ACTIVITY OPTIONS                               |                                  |                                                 |
|------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------|----------------------------------|-------------------------------------------------|
| (1) Office Building (Non Government)           | (6) Education (college, trade, etc) | (11) Warehouse           | (1) Base Location /<br>Return to Base Location | (4) Deliver Cargo                | (7) Government Related Service                  |
| (2) Retail / Shopping                          | (7) Government Office / Building    | (12) Distribution Center | (2) Vehicle Maintenance (fuel, oil, etc)       | (5) Pick up Cargo                | (8) Installation / Maintenance / Repair Service |
| (3) Industrial / Manufacturing                 | (8) Residential                     | (13) Construction Site   | (3) Driver Needs (lunch, restroom, etc)        | (6) Deliver and<br>Pick up Cargo | (9) Sales / Professional Service                |
| (4) Medical / Hospital                         | (9) Airport                         | (96) Other (specify)     |                                                |                                  | (10) Shopping for Business                      |
| (5) Education (12 <sup>th</sup> grade or less) | (10) Intermodal Facility            |                          |                                                |                                  | (96) Other Activity (specify)                   |

Record 21

**Commercial Travel Survey – Trip Information**  
(continued)

Vehicle Plate #: \_\_\_\_\_

|         | Record the following information about each place.<br><br>Location: Address including City, State, and Zip Code<br>or<br>Names of Nearest Intersecting Streets or Landmark | Is this the Work/Base Location for this vehicle?<br><br><input type="checkbox"/> - Yes<br><input type="checkbox"/> - No | What Type of Place is this?<br>(See Place Options below) | What Time did you Arrive and Depart this location?<br>(Record exact times) | What Activity are you doing at this location?<br>(See Activity Options below) | If transporting cargo, what is the Cargo?<br>(If HAZMAT also enter Placard #) | If transporting cargo, enter Cargo Weight (Pounds) |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------|
| PLACE 4 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                         |                                                          | Arrive: _____ am/pm<br>Depart: _____ am/pm                                 |                                                                               |                                                                               | Delivered<br>Picked Up                             |
| PLACE 5 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                         |                                                          | Arrive: _____ am/pm<br>Depart: _____ am/pm                                 |                                                                               |                                                                               | Delivered<br>Picked Up                             |
| PLACE 6 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                         |                                                          | Arrive: _____ am/pm<br>Depart: _____ am/pm                                 |                                                                               |                                                                               | Delivered<br>Picked Up                             |
| PLACE 7 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                         |                                                          | Arrive: _____ am/pm<br>Depart: _____ am/pm                                 |                                                                               |                                                                               | Delivered<br>Picked Up                             |
| PLACE 8 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                         |                                                          | Arrive: _____ am/pm<br>Depart: _____ am/pm                                 |                                                                               |                                                                               | Delivered<br>Picked Up                             |
| PLACE 9 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No                                                         |                                                          | Arrive: _____ am/pm<br>Depart: _____ am/pm                                 |                                                                               |                                                                               | Delivered<br>Picked Up                             |

| PLACE OPTIONS                                  |                                     |                          | ACTIVITY OPTIONS                            |                               |                                                 |
|------------------------------------------------|-------------------------------------|--------------------------|---------------------------------------------|-------------------------------|-------------------------------------------------|
| (1) Office Building (Non Government)           | (6) Education (college, trade, etc) | (11) Warehouse           | (1) Base Location / Return to Base Location | (4) Deliver Cargo             | (7) Government Related Service                  |
| (2) Retail / Shopping                          | (7) Government Office / Building    | (12) Distribution Center | (2) Vehicle Maintenance (fuel, oil, etc)    | (5) Pick up Cargo             | (8) Installation / Maintenance / Repair Service |
| (3) Industrial / Manufacturing                 | (8) Residential                     | (13) Construction Site   | (3) Driver Needs (lunch, restroom, etc)     | (6) Deliver and Pick up Cargo | (9) Sales / Professional Service                |
| (4) Medical / Hospital                         | (9) Airport                         | (96) Other (specify)     |                                             |                               | (10) Shopping for Business                      |
| (5) Education (12 <sup>th</sup> grade or less) | (10) Intermodal Facility            |                          |                                             |                               | (96) Other Activity (specify)                   |

Record 21

## Commercial Travel Survey – Trip Information

Vehicle Plate #: \_\_\_\_\_

(continued)

|          | Record the following information about each place.<br><br>Location: Address including City, State, and Zip Code<br>or<br>Names of Nearest Intersecting Streets or Landmark | Is this the<br>Work/Base<br>Location<br>for this<br>vehicle?    | What Type<br>of Place<br>is this?<br>(See Place<br>Options below) | What Time did<br>you Arrive<br>and Depart<br>this location?<br>(Record exact times) | What Activity<br>are you doing<br>at this location?<br>(See Activity<br>Options below) | If transporting<br>cargo, what is<br>the Cargo?<br>(If HAZMAT also<br>enter Placard #) | If transporting<br>cargo, enter<br>Cargo<br>Weight<br>(Pounds) |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| PLACE 10 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 11 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 12 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 13 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 14 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |

| PLACE OPTIONS                                  |                                     |                          | ACTIVITY OPTIONS                               |                                  |                                                 |
|------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------|----------------------------------|-------------------------------------------------|
| (1) Office Building (Non Government)           | (6) Education (college, trade, etc) | (11) Warehouse           | (1) Base Location /<br>Return to Base Location | (4) Deliver Cargo                | (7) Government Related Service                  |
| (2) Retail / Shopping                          | (7) Government Office / Building    | (12) Distribution Center | (2) Vehicle Maintenance (fuel, oil, etc)       | (5) Pick up Cargo                | (8) Installation / Maintenance / Repair Service |
| (3) Industrial / Manufacturing                 | (8) Residential                     | (13) Construction Site   | (3) Driver Needs (lunch, restroom, etc)        | (6) Deliver and<br>Pick up Cargo | (9) Sales / Professional Service                |
| (4) Medical / Hospital                         | (9) Airport                         | (96) Other (specify)     |                                                |                                  | (10) Shopping for Business                      |
| (5) Education (12 <sup>th</sup> grade or less) | (10) Intermodal Facility            |                          |                                                |                                  | (96) Other Activity (specify)                   |

Record 21

**Commercial Travel Survey – Trip Information**  
(continued)

Vehicle Plate #: \_\_\_\_\_

|          | Record the following information about each place.<br><br>Location: Address including City, State, and Zip Code<br>or<br>Names of Nearest Intersecting Streets or Landmark | Is this the<br>Work/Base<br>Location<br>for this<br>vehicle?    | What Type<br>of Place<br>is this?<br>(See Place<br>Options below) | What Time did<br>you Arrive<br>and Depart<br>this location?<br>(Record exact times) | What Activity<br>are you doing<br>at this location?<br>(See Activity<br>Options below) | If transporting<br>cargo, what is<br>the Cargo?<br>(If HAZMAT also<br>enter Placard #) | If transporting<br>cargo, enter<br>Cargo<br>Weight<br>(Pounds) |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| PLACE 15 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 16 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 17 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 18 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |
| PLACE 19 |                                                                                                                                                                            | <input type="checkbox"/> - Yes<br><input type="checkbox"/> - No |                                                                   | Arrive: _____ am/pm<br>Depart: _____ am/pm                                          |                                                                                        |                                                                                        | _____<br>Delivered<br>_____<br>Picked Up                       |

| PLACE OPTIONS                                  |                                     |                          | ACTIVITY OPTIONS                               |                                  |                                                 |
|------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------|----------------------------------|-------------------------------------------------|
| (1) Office Building (Non Government)           | (6) Education (college, trade, etc) | (11) Warehouse           | (1) Base Location /<br>Return to Base Location | (4) Deliver Cargo                | (7) Government Related Service                  |
| (2) Retail / Shopping                          | (7) Government Office / Building    | (12) Distribution Center | (2) Vehicle Maintenance (fuel, oil, etc)       | (5) Pick up Cargo                | (8) Installation / Maintenance / Repair Service |
| (3) Industrial / Manufacturing                 | (8) Residential                     | (13) Construction Site   | (3) Driver Needs (lunch, restroom, etc)        | (6) Deliver and<br>Pick up Cargo | (9) Sales / Professional Service                |
| (4) Medical / Hospital                         | (9) Airport                         | (96) Other (specify)     |                                                |                                  | (10) Shopping for Business                      |
| (5) Education (12 <sup>th</sup> grade or less) | (10) Intermodal Facility            |                          |                                                |                                  | (96) Other Activity (specify)                   |

Record 21

## ENCUESTA DE VIAJES COMERCIALES PARTE 2: INFORMACION DE VIAJES

# de Placa: \_\_\_\_\_

El lugar donde empecé hoy fue:

☐ Trabajo / Lugar Base (Dirección de la Empresa)    ☐ Otro Lugar (Describa por favor): \_\_\_\_\_

Tipo de Lugar (Especifique el Tipo de Lugar 1-13 o 96, usando los códigos de Opciones de Lugar abajo): \_\_\_\_\_

\_\_\_\_\_  
(Dirección o Nombres de las Calles en la Intersección Más Cercana)

FECHA DE VIAJE: \_\_\_\_\_  
Mes / Día / Año

\_\_\_\_\_  
(Ciudad, Estado, Código Postal)

HORA DE SALIDA: \_\_\_\_\_ am/pm

Cuando salió de la dirección arriba, su vehículo estaba: ☐ Completamente Cargado    ☐ Parcialmente Cargado    ☐ Vacío    ☐ No Aplicable (Veh. de Servicio)

Si estaba cargado, ¿cuál fue el peso total de su carga en libras? (si no está seguro del peso exacto, escriba una aproximación): \_\_\_\_\_ libras

### APUNTE CADA LUGAR AL CUAL VAYA, INCLUYENDO PARADAS BREVES

|         | Apunte la siguiente información sobre cada lugar:<br><br>Lugar: Dirección incluyendo Ciudad, Estado y Código Postal<br>o<br>Nombres de las Calles en la Intersección Más Cercana | ¿Es este lugar<br>La Oficina<br>o Base del<br>vehículo?        | ¿Qué Tipo<br>de Lugar<br>es?<br>(Ver Opciones<br>de Lugar abajo) | ¿A qué Hora<br>Llegó y<br>Salió de<br>este lugar?<br>(Apunte las horas exactas) | ¿Qué Actividad<br>realiza en<br>este lugar?<br>(Ver Opciones<br>de Actividad abajo) | Si transporta<br>carga,<br>¿Qué es la<br>Carga?<br>(Si es HAZMAT,<br>también anote<br>el # del cartel) | Si transporta<br>carga,<br>anote el<br>Peso de la<br>Carga<br>(en Libras) |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| LUGAR 1 |                                                                                                                                                                                  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                                  | Llegada: _____ am/pm<br>Salida: _____ am/pm                                     |                                                                                     |                                                                                                        | Entregado _____<br>Recogido _____                                         |
| LUGAR 2 |                                                                                                                                                                                  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                                  | Llegada: _____ am/pm<br>Salida: _____ am/pm                                     |                                                                                     |                                                                                                        | Entregado _____<br>Recogido _____                                         |
| LUGAR 3 |                                                                                                                                                                                  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                                  | Llegada: _____ am/pm<br>Salida: _____ am/pm                                     |                                                                                     |                                                                                                        | Entregado _____<br>Recogido _____                                         |

OPCIONES DE LUGAR

OPCIONES DE ACTIVIDAD

|                                                     |                                             |                                     |                                                                            |                                        |                                                                                 |
|-----------------------------------------------------|---------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------|
| <b>(1)</b> Oficina de Empresa<br>(No Gubernamental) | <b>(6)</b> Educación (universidad, técnico) | <b>(11)</b> Almacén                 | <b>(1)</b> Ubicación Base/<br>Regresar a la Ubicación Base                 | <b>(4)</b> Entregar Carga              | <b>(7)</b> Servicio Relacionado con el Gobierno                                 |
| <b>(2)</b> Por Menor / Compras                      | <b>(7)</b> Oficina / Edificio Gubernamental | <b>(12)</b> Centro de Distribución  | <b>(2)</b> Mantenimiento del Vehículo<br>(cargar combustible, aceite, etc) | <b>(5)</b> Recoger Carga               | <b>(8)</b> Servicio relacionado con Instalación /<br>Reparación / Mantenimiento |
| <b>(3)</b> Industrial / Fabricante                  | <b>(8)</b> Residencia                       | <b>(13)</b> Terreno de Construcción | <b>(3)</b> Necesidades del chofer<br>(comida, baño, etc)                   | <b>(6)</b> Entregar y<br>Recoger Carga | <b>(9)</b> Servicios Profesionales o de Ventas                                  |
| <b>(4)</b> Médico / Hospital                        | <b>(9)</b> Aeropuerto                       | <b>(96)</b> Otro (especifique)      |                                                                            |                                        | <b>(10)</b> Comprando para la Empresa                                           |
| <b>(5)</b> Educación (12 grado o menos)             | <b>(10)</b> Instalación Intermodal          |                                     |                                                                            |                                        | <b>(96)</b> Otra Actividad (especifique)                                        |

