

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

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

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

Yes

No

If **YES** (UB

complete a revised HSP)

No

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

_____ (Printed Name) _____ Date

Signature-Prime Contractor

Signature-HUB Coordinator or Rep.

(Printed Name) _____ Date

(Printed Name) _____ Date