Record 21

**Encuesta de Viajes Comerciales – Información de Viajes**  
(continuación)

# de Placa: \_\_\_\_\_

| Apunte la siguiente información sobre cada lugar:<br>Lugar: Dirección incluyendo Ciudad, Estado y Código Postal<br>o<br>Nombres de las Calles en la Intersección Más Cercana |  | ¿Es este lugar la Oficina o Base del vehículo?                 | ¿Qué Tipo de Lugar es?<br>(Ver Opciones de Lugar abajo) | ¿A qué Hora Llegó y Salió de este lugar?<br>(Apunte las horas exactas) | ¿Qué Actividad realiza en este lugar?<br>(Ver Opciones de Actividad abajo) | Si transporta carga, ¿Qué es la Carga?<br>(Si es HAZMAT, también anote el # del cartel) | Si transporta carga, anote el Peso de la Carga<br>(en Libras) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| LUGAR 4                                                                                                                                                                      |  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 5                                                                                                                                                                      |  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 6                                                                                                                                                                      |  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 7                                                                                                                                                                      |  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 8                                                                                                                                                                      |  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 9                                                                                                                                                                      |  | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |

| OPCIONES DE LUGAR                            |                                      |                              | OPCIONES DE ACTIVIDAD                                               |                                 |                                                                          |
|----------------------------------------------|--------------------------------------|------------------------------|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|
| (1) Oficina de Empresa<br>(No Gubernamental) | (6) Educación (universidad, técnico) | (11) Almacén                 | (1) Ubicación Base/<br>Regresar a la Ubicación Base                 | (4) Entregar Carga              | (7) Servicio Relacionado con el Gobierno                                 |
| (2) Por Menor / Compras                      | (7) Oficina / Edificio Gubernamental | (12) Centro de Distribución  | (2) Mantenimiento del Vehículo<br>(cargar combustible, aceite, etc) | (5) Recoger Carga               | (8) Servicio relacionado con Instalación /<br>Reparación / Mantenimiento |
| (3) Industrial / Fabricante                  | (8) Residencia                       | (13) Terreno de Construcción | (3) Necesidades del chofer<br>(comida, baño, etc)                   | (6) Entregar y<br>Recoger Carga | (9) Servicios Profesionales o de Ventas                                  |
| (4) Médico / Hospital                        | (9) Aeropuerto                       | (96) Otro (especifique)      |                                                                     |                                 | (10) Comprando para la Empresa                                           |
| (5) Educación (12 grado o menos)             | (10) Instalación Intermodal          |                              |                                                                     |                                 | (96) Otra Actividad (especifique)                                        |

Record 21

**Encuesta de Viajes Comerciales – Información de Viajes**  
 (continuación)

# de Placa: \_\_\_\_\_

|          | Apunte la siguiente información sobre cada lugar:<br>Lugar: Dirección incluyendo Ciudad, Estado y Código Postal<br>o<br>Nombres de las Calles en la Intersección Más Cercana | ¿Es este lugar la Oficina o Base del vehículo?                 | ¿Qué Tipo de Lugar es?<br>(Ver Opciones de Lugar abajo) | ¿A qué Hora Llegó y Salió de este lugar?<br>(Apunte las horas exactas) | ¿Qué Actividad realiza en este lugar?<br>(Ver Opciones de Actividad abajo) | Si transporta carga, ¿Qué es la Carga?<br>(Si es HAZMAT, también anote el # del cartel) | Si transporta carga, anote el Peso de la Carga<br>(en Libras) |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| LUGAR 10 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | _____<br>Entregado<br>_____<br>Recogido                       |
| LUGAR 11 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | _____<br>Entregado<br>_____<br>Recogido                       |
| LUGAR 12 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | _____<br>Entregado<br>_____<br>Recogido                       |
| LUGAR 13 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | _____<br>Entregado<br>_____<br>Recogido                       |
| LUGAR 14 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | _____<br>Entregado<br>_____<br>Recogido                       |

| OPCIONES DE LUGAR                            |                                      |                              | OPCIONES DE ACTIVIDAD                                               |                                 |                                                                          |
|----------------------------------------------|--------------------------------------|------------------------------|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|
| (1) Oficina de Empresa<br>(No Gubernamental) | (6) Educación (universidad, técnico) | (11) Almacén                 | (1) Ubicación Base/<br>Regresar a la Ubicación Base                 | (4) Entregar Carga              | (7) Servicio Relacionado con el Gobierno                                 |
| (2) Por Menor / Compras                      | (7) Oficina / Edificio Gubernamental | (12) Centro de Distribución  | (2) Mantenimiento del Vehículo<br>(cargar combustible, aceite, etc) | (5) Recoger Carga               | (8) Servicio relacionado con Instalación /<br>Reparación / Mantenimiento |
| (3) Industrial / Fabricante                  | (8) Residencia                       | (13) Terreno de Construcción | (3) Necesidades del chofer<br>(comida, baño, etc)                   | (6) Entregar y<br>Recoger Carga | (9) Servicios Profesionales o de Ventas                                  |
| (4) Médico / Hospital                        | (9) Aeropuerto                       | (96) Otro (especifique)      |                                                                     |                                 | (10) Comprando para la Empresa                                           |
| (5) Educación (12 grado o menos)             | (10) Instalación Intermodal          |                              |                                                                     |                                 | (96) Otra Actividad (especifique)                                        |

Record 21

**Encuesta de Viajes Comerciales – Información de Viajes**  
(continuación)

# de Placa: \_\_\_\_\_

|          | Apunte la siguiente información sobre cada lugar:<br>Lugar: Dirección incluyendo Ciudad, Estado y Código Postal<br>o<br>Nombres de las Calles en la Intersección Más Cercana | ¿Es este lugar la Oficina o Base del vehículo?                 | ¿Qué Tipo de Lugar es?<br>(Ver Opciones de Lugar abajo) | ¿A qué Hora Llegó y Salió de este lugar?<br>(Apunte las horas exactas) | ¿Qué Actividad realiza en este lugar?<br>(Ver Opciones de Actividad abajo) | Si transporta carga, ¿Qué es la Carga?<br>(Si es HAZMAT, también anote el # del cartel) | Si transporta carga, anote el Peso de la Carga<br>(en Libras) |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| LUGAR 15 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 16 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 17 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 18 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |
| LUGAR 19 |                                                                                                                                                                              | <input type="checkbox"/> - Sí<br><input type="checkbox"/> - No |                                                         | Llegada: _____ am/pm<br>Salida: _____ am/pm                            |                                                                            |                                                                                         | Entregado<br>Recogido                                         |

| OPCIONES DE LUGAR                            |                                      |                              | OPCIONES DE ACTIVIDAD                                               |                                 |                                                                          |
|----------------------------------------------|--------------------------------------|------------------------------|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------|
| (1) Oficina de Empresa<br>(No Gubernamental) | (6) Educación (universidad, técnico) | (11) Almacén                 | (1) Ubicación Base/<br>Regresar a la Ubicación Base                 | (4) Entregar Carga              | (7) Servicio Relacionado con el Gobierno                                 |
| (2) Por Menor / Compras                      | (7) Oficina / Edificio Gubernamental | (12) Centro de Distribución  | (2) Mantenimiento del Vehículo<br>(cargar combustible, aceite, etc) | (5) Recoger Carga               | (8) Servicio relacionado con Instalación /<br>Reparación / Mantenimiento |
| (3) Industrial / Fabricante                  | (8) Residencia                       | (13) Terreno de Construcción | (3) Necesidades del chofer<br>(comida, baño, etc)                   | (6) Entregar y<br>Recoger Carga | (9) Servicios Profesionales o de Ventas                                  |
| (4) Médico / Hospital                        | (9) Aeropuerto                       | (96) Otro (especifique)      |                                                                     |                                 | (10) Comprando para la Empresa                                           |
| (5) Educación (12 grado o menos)             | (10) Instalación Intermodal          |                              |                                                                     |                                 | (96) Otra Actividad (especifique)                                        |

**ATTACHMENT D - DATA FILE FORMATS**

|                                                                                                        |         |
|--------------------------------------------------------------------------------------------------------|---------|
| Commercial Travel Survey - Vehicle Information Form<br>Survey Form A, Record Type 20 ASCII File Format | 2 pages |
| Commercial Travel Survey - Trip Information Form<br>Survey Form B, Record Type 21 ASCII File Format    | 3 pages |

| Commercial Vehicle Survey, Vehicle Information (Record Type 20)                                                                                                                                     |       |     |              |        |                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This file will contain general information for each vehicle included in the commercial vehicle survey. Data for each commercial vehicle surveyed will be recorded using the following ASCII format. |       |     |              |        |                                                                                                                                                                                                                                                  |
| FIELD COLUMNS                                                                                                                                                                                       |       |     |              |        |                                                                                                                                                                                                                                                  |
| Item                                                                                                                                                                                                | Begin | End | Type         | Format | Description                                                                                                                                                                                                                                      |
| 1. Record Type                                                                                                                                                                                      | 1     | 2   | Numeric RJ   | I2     | Code which indicates the type of record, here it should be 20.                                                                                                                                                                                   |
| 2. Company ID                                                                                                                                                                                       | 3     | 9   | Numeric RJ   | I7     | Unique non-zero number assigned to company/operator.                                                                                                                                                                                             |
| 3. Total Vehicles Owned/Available                                                                                                                                                                   | 10    | 13  | Numeric RJ   | I4     | Total number of vehicles establishment owns or has available for business use (excluding vehicles used only for commuting purposes).                                                                                                             |
| 4. Vehicle ID Number                                                                                                                                                                                | 14    | 16  | Numeric RJ   | I3     | Unique identification number assigned to each surveyed vehicle for tracking purposes.                                                                                                                                                            |
| 5. Month                                                                                                                                                                                            | 17    | 18  | Numeric RJ   | I2     | Month of vehicle travel day.                                                                                                                                                                                                                     |
| 6. Day                                                                                                                                                                                              | 19    | 20  | Numeric RJ   | I2     | Day of the month of vehicle travel day.                                                                                                                                                                                                          |
| 7. Year                                                                                                                                                                                             | 21    | 24  | Numeric RJ   | I4     | Year of vehicle travel day.                                                                                                                                                                                                                      |
| 8. Base Location - Type of Place                                                                                                                                                                    | 25    | 44  | Numeric RJ   | I20    | Type of place for the Base location. See codes below.                                                                                                                                                                                            |
| 9. Base Location - Other Type of Place                                                                                                                                                              | 45    | 74  | Alphanum. LJ | A30    | Description of 'other' if type of place code is coded as 96 - other.                                                                                                                                                                             |
| 10. Base Location NAICS Code                                                                                                                                                                        | 75    | 80  | Numeric RJ   | I6     | North American Industrial Classification System code of the base location.                                                                                                                                                                       |
| 11. Base Location Name                                                                                                                                                                              | 81    | 110 | Alphanum. LJ | A30    | Name of the base location.                                                                                                                                                                                                                       |
| 12. Base Location - Address                                                                                                                                                                         | 111   | 170 | Alphanum. LJ | A60    | Address of the base location.                                                                                                                                                                                                                    |
| 13. Base Location City                                                                                                                                                                              | 171   | 200 | Alphanum. LJ | A30    | City of the base location.                                                                                                                                                                                                                       |
| 14. Base Location -State                                                                                                                                                                            | 201   | 215 | Alphanum. LJ | A15    | State of the base location.                                                                                                                                                                                                                      |
| 15. Base Location - Zip Code                                                                                                                                                                        | 216   | 220 | Numeric RJ   | I5     | Zip code of the base location.                                                                                                                                                                                                                   |
| 16. Base Location - County                                                                                                                                                                          | 221   | 222 | Numeric RJ   | I2     | Code indicating county of the base location: 1- Collin, 2-Dallas, 3-Denton, 4-Ellis, 5-Hill, 6- Hood, 7-Hunt, 8-Johnson, 9-Kaufman, 10- Parker, 11-Rockwall, 12-Tarrant and 13-Wise (note that base locations outside of this area are invalid). |
| 17. Base Location - Study Area                                                                                                                                                                      | 223   | 224 | Alphanum. LJ | A2     | Code indicating study area in which company/operator is located. Use 'DF' to indicate establishment is in the Dallas-Ft.Worth study area (note that base locations outside of this areas are invalid).                                           |
| 18. Base Location Zone                                                                                                                                                                              | 225   | 229 | Numeric RJ   | I5     | This field should be left blank-TxDOT or TTI will complete. Zone of base location. If unknown but in the study area being surveyed, it should be coded 88888 (note that base location zones outside of the study areas are invalid).             |
| 19. Base Location - Longitude                                                                                                                                                                       | 230   | 239 | Numeric RJ   | F10.6  | Longitude of base location. If within the study area being surveyed, but unknown it should be coded 888.8888 (note that base location coordinates outside of the study areas are invalid).                                                       |
| 20. Base Location -Latitude                                                                                                                                                                         | 240   | 249 | Numeric RJ   | F10.6  | Latitude of base location. If within the study area being surveyed, but unknown it should be coded 888.8888 (note that base location coordinates outside of the study areas are invalid).                                                        |
| 21. Make of Vehicle                                                                                                                                                                                 | 250   | 279 | Alphanum. LJ | A30    | Make of vehicle.                                                                                                                                                                                                                                 |
| 22. Model of Vehicle                                                                                                                                                                                | 280   | 309 | Alphanum. LJ | A30    | Model of vehicle.                                                                                                                                                                                                                                |
| 23. Year of Vehicle                                                                                                                                                                                 | 310   | 313 | Numeric RJ   | I4     | Year vehicle was manufactured. Unknown years should be coded as 9998. If year is refused, code as 9999.                                                                                                                                          |
| 24. Vehicle Type                                                                                                                                                                                    | 314   | 315 | Numeric RJ   | I2     | 1-Cargo; 2-Service; 3-Cargo and Service; 96- Other; 98-Don't know; 99-Refused.                                                                                                                                                                   |
| 25. Vehicle Type Other                                                                                                                                                                              | 316   | 345 | Alphanum. LJ | A30    | If commercial type is coded as 'other', this field contains a description of the type of commercial vehicle.                                                                                                                                     |

| Item                                 | Begin | End | Type                                        | Format | Description                                                                                                                                                 |
|--------------------------------------|-------|-----|---------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26. Vehicle Fuel Type                | 346   | 347 | Numeric RJ                                  | I2     | Type of fuel used by vehicle; 1-Gasoline, 2-Diesel, 3-Propane, 4-Natural Gas (LNG or CNG), 5-Electric, 6-Gas/Electric, 96-Other, 98-Don't Know, 99-Refused. |
| 27. Fuel Type Other                  | 348   | 362 | Alphanum. LJ                                | A15    | If Fuel Type is coded as "other", this is a description of the type of fuel. Otherwise this field is blank.                                                 |
| 28. Vehicle MPG                      | 363   | 365 | Numeric RJ                                  | I3     | Combined (average) Miles Per Gallon for vehicle. If Fuel Type is coded as 3, 4 or 5, leave blank.                                                           |
| 29. Vehicle Class.                   | 366   | 367 | Numeric RJ                                  | I2     | Code indicating the classification of the vehicle. See below for code descriptions.                                                                         |
| 30. Other Vehicle                    | 368   | 397 | Alphanum. LJ                                | A30    | If Vehicle classification is coded as "other", this field should contain a description of the vehicle. Otherwise this field is blank.                       |
| 31. Gross Veh. Weight                | 398   | 403 | Numeric RJ                                  | I6     | Gross weight of the vehicle (including trailer if applicable).                                                                                              |
| 32. Odometer                         | 404   | 410 | Numeric RJ                                  | I7     | Odometer mileage on the vehicle at the beginning of the survey day. Refusals or unknown values should be coded as 9999999.                                  |
| 33. Total Trips                      | 411   | 413 | Numeric RJ                                  | I3     | Total number of trips made by vehicle on its survey day regardless of whether they were captured in the diary or not.                                       |
| 34. Diary Trips                      | 414   | 416 | Numeric RJ                                  | I3     | Total number of trips recorded as made by vehicle in diary (should match the number of records in Record Type 21).                                          |
| 35. Non-Diary Trips                  | 417   | 419 | Numeric RJ                                  | I3     | Total number of trips made by vehicle on its survey day that were not recorded in diary due to lack of space.                                               |
| TYPE OF PLACE CODES                  |       |     | VEHICLE CLASSIFICATION CODES                |        |                                                                                                                                                             |
| 1 - Office Building (Non-Government) |       |     | 1 - Passenger Car                           |        |                                                                                                                                                             |
| 2 - Retail/Shopping                  |       |     | 2 - Pick-up                                 |        |                                                                                                                                                             |
| 3 - Industrial/Manufacturing         |       |     | 3 - Van (Cargo or Mini)                     |        |                                                                                                                                                             |
| 4 - Medical/Hospital                 |       |     | 4 - Sport Utility Vehicle (SUV)             |        |                                                                                                                                                             |
| 5 - Education (12th grade or less)   |       |     | 5 - Single Unit 2-axle (6 wheels)           |        |                                                                                                                                                             |
| 6 - Education (college, trade, etc)  |       |     | 6 - Single Unit 3-axle (10 wheels)          |        |                                                                                                                                                             |
| 7 - Government office/building       |       |     | 7 - Single Unit 4-axle (14 wheels)          |        |                                                                                                                                                             |
| 8 - Residential                      |       |     | 8 - Semi (all Tractor-Trailer Combinations) |        |                                                                                                                                                             |
| 9 - Airport                          |       |     | 96 - Other                                  |        |                                                                                                                                                             |
| 10 - Intermodal Facility             |       |     |                                             |        |                                                                                                                                                             |
| 11 - Warehouse                       |       |     |                                             |        |                                                                                                                                                             |
| 12 - Distribution Center             |       |     |                                             |        |                                                                                                                                                             |
| 13 - Construction Site               |       |     |                                             |        |                                                                                                                                                             |
| 96 - Other (specify)                 |       |     |                                             |        |                                                                                                                                                             |
| 99 - Refused/Unknown                 |       |     |                                             |        |                                                                                                                                                             |

| Commercial Vehicle Survey, Trip Information (Record Type 21)                                                                                                                                     |       |     |              |        |                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This file will contain trip information for each vehicle included in the commercial vehicle survey. Data for each commercial vehicle surveyed will be recorded using the following ASCII format. |       |     |              |        |                                                                                                                                                                                                                                                                                                                                    |
| FIELD COLUMNS                                                                                                                                                                                    |       |     |              |        |                                                                                                                                                                                                                                                                                                                                    |
| Item                                                                                                                                                                                             | Begin | End | Type         | Format | Description                                                                                                                                                                                                                                                                                                                        |
| 1. Record Type                                                                                                                                                                                   | 1     | 2   | Numeric RJ   | I2     | Code which indicates the type of record, here it should be 21.                                                                                                                                                                                                                                                                     |
| 2. Company ID                                                                                                                                                                                    | 3     | 9   | Numeric RJ   | I7     | Unique non-zero number assigned to company/operator. Must match the number used in data format for record type 20.                                                                                                                                                                                                                 |
| 3. Vehicle ID Number                                                                                                                                                                             | 10    | 12  | Numeric RJ   | I3     | Unique identification number assigned to vehicle for survey purposes. Must match the number used in data format for record type 20.                                                                                                                                                                                                |
| 4. Trip Number                                                                                                                                                                                   | 13    | 14  | Numeric RJ   | I2     | Trip number. Beginning location will be recorded as 0 with each subsequent trip numbered sequentially as 1,2,3, etc.                                                                                                                                                                                                               |
| 5. Begin Load Status                                                                                                                                                                             | 15    | 16  | Numeric RJ   | I2     | For Trip Number 0 only: Load status of the vehicle when it left the place its travel began for the day. 1 - Fully Loaded; 2 - Partially Loaded; 3 - Empty, 4 - Not applicable (service vehicle).                                                                                                                                   |
| 6. Begin Load Weight                                                                                                                                                                             | 17    | 23  | Numeric RJ   | I7     | For Trip Number 0 only: If begin load status coded as 1 or 2, this field contains the weight in pounds of cargo being transported when the vehicle left the location its travel began for the day (cargo vehicles only).                                                                                                           |
| 7. Base Indicator                                                                                                                                                                                | 24    | 25  | Numeric RJ   | I2     | For Trip Number 0 only: Code indicating if where vehicle started travel day. 1 - Base location recorded in Record Type 20; 2 - non-base location                                                                                                                                                                                   |
| 8. Type of Activity                                                                                                                                                                              | 26    | 27  | Numeric RJ   | I2     | Code indicating the type of activity at this location. See code descriptions below.                                                                                                                                                                                                                                                |
| 9. Other Activity                                                                                                                                                                                | 28    | 57  | Alphanum. LJ | A30    | If the type of activity is coded as "other", this field should contain the description of the land use activity at this location.                                                                                                                                                                                                  |
| 10. Type of Place                                                                                                                                                                                | 58    | 59  | Numeric RJ   | I2     | Code indicating type of place of this location. See Type of Place options.                                                                                                                                                                                                                                                         |
| 11. Other Type of Place                                                                                                                                                                          | 60    | 89  | Alphanum. LJ | A30    | If type of place is coded as other, this field should contain a description of the type of place given.                                                                                                                                                                                                                            |
| 12. Location Name                                                                                                                                                                                | 90    | 119 | Alphanum. LJ | A30    | Name of location where activity took place. For Place 0, document is where the vehicle was housed/started its travel day.                                                                                                                                                                                                          |
| 13. Location Address                                                                                                                                                                             | 120   | 179 | Alphanum. LJ | A60    | Street address of location or name of nearest intersecting streets. For Place 0, document is where the vehicle was housed/started its travel day.                                                                                                                                                                                  |
| 14. Location City                                                                                                                                                                                | 180   | 209 | Alphanum. LJ | A30    | Name of city where location is. For Place 0, document where the vehicle was housed/started its travel day.                                                                                                                                                                                                                         |
| 15. Location State                                                                                                                                                                               | 210   | 224 | Alphanum. LJ | A15    | Name of state where location is. For Place 0, document where the vehicle was housed/started its travel day.                                                                                                                                                                                                                        |
| 16. Location Zip                                                                                                                                                                                 | 225   | 229 | Numeric RJ   | I5     | Zip code of location address. For Place 0, document where the vehicle was housed/started its travel day.                                                                                                                                                                                                                           |
| 17. Location County                                                                                                                                                                              | 230   | 231 | Numeric RJ   | I2     | Code indicating county where location is: 1- Collin, 2-Dallas, 3-Denton, 4-Ellis, 5-Hill, 6-Hood, 7-Hunt, 8-Johnson, 9-Kaufman, 10-Parker, 11-Rockwall, 12-Tarrant and 13-Wise , 96-Other, enter name of county in next field, 98-Unknown, 99-Refused (For Place 0, document where the vehicle was housed/started its travel day.) |
| 18. Location - Other County                                                                                                                                                                      | 232   | 261 | Alphanum. LJ | A30    | If county location is coded as other, this field should contain the name of the county where location is.                                                                                                                                                                                                                          |

| Item                    | Begin | End | Type         | Format | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|-------|-----|--------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19. Location Study Area | 262   | 263 | Alphanum. LJ | A2     | Code indicating study area the location is in. Use 'DF' to indicate zone is in the Dallas-Ft. Worth study area. If activity address is outside the study area being surveyed but within Texas, this field should be coded 'TX' to indicate the zone number in the next field is a state zone number. If location is outside Texas, 'XX' should be coded in this field.                                                                                                                                                                  |
| 20. Location Zone       | 264   | 268 | Numeric RJ   | I5     | This field should be left blank-TxDOT or TTI will complete. Zone number of location address. If in the study area being surveyed but location unknown, it should be coded 88888. Locations in Mexico should be coded 77777 and addresses outside of the study area being surveyed, but within Texas should be coded using the Statewide Zone System. Unknown locations outside of the study area being surveyed but within the state of Texas should be coded 66666. Addresses outside of Texas and Mexico should be coded using 99999. |
| 21. Location Longitude  | 269   | 278 | Numeric RJ   | F10.6  | Longitude of location. If within the study area being surveyed, but unknown it should be coded 888.8888. If outside the study area being surveyed but within Texas and unknown it should be coded as 666.6666. Locations in Mexico should be coded 777.7777 and addresses outside of Texas and Mexico should be coded 999.9999.                                                                                                                                                                                                         |
| 22. Location Latitude   | 279   | 288 | Numeric RJ   | F10.6  | Latitude of location. If within the study area being surveyed, but unknown it should be coded 888.8888. If outside the study area being surveyed but within Texas and unknown it should be coded as 666.6666. Locations in Mexico should be coded 777.7777 and addresses outside of Texas and Mexico should be coded 999.9999.                                                                                                                                                                                                          |
| 23. Cargo               | 289   | 290 | Numeric RJ   | I2     | Cargo transport vehicle code indicating the cargo picked up or delivered at this location. See definitions below. If no cargo was picked up or delivered at this location, code 20 should be entered.                                                                                                                                                                                                                                                                                                                                   |
| 24. Other Cargo         | 291   | 320 | Alphanum. LJ | A30    | If the previous field is coded as 96 (unclassified), this field should contain a description of the cargo. Otherwise this field is blank.                                                                                                                                                                                                                                                                                                                                                                                               |
| 25. Cargo Weight PU     | 321   | 327 | Numeric RJ   | I7     | Weight in pounds (lbs.) of the cargo picked-up at this location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 26. Cargo Weight DO     | 328   | 334 | Numeric RJ   | I7     | Weight in pounds (lbs) of the cargo dropped off at this location                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 27. Hazardous Placard   | 335   | 338 | Numeric RJ   | I4     | If cargo code is 17 (hazardous material), this is the placard number for the hazardous material.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 28. Arrival Hour        | 339   | 340 | Numeric RJ   | I2     | Hour that the vehicle arrived at this location. This hour should be in military format. For Trip 0, this field should be blank.                                                                                                                                                                                                                                                                                                                                                                                                         |
| 29. Arrival Minute      | 341   | 342 | Numeric RJ   | I2     | Minute that the vehicle arrived at this location. For Trip 0, this field should be blank.                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 30. Departure Hour      | 343   | 344 | Numeric RJ   | I2     | Hour that the vehicle departed this location. This hour should be in military format. If this is the last trip, this field should be blank.                                                                                                                                                                                                                                                                                                                                                                                             |
| 31. Departure Minute    | 345   | 346 | Numeric RJ   | I2     | Minute that the vehicle departed this location. If this is the last trip, this field should be blank.                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| TYPE OF PLACE CODES                          |  | ACTIVITY CODES                                                         |  |
|----------------------------------------------|--|------------------------------------------------------------------------|--|
| 1 - Office Building (Non- Government)        |  | 1 - Base Location/Return to Base Location                              |  |
| 2 - Retail/Shopping                          |  | 2 - Vehicle Maintenance (fuel, oil, etc)                               |  |
| 3 - Industrial/Manufacturing                 |  | 3 - Driver Needs (lunch, etc)                                          |  |
| 4 - Medical/Hospital                         |  | 4 - Delivery of Cargo                                                  |  |
| 5 - Education (12th grade or less)           |  | 5 - Pick up Cargo                                                      |  |
| 6 - Education (university, trade, etc)       |  | 6 - Deliver and Pick up Cargo                                          |  |
| 7 - Government Office/Building               |  | 7 - Government Related Service                                         |  |
| 8 - Residential                              |  | 8 - Installation/Maintenance/Repair Service                            |  |
| 9 - Airport                                  |  | 9 - Sales/Professional Service                                         |  |
| 10 - Intermodal Facility                     |  | 10 - Shopping for Business                                             |  |
| 11 - Warehouse                               |  | 96 - Other Cargo or Service Activity (specify)                         |  |
| 12 - Distribution Center                     |  | 98 - Unknown                                                           |  |
| 13 - Construction Site                       |  | 99 - Refused                                                           |  |
| 96 - Other (specify)                         |  |                                                                        |  |
| 98 - Unknown                                 |  |                                                                        |  |
| 99 - Refused                                 |  |                                                                        |  |
| CARGO CODES                                  |  | DESCRIPTION                                                            |  |
| 1 - Farm Products                            |  | Livestock, fertilizer, dirt, landscaping, etc.                         |  |
| 2 - Forest Products                          |  | Trees, sod, etc.                                                       |  |
| 3 - Marine Products                          |  | Fresh fish, seafood, etc.                                              |  |
| 4 - Metals and Minerals                      |  | Crude petroleum, natural gas, propane, Metals, gypsum, ores, etc.      |  |
| 5 - Food, Health, and Beauty Products        |  | Assorted food products, cosmetics, etc.                                |  |
| 6 - Tobacco Products                         |  | Cigarettes, cigars, and chewing tobacco                                |  |
| 7 - Textiles                                 |  | Clothing, linens, etc.                                                 |  |
| 8 - Wood Products                            |  | Lumber, paper, cardboard, wood pulp, etc.                              |  |
| 9 - Printed Matter                           |  | Newspapers, magazines, books, etc.                                     |  |
| 10 - Chemical Products                       |  | Soaps, paints, household or industrial chemicals, etc.                 |  |
| 11 - Refined Petroleum or Coal Products      |  | Gasoline, etc.                                                         |  |
| 12 - Rubber, Plastic, and Styrofoam Products |  | Finished products of rubber, plastic, or Styrofoam                     |  |
| 13 - Clay, Concrete, Glass, or Stone         |  | Finished products of clay, concrete, glass, or stone                   |  |
| 14 - Manufactured Goods/Equip.               |  | Miscellaneous products, such as machinery, appliances, furniture, etc. |  |
| 15 - Wastes                                  |  | Waste products including scrap and recyclable materials                |  |
| 16 - Miscellaneous Shipments                 |  | U.S. mail, U.P.S., Federal Express, and other mixed cargo              |  |
| 17 - Hazardous Materials                     |  | Hazardous chemicals and substances                                     |  |
| 18 - Transportation                          |  | Automobiles and other transport vehicles                               |  |
| 19 - Empty                                   |  | Empty (including empty shipping containers)                            |  |
| 20 - No Cargo Picked Up or Delivered         |  |                                                                        |  |
| 96 - Other (specify)                         |  | Cargo not falling within one of the above categories                   |  |
| 98 - Unknown                                 |  | Unknown to driver                                                      |  |
| 99 - Refused                                 |  | Driver refused to answer                                               |  |

**TEXAS DEPARTMENT OF TRANSPORTATION  
TERMS AND CONDITIONS**

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**TEXAS DEPARTMENT OF TRANSPORTATION  
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**PART 1. INTRODUCTION**

**1.01 GENERAL:** These Terms and Conditions shall apply to all solicitations [Request for Quote (RFQ), Invitation for Bids (IFB), Request for Offer (RFO) and Request for Proposal (RFP)] offered by the Texas Department of Transportation (TxDOT).

**1.02 STATUTORY AUTHORITY:** This procurement falls under the statutory authority of Government Code Chapter 2151 (commonly known as the "Purchasing Act"), Chapter 2155 (Purchasing: General Rules and Procedures), Chapter 2157 (Purchasing Methods) and Chapter 2161 (Historically Underutilized Businesses, "HUBs"). The purchasing procedures include statutory requirements and those requirements established by rule of the Texas Comptroller of Public Accounts (CPA), Texas Procurement and Support Services Division (TPASS) as contained in 34 TAC §20.31 and other applicable Federal and State statutes and rules herein cited.

**1.03 TITLE VI ASSURANCE:** TxDOT, in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d to 2000d-4, hereby notifies all respondents that it will enforce compliance with this law, investigate alleged violations and affirmatively ensure that in any purchase order entered into pursuant to TxDOT procurements, minority business enterprises will be afforded full opportunity to submit responses and will not be discriminated against on the grounds of race, color, national origin, sex, age or disability in consideration for an award.

Nondiscrimination programs require that federal-aid recipients, sub-recipients, and contractors prevent discrimination and ensure nondiscrimination in all of their programs and activities, whether those programs and activities are federally-funded or not.

**1.04 ENVIRONMENTAL IMPACT:** It is the intent of TxDOT to purchase goods, equipment, and services having the least adverse environmental impact within the constraints of statutory purchasing requirements, departmental need, availability, and sound economical considerations in accordance with 34 TAC §20.38.

**1.05 COMPLIANCE WITH LAWS:** The vendor shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any court or administrative bodies or tribunals in any matter affecting the performance of the purchase order, including if applicable, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, prompt payment and licensing laws and regulations. The vendor shall maintain all required licenses, certifications, etc. throughout the term of the purchase order. When required, the vendor shall furnish TxDOT with satisfactory proof of its compliance.

**PART 2. GENERAL INSTRUCTIONS**

**2.01 SPECIFICATIONS**

- (a) The respondent shall carefully examine the solicitation. The respondent shall be responsible for securing any additional information from the TxDOT purchaser needed to gain a clear and full understanding of TxDOT's requirements.
- (b) TxDOT will not be bound by any oral statement or representation contrary to the written specifications of this solicitation. Any revision, clarification, or interpretations pertaining to this solicitation will be in writing and issued by TxDOT as an Addendum. Any changes or interpretation not in an Addendum will not legally bind TxDOT.

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\* This Revision Supersedes Previous Revision, Revised May 2011.

- (c) The goods furnished or services performed shall be in accordance with the specifications. TxDOT will provide clarifications of the specifications and determine the quality and acceptability of goods products furnished or work performed. If the solicitation is for a service, TxDOT will determine the manner of performance, the rate of progress of the work and whether the vendor's performance of the service is acceptable.
- (d) Any catalog, brand name or manufacturer's reference used in the solicitation is descriptive only (not restrictive), and is used to indicate type and quality desired. Responses on brands of like nature and quality will be considered unless advertised as proprietary or sole source under Government Code Section 2155.067. The respondent shall show manufacturer, brand or trade name, and other description of the product offered in response to the solicitation. If offer is for other than example(s) shown in the solicitation, include illustration(s) and complete description(s) of product(s) in the response to the solicitation. If respondent takes no exception to specifications or reference data in the response, the vendor will be required to furnish brand names, numbers, etc., as specified.
- (e) Unless otherwise specified, all goods offered shall be new and in first class condition, including shipping and storage containers. Verbal agreements to the contrary will not be recognized.
- (f) Manufacturer's standard warranty shall apply unless otherwise stated in this solicitation.
- (g) All electrical items shall meet all applicable OSHA standards and regulations, and bear the appropriate listing from UL, FMRC, or NEMA.

## **2.02 RESPONSE SUBMISSIONS**

- (a) Respondent shall submit the number of responses required in the manner stated in the specification or on the solicitation.
- (b) Response should be submitted on the solicitation form. If submitting multiple responses, each response should be placed in a separate envelope, correctly identified with the solicitation number and opening closing date. If no solicitation form is provided, responses shall be submitted as required in the specification.
- (c) Response must be time stamped in TxDOT's Mail Room or hand delivered to the address on the solicitation before the hour and date specified for the solicitation opening or closing. Late responses will not be considered under any circumstances. Late responses will be returned unopened to the respondent.
- (d) Documentation provided with the response should be complete and comprehensive. TxDOT will not be responsible for locating or securing information not included in the response. Failure to furnish required documentation with the response may result in the response being deemed incomplete and non-responsive, resulting in rejection. TxDOT will not be responsible for any expenses relating to responses or development of documentation that may result from this solicitation.
- (e) Failure to sign the solicitation manually in the required space will disqualify the response. The person signing the response must have authorization to contractually bind the company. The solicitation response shall include an Employer Identification Number (EIN), full firm name and address of company. The EIN should be entered in the space provided on the solicitation.
- (f) Facsimile (FAX) responses may be submitted to the FAX number provided in the solicitation for procurements less than \$25,000, unless otherwise stated in the solicitation. For procurements \$25,000 and greater, FAX responses will not be considered unless otherwise stated in the solicitation. TxDOT will not be responsible for failure of electronic equipment or operator error. Responses that are late, illegible, incomplete, or otherwise non-responsive will not be considered.
- (g) **RESPONDENT EXCEPTIONS OR CONDITIONED RESPONSES:** Exceptions taken by the respondent to TxDOT's Terms and Conditions or respondent's Terms and Conditions attached to a response will not be considered unless specifically referred to and clearly identified as such within the response.

- (h) TxDOT reserves the right to accept or reject all or any part of any response, waive minor technicalities and make an award to best serve the interests of the State. TxDOT reserves the right to reject any response not prepared and submitted in accordance with the solicitation requirements.
- (i) Response should indicate number of days required to deliver goods, or begin service (if required), at TxDOT's designated location. Failure to indicate delivery time obligates vendor to complete delivery in fourteen (14) calendar days.
- (j) Samples, when requested must be furnished at no cost to TxDOT. TxDOT may perform tests on samples. If not destroyed in testing, samples will be returned upon request at respondent's expense. Each sample shall be marked with respondent's name and address, and TxDOT solicitation number. Samples shall not be enclosed or attached to a response unless specified in the solicitation.

### **2.03 PRICING**

- (a) TxDOT's automated purchasing system requires pricing to be submitted per unit, multiplied by the quantity and extended. Unit prices shall govern in the event of extension errors. If a trade discount is offered on the solicitation response, it should be deducted and net line extensions should be shown.
- (b) All prices shall be firm for thirty (30) days from the solicitation response date unless otherwise stated in the solicitation. "Discount from list" pricing is not acceptable unless requested. Cash discounts are acceptable, but are not considered in making an award.
- (c) All purchases are on a firm, fixed price basis unless otherwise stated in the solicitation.
- (d) Price(s) shall not increase during the term of the purchase order unless otherwise stated in the solicitation. Vendor shall give price reductions to TxDOT that result from reduced cost to the vendor during the term of the purchase order.
- (e) All prices shall be F.O.B. destination, freight prepaid and allowed. This means the vendor shall prepay and include the freight charges in the unit price.
- (f) Purchases made for State use are exempt from the State Sales tax and Federal Excise tax. Do not include tax in response pricing unless otherwise specified in the solicitation. State Sales tax and Federal Excise Tax Exemption Certificates will be furnished by TxDOT on request.
- (g) The purchase order may contain a "Total Cost Not to Exceed" statement. Vendor shall not perform any work that may exceed either the purchase order total or the not-to-exceed total without prior written authorization from TxDOT.
- (h) Consistent and continued tie response pricing may lead to rejection of the response by TxDOT and investigation for antitrust violations.

**2.04 ADA CONSIDERATIONS AND NOTIFICATION:** Persons with special needs or disabilities who plan to attend any pre-bid conference or bid opening and who require auxiliary aids or service should contact the individual noted on the solicitation as the point of contact a minimum of three (3) days prior to the meeting so arrangements can be made.

### **2.05 RECEIPT OF PROPOSALS AND BID OPENINGS**

- (a) **NEGOTIATED SOLICITATIONS:** At the time of opening or closing for RFOs or RFPs, only the names of respondents will be announced. Prices will not be disclosed.
- (b) **NON-NEGOTIATED SOLICITATIONS:** At the time of opening or closing for IFBs, names of respondents will be announced. Prices will be disclosed.

- (c) **DISCLOSURE OF RESPONSE:** All information submitted in an accepted response must be retained by TxDOT for the period specified in TxDOT's record retention schedule created under Government Code Section 441.180, et sequitur. The information will not be returned to the respondent. The Public Information Act (PIA), Government Code Chapter 552, allows the public to have access to information in the possession of a governmental body through an open records request. Therefore, the respondent shall clearly identify in the response any confidential or proprietary information. Proprietary information identified by the respondent in the response, will be kept confidential by TxDOT to the extent permitted by state law. TxDOT merely raises the exception on behalf of the vendor. TxDOT takes no legal position on disclosure. TxDOT will use best efforts to give the respondent or the awarded vendor an opportunity to present to the Office of the Attorney General its arguments for non-disclosure of its identified confidential or proprietary information.

## **2.06 ALTERATIONS OR WITHDRAWAL OF RESPONSES**

- (a) Any alterations to a response made before the opening or closing date and time shall be initialed by respondent or authorized agent. Response cannot be altered or amended after the opening or closing date and time.
- (b) A response may be withdrawn if requested in writing prior to the opening or closing date and time. A response may be withdrawn from consideration after the opening or closing date only with the approval of TxDOT based on respondent's written, acceptable reason. The response will not be considered for award but will be retained by TxDOT according to the response information confidentiality provision referenced in Section 2.05 (c).

**2.07 DETERMINING AWARD:** A response to a solicitation is an offer to contract with TxDOT based upon the terms, conditions and specifications contained in the solicitation. Responses do not become contracts unless and until they are accepted through an authorized TxDOT designee by issuance of a purchase order. In determining the best value for the state, the purchase price and whether the goods or services meet specifications are the most important considerations, unless otherwise stated in the solicitation.

- (a) **BEST VALUE CRITERIA FOR PURCHASE OF GOODS OR SERVICES:** When specified in the solicitation, the factors listed in Government Code Section 2155.074 will be considered in making a best value award. This section allows TxDOT to apply best value criteria in order to obtain goods and services that provide the best value for TxDOT. Under these guidelines, a respondent is not automatically awarded a purchase order if they submit the lowest bid response. TxDOT will be the sole judge as to which response is the most advantageous and in the best interest of TxDOT.

In determining best value, factors other than price may be considered in making an award. Those factors are:

- (1) life cycle costs;
  - (2) the quality and reliability of goods and services;
  - (3) the delivery terms;
  - (4) indicators of probable vendor performance;
  - (5) cost of employee training associated with a purchase;
  - (6) the effect of a purchase on agency productivity; and
  - (7) other factors relevant to determining best value for the state in the context of a particular purchase.
- (b) **BEST VALUE CRITERIA FOR RFO PURCHASES:** Best value criteria will be used on all information technology equipment or service purchases. Those best value criteria include but are not limited to:
- (1) compatibility to facilitate exchange of existing data;

- (2) capacity for expansion and upgrading to more advanced levels of technology;
  - (3) quantitative reliability factors;
  - (4) level of training required to bring end-users to a stated level of proficiency;
  - (5) technical support requirements for maintenance of data across a network platform and management of the networks hardware and software;
  - (6) items, features, etc., which are in addition to requirements listed, as well as factors which, in TxDOT's opinion, add value to the product or service but are not specifically required within the solicitation.
- (c) **NEGOTIATIONS FOR RFO AND RFP PURCHASES:** TxDOT reserves the right to conduct formal negotiations with respondent(s) judged to have the best offer pertaining to price, goods, services and terms.
- (d) TxDOT reserves the right to reject a response from a respondent whose goods or services to TxDOT or other state agencies have been documented as unsatisfactory in providing the same goods or service.
- (e) **TIE RESPONSES:** In case of tie responses, one or more preferences described in Government Code Chapter 2155 and 34 TAC §20.36 and §20.38 will be used to make an award. Tie responses which cannot be resolved by application of one or more preferences shall be made by drawing lots.

**2.08 PREFERENCES:** A respondent may claim a preference under 34 TAC §20.38. To claim a preference, a respondent shall identify the preference on the solicitation or on the Execution of Proposal. If the appropriate area on the solicitation is not marked, a preference will not be granted unless other documents included in the response show a right to the preference.

**2.09 DELIVERY:** No substitutions or cancellations will be permitted without written approval from TxDOT.

- (a) If delay is foreseen, vendor shall give written notice to TxDOT. TxDOT has the right to extend delivery or service date if reasons appear valid. Vendor shall keep TxDOT advised at all times of the status of the order. Default in promised delivery (without accepted reasons), service date or failure to meet specifications, authorizes TxDOT to purchase goods or services elsewhere and charge the full increase, if any, in cost and handling to defaulting vendor.
- (b) Delivery shall be made between 8 AM and 4 PM Monday through Friday except on regularly observed state or federal holidays, unless prior approval has been obtained from TxDOT or otherwise stated in the solicitation.
- (c) Receipt of goods or services does not constitute acceptance.
- (d) Goods and materials shall be properly packaged. Damaged goods and materials will not be accepted. If the damage is not readily apparent at the time of delivery, the goods shall be returned to the vendor at no cost to TxDOT. TxDOT reserves the right to inspect goods at a reasonable time subsequent to delivery where circumstances or conditions prevent effective inspection of the goods at the time of delivery.

**2.10 INSPECTIONS AND TESTS:** Goods will be subject to inspection and test by TxDOT to the extent practicable at all times and places. Tests will be performed on samples taken from regular shipment. In the event samples tested fail to meet all conditions and requirements of the specification, the cost of the sample used and the cost of the testing shall be borne by the vendor. Goods which have been delivered and rejected in whole or in part may, at TxDOT's option, be returned to the vendor or held for disposition at vendor's risk and expense. Latent defects may result in revocation of acceptance. Acceptance of services shall be based on attainment of performance in accord with specifications and the purchase order.

**2.11 VENDOR PERFORMANCE:** State agencies shall report a vendor's performance on any purchase of \$25,000 or more from contracts administered by the commission or any other purchase made through an agency's delegated authority or a purchase made pursuant to the authority in Government Code, Title 10, Subtitle D or a purchase exempt from CPA/TPASS procurement rules and procedures.

Past Performance: A Respondent's past performance will be measured based upon pass/fail criteria, in compliance with applicable provisions of §2155.074, 2155.075, 2156.007, 2157.003, and 2157.125, Government Code. Respondents may fail this selection criterion for any of the following conditions:

- A score of less than 90% in the Vendor Performance System,
- Currently under a Corrective Action Plan through the CPA,
- Having repeated negative Vendor Performance Reports for the same reason,
- Having purchase orders that have been cancelled in the previous 12 months for non-performance (i.e. late delivery, etc.).

Contractor performance information is located on the CPA web site at:  
[http://www.window.state.tx.us/procurement/prog/vendor\\_performance/](http://www.window.state.tx.us/procurement/prog/vendor_performance/)

TxDOT may conduct reference checks with other entities regarding past performance. In addition to evaluating performance through the Vendor Performance Tracking System (as authorized by 34 Texas Administrative Code §20.108) TxDOT may examine other sources of vendor performance including, but not limited to, notices of termination, cure notices, assessments of liquidated damages, litigation, audit reports, and non-renewals of contracts. Any such investigations shall be at the sole discretion of TxDOT, and any negative findings, as determined by TxDOT, may result in non-award to the Respondent.

### **PART 3. RESPONDENT AFFIRMATIONS**

**3.01 FALSE STATEMENTS:** Signing the solicitation with a false statement is a material breach of contract and shall void the submitted response or any resulting contracts, and may result in removal of the respondent from the Centralized Master Bidders List.

**3.02 CONFORMANCE:** The respondent warrants to TxDOT that all goods and services furnished shall conform in all respects to the terms of this purchase order, including any drawings, specifications or standards incorporated herein, and any defects in materials, workmanship, and free from such defects in design. In addition, respondent warrants that goods and services are suitable for and will perform in accordance with the purposes for which they are intended.

**3.03 GRATUITIES:** The respondent 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 response.

**3.04 CERTAIN BIDS AND CONTRACTS PROHIBITED:** Under Government Code Section 2155.004, the respondent certifies that the individual or business entity named in this bid or contract is eligible to receive the specified contract and acknowledges that this contract may be terminated or payment withheld if this certification is inaccurate.

**3.05 ANTITRUST LAWS:** 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 solicitation made to any competitor or any other person engaged in such line of business.

**3.06 DECEPTIVE TRADE PRACTICES; UNFAIR BUSINESS PRACTICES:** The respondent represents and warrants that it has not been the subject of allegations of deceptive trade practices violations under Business & Commerce Code Chapter 17, or allegations of any unfair business practice in any administrative hearing or court suit and that respondent has not been found to be liable for such practices in such proceedings. Respondent certifies that it has no officers who have served as officers of other entities who have been the subject of allegations of deceptive trade practices violations or allegations of any unfair business practices in an administrative hearing or court suit and such officers have not been found to be liable for such practices in such proceedings.

**3.07 COLLUSION:** The respondent has not colluded with, nor received any assistance from, any person who was paid by TxDOT to prepare specifications or a solicitation on which a respondent's bid is based and will not allow any person who prepared the respective specifications or solicitation to participate financially in any contract awarded.

**3.08 INELIGIBILITY UNDER FAMILY CODE:** Under Section 231.006, Family Code, the vendor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. Any respondent subject to Section 231.006 must include names and Social Security numbers of each person with at least 25% of ownership of the business entity submitting the response. This information must be provided prior to award.

**NOTE:** Pursuant to Government Code Section 403.055 and Family Code Section 231.006, a contract will not be issued to a respondent and warrants will be held by CPA if the vendor owes delinquent child support payment(s), a delinquent state tax, or other tax collected by the CPA.

**3.09 CONTRACTING WITH EXTxDOT EXECUTIVE DIRECTOR:** Under Government Code Section 669.003, TxDOT may not enter into a contract with an individual who was the executive director of TxDOT during the four years before the date of the contract, or with anyone who employs a current or former TxDOT executive director, unless the Transportation Commission approves the contract in an open meeting.

**NOTE:** If Section 669.003 applies, respondent must provide the following information as an attachment to this solicitation response: Name of former TxDOT executive director, date of separation from TxDOT, position with respondent, and date of employment with respondent. This information is subject to public disclosure under Section 660.004.

**3.10 DEBT TO THE STATE:** Respondent agrees that any payments due under this contract will be applied towards any debt, including but not limited to delinquent taxes and child support that is owed to the State of Texas.

**3.11 RESPONDENT ELIGIBILITY**

- (a) Respondent certifies that the responding entity and its principals are eligible to participate in this transaction and have not been subject to suspension, debarment, or similar ineligibility determined by any federal, state or local governmental entity, and that respondent is in compliance with the State of Texas statutes and rules relating to procurement, and that respondent is not listed on the federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at: <http://www.epls.gov>.
- (b) Respondent has not been convicted of a felony in connection with a contract awarded by the federal government for relief, recovery, or reconstruction efforts as a result of Hurricane Rita, Katrina or subsequent disasters.
- (c) Respondent certifies that it is not:
  - (1) A person required to register as a lobbyist under Government Code Chapter 305.
  - (2) A public relations firm.
  - (3) A government consultant.

### **3.12 NEPOTISM DISCLOSURE**

- (a) In this section, the term “relative” means:
  - (1) a person's great grandparent, grandparent, parent, aunt or uncle, sibling, niece or nephew, spouse, child, grandchild, or great grandchild, or
  - (2) the grandparent, parent, sibling, child, or grandchild of the persons spouse.
- (b) A notification required by this section shall be submitted in writing to the person designated to receive official notices under this purchase order and by first-class mail addressed to Contract Services Section, General Services Division, Texas Department of Transportation, 125 East 11th Street, Austin Texas 78701. The notice shall specify the vendor's firm name, the name of the person who submitted the notification, the purchase order number, the district, division, or office of TxDOT that is principally responsible for the purchase order, the name of the relevant vendor employee, the expected role of the vendor employee on the project, the name of the TxDOT employee who is a relative of the vendor employee, the title of the TxDOT employee, and the work location of the TxDOT employee.
- (c) By signing the solicitation the respondent is certifying that the respondent does not have any knowledge that any of its employees or any employees of a subcontractor who are expected to work under this purchase order has a relative who is employed by TxDOT unless the respondent has notified TxDOT of each instance as required by subsection (b).
- (d) If the vendor learns at any time that any of its employees or that any of the employees of a subcontractor who are performing work under this purchase order have a relative who is employed by TxDOT, the vendor shall notify TxDOT under subsection (b) of each instance within thirty days of obtaining that knowledge.
- (e) If the vendor violates this section, TxDOT may terminate the purchase order immediately for cause, may impose any sanction permitted by law, and may pursue any other remedy permitted by law.

## **PART 4. GENERAL TERMS AND CONDITIONS**

### **4.01 ORDERS**

- (a) Only authorized TxDOT purchasers have the authority to place orders for goods and services. Purchase orders must be issued by a TxDOT purchaser prior to a vendor providing the goods or service. The only exceptions are payment card orders and bona fide emergencies. In the case of an emergency, the Purchasing Section will confirm such orders with a signed purchase order.
- (b) Vendor acceptance of a purchase order and delivery of goods or services without an approved purchase order number or release number issued by TxDOT may result in the rejection of delivery, return of goods at the vendor's cost and also result in non-payment.

**4.02 FUNDING:** Any purchase order resulting from this solicitation is subject to cancellation without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature. The purchase order for this procurement shall be governed, construed and interpreted under the laws of the State of Texas.

#### **4.03 INVOICING**

- (a) Invoices should be sent to the address shown on the purchase order. The vendor may receive more detailed instructions on invoicing after award.
- (b) The invoice must at a minimum show the following:
  - (1) Vendor name as it appears on the purchase order.
  - (2) Remit to address.
  - (3) Employer identification number (EIN) Federal Tax I.D.
  - (4) The complete 16-digit PO number – MANDATORY.
  - (5) Telephone number.
  - (6) Description of item or services as it appears on the PO in the same order as listed on purchase order. Item numbers must correspond with the item numbers on the PO.
  - (7) Unit, unit price and extended price of each line item.
  - (8) Grand total.
  - (9) Shipment date of merchandise or date of service.
  - (10) Any additional requirements as stated in the solicitation or specification.

**4.04 PAYMENT:** Payment for goods or services purchased with State-appropriated funds is made by warrants or by Direct Deposit from the State Treasury. Direct Deposit is the preferred method of payment. No penalty for late payment will be incurred by TxDOT if payment is made in thirty (30) days or less from receipt of goods or a correct invoice, whichever is later.

Additional information and a Direct Deposit Authorization application may be found at:  
<https://fm.xcpa.state.tx.us/fm/payment/index.php>.

Payment will be made in accordance with Government Code Chapter 2251:

- (a) On a monthly basis and within thirty (30) days from receipt of a correct invoice for TxDOT accepted goods or services.

**OR**

- (b) As otherwise stated in the solicitation document.

**OR**

- (c) The service was completed to the satisfaction of TxDOT, and within thirty (30) days from receipt of a correct invoice or billing statement.

#### **4.05 IRS WITHHOLDING**

Certain payments by some governmental entities to vendors after December 31, 2012 are subject to a 3% federal withholding requirement. The Internal Revenue Service (IRS) has proposed regulations regarding the 3% withholding requirement. Vendors and potential vendors should review this website for more information: <http://www.irs.gov/govt/fslg/article/0,,id=204409,00.html>.

If TxDOT determines that any payments due under this purchase order are subject to the 3% withholding requirement, TxDOT shall withhold such amounts consistent with the statute. It is the vendor's sole responsibility to assert and establish to the satisfaction of TxDOT the availability of any applicable exemption from withholding.

#### **4.06 INTELLECTUAL PROPERTY**

- (a) All intellectual property developed hereunder are works for hire and all intellectual property rights, including but not limited to publication rights, copyrights, trademarks, patents and trade secrets to all products and materials shall be owned by TxDOT.
- (b) Vendor shall ensure that TxDOT's intellectual property rights are secured from all suppliers, contractors and subcontractors.
- (c) When applicable, each vendor shall obtain necessary licenses, copyrights, trademarks or patents for TxDOT's use.
- (d) The vendor shall not assert rights at common law or in equity or establish any claim to TxDOT's intellectual property, including, but not limited to, licenses, claiming common law ownership of intellectual property, obtaining registrations for copyrights, trademarks, trade secrets or patents for any intellectual property developed in performance of the services authorized.
- (e) THE VENDOR AGREES TO INDEMNIFY, HOLD HARMLESS AND DEFEND TXDOT AND THE STATE FROM CLAIMS INVOLVING INFRINGEMENT OF THIRD PARTIES' LICENSES, TRADEMARKS, COPYRIGHTS OR PATENTS AT THE VENDOR'S EXPENSE.

#### **4.07 ELECTRONIC AND INFORMATION RESOURCES ACCESSIBILITY STANDARDS:** As Required by 1 TAC Chapter 213:

- (a) Effective September 1, 2006 state agencies and institutions of higher education shall procure products which comply with the State of Texas Accessibility requirements for Electronic and Information Resources specified in 1 TAC Chapter 213 when such products are available in the commercial marketplace or when such products are developed in response to a procurement solicitation. Vendor represents and warrants that technology to be provided to TxDOT and for TxDOT is in compliance with these requirements.
- (b) Vendor shall provide TxDOT with the URL to its Voluntary Product Accessibility Template (VPAT) for reviewing compliance with the State of Texas Accessibility requirements (based on the federal standards established under Section 508 of the Rehabilitation Act), or indicate that the product or service accessibility information is available from the General Services Administration "Buy Accessible Wizard" (<http://www.buyaccessible.gov>). Vendors not listed with the "Buy Accessible Wizard" or supplying a URL to their VPAT must provide the Texas Department of Information Resources with a report that addresses the same accessibility criteria in substantively the same format. Additional information regarding the "Buy Accessible Wizard" or obtaining a copy of the VPAT is located at: <http://www.section508.gov/>.

#### **4.08 VULNERABILITY TESTING OF NETWORK HARDWARE AND SOFTWARE:** As required by 1 TAC Chapter 217.12, Vendor hereby certifies that the network hardware or software, as applicable, procured or leased under this solicitation, has undergone independent certification testing for known and relevant vulnerabilities in accordance with Section 2059.060, Texas Government Code. The entire Rule may be found at: [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=1&pt=10&ch=217&rl=12](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=10&ch=217&rl=12).

#### **4.09 SITE VISITS:** Prior to and after award of the purchase order, designated TxDOT representatives may conduct unannounced visits to inspect the vendor's and its subcontractor's facilities during normal business hours to monitor compliance in accordance with TxDOT specifications or carry out performance audits of the service.

**4.10 NON-WAIVER OF RIGHTS:** Nothing in this contract shall be construed as a waiver of the state's sovereign immunity. This contract shall not constitute or be construed as a waiver of any of the privileges, rights, defenses, remedies, or immunities available to the State of Texas. The failure to enforce, or any delay in the enforcement, of any privileges, rights, defenses, remedies, or immunities available to the State of Texas under this contract or under applicable law shall not constitute a waiver of such privileges, rights, defenses, remedies, or immunities or be considered as a basis for estoppel. TXDOT does not waive any privileges, rights, defenses, or immunities available to TXDOT by entering into this contract or by its conduct prior to or subsequent to entering into this contract.

**4.11 LIMITATION ON AUTHORITY; NO OTHER OBLIGATIONS:** Vendor shall have no authority to act for or on behalf of TXDOT or the State of Texas except as expressly provided for in this purchase order. Vendor may not incur any debts, obligations, expenses, or liabilities of any kind on behalf of the State of Texas or TXDOT.

**4.12 VENUE AND JURISDICTION:** Venue for any suit concerning this solicitation and any resulting purchase order shall be in a court of competent jurisdiction in Travis County, Texas.

**4.13 VENDOR ASSIGNMENTS:** Vendor hereby assigns TxDOT any and all claims for overcharges associated with this contract which arise under the antitrust laws of the United States (15 U.S.C.A. Chapter 1)), and which arise under the antitrust laws of the State of Texas (Business & Commerce Code, Title 2, Chapter 15).

**4.14 FORCE MAJEURE:** TxDOT may grant relief for time only from performance of the purchase order if the vendor is prevented from performance by an act of war, order of legal authority, act of God, or other unavoidable cause not attributable to the fault or negligence of the vendor. The burden of proof for the need of such relief shall rest upon the vendor. To obtain relief based on force majeure, the vendor shall file a written request with TxDOT describing the events, dates and effect of the events on vendor's ability to perform according to the purchase order.

**4.15 RIGHT TO AUDIT**

- (a) The State Auditor's Office and TxDOT's internal auditors (individually or collectively "state auditor") may conduct an audit or investigation (Government Code Section 2262.003) of any entity receiving funds from the state directly under this purchase order or indirectly through a subcontract under this purchase order. Acceptance of funds directly under this purchase order or indirectly through a subcontract under this purchase order acts as acceptance of the authority of the state auditor to conduct an audit or investigation in connection with those funds. Any entity subject to an audit or investigation by the state agrees to provide access to any information the state auditor considers relevant to the investigation or audit.
- (b) TxDOT has the right to audit the vendor's books and records pertaining to the service during normal work hours.

**4.16 INDEMNITY:** THE VENDOR SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE STATE OF TEXAS, ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDINGS COSTS, DAMAGES, AND LIABILITIES, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY ACTS OR OMISSIONS OF CONTRACTOR OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF THESE ENTITIES IN THE EXECUTION OR PERFORMANCE OF THIS CONTRACT.

**4.17 DAMAGE TO TXDOT PROPERTY:** The vendor shall be liable for damage to TxDOT's equipment, workplace and its contents resulting from the vendor's or the vendor's subcontractors work or negligence in performance of the work by the vendor's or subcontractor's personnel or equipment.

**4.18 CONFIDENTIALITY CLAUSE:** TxDOT is governed by laws and regulations that make certain information confidential as well as specifying how public information is released (see Government Code Chapter 552). The vendor, its employees or subcontractors shall not divulge any information relative to TxDOT business at any time to a third party without the prior written approval of TxDOT. All information created by or accessible to a vendor while providing a good or service for TxDOT is confidential. If applicable to a service, upon award of a purchase order, the vendor may be required to complete and sign TxDOT Form 1828b, Information Resource Security Compliance and Confidentiality Agreement.

**4.19 BUY TEXAS:** Pursuant to Section 2155.4441 of the Government Code, the vendor shall buy Texas products and materials for use in providing services authorized in this contract when such products and materials are available at a comparable price and in a comparable period of time when compared to non-Texas products and materials.

**4.20 COMPETENCE OF VENDOR:** To be entitled to consideration, the vendor shall have available, the necessary organization and facilities to fulfill all the requirements under the purchase order. Only personnel trained to perform the solicited services or, if applicable, licensed to perform such services shall be employed under and for the purchase order. Vendor shall obtain any other licenses or permits or both as required for the performance of the service.

**4.21 CHANGES IN WORK:** If TxDOT determines it necessary to require corrections to completed work due to errors made by the vendor, the vendor shall correct the work at no additional cost to TxDOT. For negotiated contracts, if TxDOT requires changes in previously approved and completed work, the vendor shall make such changes as directed by TxDOT and will be compensated for such at the same rates established by each vendor's hourly rates. Any changes must be approved in advance in writing through a purchase order change notice.

**4.22 IT SERVICE CONTRACTS SECURITY:** The vendor will implement appropriate administrative, physical and technical safeguards which reasonably and appropriately protect the confidentiality, integrity, and availability of services provided to TxDOT. The vendor will immediately report to TxDOT any security incident which it becomes aware. The vendor will submit for approval by TxDOT and conform its policies and procedures relating to the implementation of security safeguards to comply with TxDOT's information resources security program pursuant to Title 1, Texas Administrative Code, Section 202.

**4.23 NOTICES:** Any written notices required under the resulting purchase order will be by either hand delivery to Vendor's office address specified on Page 1 of the purchase order or by U.S. Mail, certified, return receipt requested, to TxDOT, 125 E. 11th Street, Austin, TX 78701-2483. Notice will be effective on receipt by the affected party. Either party may change the designated notice address in this Section by written notification to the other party.

## **PART 5. INSURANCE**

**5.01 PRIOR TO BEGINNING WORK:** The vendor shall provide the required TxDOT insurance form upon notice of award. Vendor shall not perform services under the purchase order until this form is received by TxDOT. Failure to provide proof of insurance within the time frame requested by TxDOT may result in the vendor's response being declared non-responsive and the purchase order being awarded to the next responsive, responsible respondent. TxDOT shall be included as an Additional Insured by Endorsement to policies issued for coverages listed in Sections 5.06 and 5.07 below.

**5.02 DURING TERM OF PURCHASE ORDER:** The vendor shall maintain all required insurance coverage throughout the term of the purchase order. The vendor shall provide a correct TxDOT insurance form each time its insurance is renewed or updated. Failure to provide this form promptly may be cause for discontinuance of the work and cancellation of the purchase order.

**5.03 WAIVER OF SUBROGATION ENDORSEMENT:** The vendor's insurance policy shall have a waiver of subrogation endorsement in favor of TxDOT. TxDOT will allow deductible policies. The vendor shall pay the deductible amount.

**5.04 WORKERS' COMPENSATION INSURANCE:** Amounts of coverage are minimums and notice provisions are statutory (Texas Labor Code Chapter 406 and Title 28 Texas Administrative Code Chapter 110). The vendor is responsible for both Federal and State Unemployment Insurance coverage and Standard Workers' Compensation Insurance coverage.

**OR**

**5.05 ACCIDENT INSURANCE:** Accident insurance is acceptable, in lieu of Workers' Compensation Insurance, if stated on the solicitation document for services that are NOT provided on the highway right of way, and are NOT building or construction services. The successful respondent shall notify the purchaser responsible for the solicitation for permission to use this type of insurance in lieu of Workers' Compensation Insurance and to request the TxDOT Accident Insurance Form 1950. Required coverage shall, at a minimum, be inclusive of the following:

- \$300,000 for medical expenses and coverage for a minimum of 104 weeks,
- \$100,000 for accidental death and dismemberment,
- 70% of employee's pre-injury income for not less than 104 weeks when compensating for loss of income,
- \$500 for maximum weekly benefit.

**5.06 COMMERCIAL GENERAL LIABILITY INSURANCE:** Bodily Injury/Property Damage:

- a) Not less than \$300,000 each occurrence with \$600,000 aggregate,

**OR**

- b) options AVAILABLE:        \$1,000,000 per occurrence with \$2,000,000 aggregate;  
or \$1,000,000 per occurrence with \$3,000,000 aggregate.

**5.07 TEXAS BUSINESS AUTOMOBILE POLICY:** Not less than:

- BODILY INJURY:    \$250,000 each person  
                             \$500,000 each occurrence
- PROPERTY DAMAGE: \$100,000 each occurrence

## **PART 6. VENDOR PERSONNEL MANAGEMENT**

**6.01 INDEPENDENT CONTRACTOR:** It is expressly understood and agreed to by both parties that TxDOT is contracting with the vendor as an independent contractor. As such, vendor understands and agrees that individuals performing services are not state employees, and that the vendor shall be responsible and liable for the safety, injury, and health of its and its subcontractor's working personnel while its employees or subcontractor's employees are performing work for TxDOT.

**6.02 WORK HOURS:** All work by the vendor shall be performed between the hours of 8:00 AM and 5:00 PM, Monday through Friday except on regularly observed state or federal holidays unless otherwise specified in the solicitation.

**6.03 ALCOHOL, DRUG, AND FIREARM FREE WORKPLACE:** TxDOT is committed to maintaining an alcohol, drug, and firearm free workplace. Possession or use of firearms, or possession, use of or being under the influence of alcohol or controlled substances by vendor's employees while in the performance of any service is prohibited. Violation of this requirement shall constitute grounds for cancellation of the purchase order. Vendor's employees shall comply with TxDOT's policy prohibiting smoking in TxDOT buildings.

**6.04 REPLACEMENT OF PERSONNEL:** If TxDOT determines a vendor's employee or vendor subcontractor performing under this purchase order is unable to perform in accordance with the service requirements or to communicate effectively, or is in the opinion of TxDOT, otherwise objectionable, the vendor shall immediately remove that employee or subcontractor.

**6.05 LABOR/MATERIAL/EQUIPMENT:** The vendor shall provide all labor, material, and equipment necessary to furnish the goods or perform the service(s) throughout the term of the purchase order. All employees of the vendor shall be a minimum of seventeen (17) years of age and experienced in the type of work to be performed. No visitors, wives, husbands, children or other relatives of the vendor's employees will be allowed on state property during working hours, unless they are bona fide employees of the vendor.

**6.06 ENGLISH SPEAKING STAFF:** The vendor shall at all times have a minimum of one English speaking employee on the job. All employees shall be well-groomed and appropriately dressed when on TxDOT property.

**6.07 FELONY CRIMINAL CONVICTIONS:** Vendor represents and warrants that vendor or vendor's employees have not been convicted of a felony criminal offense, or that, if such a conviction has occurred, vendor has fully advised TxDOT as to the facts and circumstances surrounding the conviction and vendor agrees to defense, hold harmless, indemnify TxDOT from any loss or claim due to any such employees.

**6.08 SUBCONTRACTING REQUIREMENTS:** In accordance with Government Code Sections 2161.181-182 and 34 TAC §20.11 and pursuant to the CPA Historically Underutilized Business (HUB) Rules, 34 TAC, §20.14, and Transportation DBE/HUB/SBE Rules, 43 TAC 9.50-.57 (relating to Disadvantaged Business Enterprises, HUB and Small Business Enterprises, DBE/HUB/SBE) all state agencies entering into a contract with an expected value of \$100,000 or more over the life of the contract (including renewals) shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine if it is probable for subcontracting opportunities under the contract. If subcontracting opportunities are probable the state agency will state such probability in its bids, proposals, offers, or other applicable expression of interest and require the submission of a HUB Subcontracting Plan (HSP). The HSP, if acceptable to the agency, will be a provision of the contract. The HSP, if required, may be found at: [http://www.dot.state.tx.us/business/business\\_outreach/hub.htm](http://www.dot.state.tx.us/business/business_outreach/hub.htm).

**6.09 PAYMENT OF SUBCONTRACTORS:** As provided by Government Code Section 2251.022 Time for Payment by Vendor:

- (a) A vendor who receives a payment from a governmental entity shall pay a subcontractor the appropriate share of the payment not later than the 10th day after the date the vendor receives the payment.
- (b) The appropriate share is overdue on the 11th day after the date the vendor receives the payment.

**6.10 VENDOR TITLE VI AFFIRMATIONS:** The vendor affirms the following, with regard to the work performed by it under the purchase order:

- (a) Vendor and its subcontractors shall not discriminate on the grounds of race, color, national origin, sex, age, or disability in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The vendor shall not participate either directly or indirectly in any discriminatory employment practices. Failure by the vendor to carry out these requirements is a material breach of any contract awarded and may result in the termination of the contract or such other remedy as TxDOT deems appropriate.

- (b) In any solicitations for subcontractors, including procurements of materials or leases of equipment and in all solicitations either by competitive bidding or negotiation made by the vendor for work to be performed under a subcontract, each potential subcontractor or supplier shall be notified by the vendor of the vendor's and subcontractor's obligations under its purchase order relative to nondiscrimination on the grounds of race, color, national origin, sex, age, or disability.
- (c) During the performance of this purchase order, the vendor, for itself, its assignees and successors in interest (hereinafter referred to as the "vendor") agrees as follows:
- (1) Compliance with Regulations: The vendor shall comply with the Regulations relative to nondiscrimination in federally-assisted programs of the Department of Transportation (hereinafter, "DOT") Title 49, Code of Federal Regulations (CFR), Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this purchase order.
  - (2) Nondiscrimination: The vendor, with regard to the work performed by it during the purchase order, shall not discriminate on the grounds of race, color, national origin, sex, age, or disability in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The vendor shall not participate either directly or indirectly on the discrimination prohibited by Section 21.5 of the Regulations, including employment practices when the purchase order covers a program set forth in Appendix B of the Regulations.
  - (3) Solicitations for Subcontractors, Including Procurements of Materials and Equipment: In all solicitations either by procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the vendor's obligations under this purchase order and the Regulations relative to nondiscrimination on the grounds of race, color, national origin, sex, age, or disability. The assurances in (2) above must appear in all subcontracts.
  - (4) Information and Reports: The vendor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the TxDOT or the Federal Highway Administration (FHWA) to be pertinent and to ascertain compliance with such Regulations, orders and instructions. Where any information required of a vendor is in the exclusive possession of another who fails or refuses to furnish this information the vendor shall certify to the TxDOT or the FHWA as appropriate, and shall set forth what efforts it has made to obtain the information.
  - (5) Sanctions for Noncompliance: In the event of the vendor's noncompliance with the nondiscrimination provisions of this purchase order, TxDOT shall impose such sanctions as it or the FHWA may determine to be appropriate, including, but not limited to:
    - a) withholding of payments to the vendor under the purchase order until the vendor complies; or
    - b) cancellation, termination, or suspension of the purchase order, in whole or in part.
  - (6) Incorporation of Provisions: The vendor shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto.
- (d) The vendor shall take such action with respect to any subcontract or procurement as TxDOT or the FHWA may direct as a means of enforcing such provisions including sanctions for non-compliance: Provided however, that, in the event a vendor becomes involved in, or is threatened with, litigations with a subcontractor or supplier as a result of such direction, the vendor may request TxDOT enter into such litigation to protect the interests of TxDOT, and, in addition, the vendor may request the United States to enter into such litigation to protect the interests of the United States.

## **PART 7. DISPUTE RESOLUTION**

**7.01 DISPUTE RESOLUTION:** TxDOT has established a dispute resolution process under 43 TAC §9.1 and §9.2 to resolve disputes that may arise between TxDOT and the vendor under any purchase order resulting from this solicitation. The dispute resolution process provided for in Government Code Chapter 2260 must be used by TxDOT and the vendor to resolve disputes.

## **PART 8. CONTRACT TERMS**

**8.01 TERM OF CONTRACT:** The term of the contract shall be as stated on the purchase order.

**8.02 ORDER OF PRECEDENCE:** In the event of conflicts or inconsistencies between this contract and its exhibits or attachments, such conflicts or inconsistencies shall be resolved by reference to the documents in the order specified on the purchase order.

### **8.03 CANCELLATION OF A PURCHASE ORDER**

- (a) **FOR CAUSE:** TxDOT reserves the right to cancel the purchase order without notice and either re-solicit or award the purchase order to the next lowest responsive and responsible respondent. The defaulting vendor will not be considered in the re-solicitation and may not be considered in future solicitations for the same type of work unless the specification or scope of work is significantly changed. If vendor defaults on the purchase order, TxDOT may purchase the goods or service elsewhere and charge any increase in cost to the defaulting vendor. TxDOT may impose sanctions, debar or suspend the vendor for abandonment or default(s) on the purchase order. This provision does not limit any other remedies TxDOT may have at law.
- (b) **FOR CONVENIENCE:** The purchase order may be cancelled in whole or in part, without penalty, by either party by providing thirty (30) days written notice to the other party. TxDOT will pay the vendor the purchase order price prorated for acceptable service performed up to the date specified in the notice of cancellation. Termination under this paragraph shall not relieve the vendor of any obligation or liability that has occurred prior to cancellation. The vendor shall refund any balance of unused prepaid funds.

**8.04 SALE OR ASSIGNMENT:** The purchase order is void if sold or assigned to another company without written approval from TxDOT. Written notification of changes to company name, address, telephone number, etc. shall be provided to TxDOT as soon as possible but not later than thirty (30) days from the date of change.

**8.05 RENEWAL OF BLANKET PURCHASE ORDER FOR GOODS:** A blanket purchase order for goods may be renewed for up to three additional like periods of time at the original price, terms and conditions, and any approved changes. Any changes will be clearly detailed in the amended purchase order.

**8.06 RENEWAL OF PURCHASE ORDER FOR SERVICES:** The purchase order may be renewed for up to three additional like periods of time at the same terms and conditions, or as otherwise stated in the solicitation, provided both parties agree in writing to do so prior to the expiration of the purchase order.

### **8.07 RENEWAL OF PURCHASE ORDER FOR NEGOTIATED GOODS OR SERVICES**

- (a) The purchase order may be renewed for up to three additional like periods of time at the same terms and conditions, or as otherwise stated in the solicitation, provided both parties agree in writing to do so prior to the expiration of the purchase order.
- (b) For purchase orders issued using the RFP or RFO method of purchase, TxDOT reserves the right to negotiate additional time if circumstances require. TxDOT and the vendor may negotiate additional time and price based on the deliverable or need in the best interest of the state and TxDOT.

**8.08 EXTENSION OF PURCHASE ORDERS**

- (a) TxDOT reserves the right to extend a purchase order for time only past the stated term to allow the vendor to complete the requirements or to accommodate unanticipated events or requirements prior to the expiration of the purchase order.
- (b) A purchase order in its final renewal period may be further extended for time and money for a period up to ninety (90) days at the option of TxDOT.
- (c) The vendor may request a time only extension of a purchase order by submitting written justification to TxDOT. TxDOT will approve or decline the request for extension in writing.

**8.09 SEVERABILITY CLAUSE:** In the event that any provision(s) of this purchase order may later be determined to be invalid, void, or unenforceable, then the remaining provisions of this purchase order shall remain in full force and effect.

**8.10 BINDING EFFECT AND SURVIVAL OF OBLIGATIONS**

- (a) By executing this purchase order, the vendor binds itself, its respective successors and assignees, to the faithful performance of the terms and conditions and provisions of the purchase order.
- (b) Expiration or termination of this purchase order for any reason shall not release vendor from any liabilities or obligations set forth in the terms and conditions and purchase order or any work order which by their nature are intended to operate following contract expiration or termination.
- (c) The term of service stated on the purchase order is binding on the vendor regardless of the term on the originating agency contract or its purchase order.

## HSP QUICK CHECK LIST

**If you are not subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, 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

**If all of your subcontracting opportunities will be performed using only 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 HUB vendors
- ☐ Section 2 c. – Yes
- ☐ Section 4 – Affirmation
- ☐ GFE Method A (Attachment A) – Complete this attachment for each subcontracting opportunity

**If you are subcontracting with HUB vendors and Non-HUB vendors, and the aggregate percentage\* of subcontracting with HUB vendors 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 HUB vendors and Non-HUB vendors
- ☐ Section 2 c. – No
- ☐ Section 2 d. – Yes
- ☐ Section 4 – Affirmation
- ☐ GFE Method A (Attachment A) – Complete this attachment for each subcontracting opportunity

**If you are subcontracting with HUB vendors and Non-HUB vendors (or only Non-HUB vendors), and the aggregate percentage\* of subcontracting with HUB vendors 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 HUB vendors and Non-HUB vendors
- ☐ Section 2 c. – No
- ☐ Section 2 d. – No
- ☐ Section 4 – Affirmation
- ☐ GFE Method B (Attachment B) – Complete this attachment for each subcontracting opportunity

\* Aggregate percentage of the contract expected to be subcontracted to HUBs with which you have had contracts in place for five years or less.



# INSTRUCTIONS

## HUB SUBCONTRACTING PLAN (HSP)

(Rev. 10/11)

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) §20.13 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,
- 32.7 percent for all special trade construction contracts,
- 23.6 percent for professional services contracts,
- 24.6 percent for all other services contracts, and
- 21 percent for commodities contracts.

### - - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.14(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 contracts that have been in place for five years or less shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

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All respondents must complete and return the HSP, even if the respondent is a certified HUB or is self-performing. For detailed instructions, view video found at:  
<http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>

### 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 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 goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "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. (If *No*, continue to SECTION 3.)

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 have had contracts in place for <u>five (5) years or less</u> . | Percentage of the contract expected to be subcontracted to HUBs with which you have had contracts in place for <u>more than five (5) years</u> . | 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 <http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>)

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 have had contracts in place with for five (5) years or less 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.)

a. 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).

HSP – SECTION 2  
(Continuation Sheet)

### SECTION 3 SELF PERFORMING JUSTIFICATION (If you responded "No" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.)

Check the appropriate box (Yes or No) that indicates whether your response/proposal contains an explanation demonstrating how your company will fulfill the entire contract with its own resources.

- ☐ - Yes (If *Yes*, in the space provided below list the specific page(s)/section(s) of your proposal which explains how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)
- ☐ - No (If *No*, in the space provided below explain how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

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If self-performing (not subcontracting), check appropriate box and complete this section.

### 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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.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.

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Remember to sign and date this form.

Signature

Printed Name

Title

Date

- 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" to 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.

# HSP Good Faith Effort - Method A (Attachment A)

(Rev. 10/11)

Enter your company's name here: \_\_\_\_\_ Requisition #: \_\_\_\_\_

**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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc>

## SECTION A-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 this attachment.

Item #: \_\_\_\_\_ Description: \_\_\_\_\_

## SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas Certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

| Company Name | Texas<br>Certified HUB                                       | VID #<br>(Required if Texas<br>Certified HUB) | Approximate<br>Dollar Amount | Expected Percentage<br>of Contract |
|--------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------|------------------------------------|
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |

**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 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.

# HSP Good Faith Effort - Method B (Attachment B)

(Rev. 10/11)

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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-B.doc>

## 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 this attachment.

Item #: \_\_\_\_\_ 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, to continue to SECTION B-4.)  
☐ - No / Not Applicable (If No or Not Applicable, continue to SECTION B-3.)

## 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 minority or women 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.

Submit proof of notification to 3 HUBs listed on the CMBL under the referenced class/item. Ensure notifications are compliant with Paragraph A of this section and a minimum of 7 working days notice is given.

4. 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 your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at <http://www.window.state.tx.us/procurement/cmb/cmbhub.html>. 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 Vendor ID (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 | VID # | Date Notice Sent<br>(mm/dd/yyyy) | Did the HUB Respond?                                         |
|--------------|-------|----------------------------------|--------------------------------------------------------------|
|              |       | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |
|              |       | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |
|              |       | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |

5. c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to minority or women trade organizations or development centers 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 minority or women 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 <http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/>

- d. Enter the name of the minority or women 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.

| Minority/Women Trade Organizations or Development Centers | Date Notice Sent<br>(mm/dd/yyyy) | Was the Notice Accepted?                                     |
|-----------------------------------------------------------|----------------------------------|--------------------------------------------------------------|
|                                                           | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |
|                                                           | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |

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

Enter your company's name here: \_\_\_\_\_ Requisition #: \_\_\_\_\_

### SECTION B-4 SUBCONTRACTOR SELECTION

- a. 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 VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

| Company Name | Texas<br>Certified HUB                                       | VID #<br>(Required if Texas<br>Certified HUB) | Approximate<br>Dollar Amount | Expected Percentage<br>of Contract |
|--------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------|------------------------------------|
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |

- b. 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):

6

Remember to justify why you are not subcontracting with a HUB, if applicable.

**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, §20.14 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, the respondent must provide notice of each of its subcontracting opportunities to minority/women trade organizations or development centers at least seven (7) working days prior to submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity identified in Section C 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: \_\_\_\_\_

## Section C SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION

|                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.</b><br>Potential Subcontractor's Bid Response Due Date:                                      | <p><b>Our firm must receive your bid response to this subcontracting opportunity no later than 5:00 P.M., Central Daylight Standard Time on: _____</b><br/>         (Date)</p> <p>(Note: In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to <u>at least three (3)</u> Texas certified HUBs, and allow the HUBs <u>at least seven (7) working days</u> to respond to the notice prior to submitting our bid response to the contracting agency. In addition, we must provide the same notice to minority/women trade organizations or development centers <u>at least seven (7) working days</u> prior to submitting our bid response to the contracting agency.)</p> |
| <b>2.</b><br>Scope of Work:                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>3.</b><br>Required Qualifications:<br><input type="checkbox"/> - Not Applicable                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4.</b><br>Bonding/Insurance Requirements:<br><input type="checkbox"/> - Not Applicable          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>5.</b><br>Location to review plans/specifications:<br><input type="checkbox"/> - Not Applicable |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



# 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) §20.13 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,
- 32.7 percent for all special trade construction contracts,
- 23.6 percent for professional services contracts,
- 24.6 percent for all other services contracts, and
- 21 percent for commodities contracts.

## - - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.14(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 contracts that have been in place for five years or less 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 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 goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "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. (If No, continue to SECTION 3.)

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 have had contracts in place for <u>five (5) years or less.</u> | Percentage of the contract expected to be subcontracted to HUBs with which you have had contracts in place for <u>more than five (5) years.</u> | 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 <http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>)

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 have had contracts in place with for five (5) years or less 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.)

a. 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).

HSP – SECTION 2  
(Continuation Sheet)

**SECTION 3****SELF PERFORMING JUSTIFICATION** (If you responded "No" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.)

Check the appropriate box (Yes or No) that indicates whether your response/proposal contains an explanation demonstrating how your company will fulfill the entire contract with its own resources.

- ☐ - Yes (If Yes, in the space provided below list the specific page(s)/section(s) of your proposal which explains how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)
- ☐ - No (If No, in the space provided below explain how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

**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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.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

- 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.

# HSP Good Faith Effort - Method A (Attachment A)

(Rev. 10/11)

Enter your company's name here: \_\_\_\_\_ Requisition #: \_\_\_\_\_

**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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc>

## SECTION A-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 this attachment.

Item #: \_\_\_\_\_ Description: \_\_\_\_\_

## SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas Certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

| Company Name | Texas<br>Certified HUB                                       | VID #<br>(Required if Texas<br>Certified HUB) | Approximate<br>Dollar Amount | Expected Percentage<br>of Contract |
|--------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------|------------------------------------|
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |

**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 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.

# HSP Good Faith Effort - Method B (Attachment B)

(Rev. 10/11)

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 <http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-B.doc>

## 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 this attachment.

Item #: \_\_\_\_\_ 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, to continue to SECTION B-4.)  
☐ - No / Not Applicable (If *No* or *Not Applicable*, continue to SECTION B-3.)

## 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 minority or women 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 <http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs and minority or women trade organizations or development centers.

- 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 your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at <http://www.window.state.tx.us/procurement/cmb/cmbhub.html>. 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 Vendor ID (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 | VID # | Date Notice Sent<br>(mm/dd/yyyy) | Did the HUB Respond?                                         |
|--------------|-------|----------------------------------|--------------------------------------------------------------|
|              |       | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |
|              |       | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |
|              |       | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |

- c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to minority or women trade organizations or development centers 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 minority or women 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 <http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/>

- d. Enter the name of the minority or women 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.

| Minority/Women Trade Organizations or Development Centers | Date Notice Sent<br>(mm/dd/yyyy) | Was the Notice Accepted?                                     |
|-----------------------------------------------------------|----------------------------------|--------------------------------------------------------------|
|                                                           | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |
|                                                           | / /                              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |

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

Enter your company's name here: \_\_\_\_\_

Requisition #: \_\_\_\_\_

### SECTION B-4 SUBCONTRACTOR SELECTION

- a. 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 VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

| Company Name | Texas<br>Certified HUB                                       | VID #<br>(Required if Texas<br>Certified HUB) | Approximate<br>Dollar Amount | Expected Percentage<br>of Contract |
|--------------|--------------------------------------------------------------|-----------------------------------------------|------------------------------|------------------------------------|
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |
|              | <input type="checkbox"/> - Yes <input type="checkbox"/> - No |                                               | \$                           | %                                  |

- b. 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, §20.14 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, the respondent must provide notice of each of its subcontracting opportunities to minority/women trade organizations or development centers at least seven (7) working days prior to submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity identified in Section C 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: _____ |

| Section C                                                                                           | SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1.<br><br>Potential Subcontractor's Bid Response Due Date:                                          | <p><b>Our firm must receive your bid response to this subcontracting opportunity no later than 5:00 P.M., Central Daylight Standard Time on:</b> _____</p> <p style="text-align: right;">(Date)</p> <p>(Note: In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to <u>at least three (3)</u> Texas certified HUBs, and allow the HUBs <u>at least seven (7) working days</u> to respond to the notice prior to submitting our bid response to the contracting agency. In addition, we must provide the same notice to minority/women trade organizations or development centers <u>at least seven (7) working days</u> prior to submitting our bid response to the contracting agency.)</p> |  |
| 2.<br><br>Scope of Work:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 3.<br><br>Required Qualifications:<br><br><input type="checkbox"/> - Not Applicable                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 4.<br><br>Bonding/Insurance Requirements:<br><br><input type="checkbox"/> - Not Applicable          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 5.<br><br>Location to review plans/specifications:<br><br><input type="checkbox"/> - Not Applicable |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |