**HUBSCO Construction Reporting System Access Request Form**

Completed Form must be faxed or scanned and e-mailed to the attention of John Guenther

Phone: 919-807-2330 Fax: 919-807-2335 E-mail: HUBOffice.DOA@doa.nc.gov

**PUBLIC ENTITY INFORMATION (NOTE:** Double click on “Select” for Public Entity Options.)

|  |  |
| --- | --- |
| Public Entity Name: |  |
| Type of Public Entity: |  |
| Address 1: |  |
| Address 2: |  |
| City: |  | State: |  | Zip Code: |  |
| Courier / MSC  |  |
| County: |  |
| Main Phone No.: |  | Ext: |  |

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**Contact Information**

**Primary Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Phone No: |  | Extension |  |
| E-mail: |  |

**Responsible Official Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Phone No: |  | Extension |  |
| E-mail: |  |

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**Authorized Users (People who will enter data in HUBSCO)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Security | User or Administrator (circle one) |
| Phone No: |  | Extension |  |
| E-mail: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Security | User or Administrator (circle one) |
| Phone No: |  | Extension |  |
| E-mail: |  |

**User:** able to enter data, pull reports

**Administrator:** able to enter data, pull reports, add / update / delete user information, indicate if no projects were completed during a quarter

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**Verifiable Percent Goal Information**

|  |  |  |
| --- | --- | --- |
| Public Entity Verifiable Percent Goal: (if applicable) | % | Set to zero (0) if the Public Entity utilizes Verifiable Percentage Goals by Ownership Category (see below) |
| 1) | Date Verifiable Percent Goal Established |  |
| 2) | Verifiable Percent Goal Certification / Verification Method  |  | How was the percentage goal determined? (i.e. – SB914, Internal Disparity Study, etc.) |
| 3) | Verifiable Percent Adoption Means (i.e. – Board Minutes, Internal Policy, etc.) |  | How was the goal approved or put in place? |

**Verifiable Percent Goal by Ownership Category: (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ownership Category** | **Public Entity Goal (%)** |  | **Ownership Category** | **Public Entity Goal (%)** |
| Black |  |  | Socially and Economically Disadvantaged |  |
| Hispanic |  |  | American Indian |  |
| Asian-American |  |  | White Female |  |

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**Minority Business Outreach Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A Minority Business Outreach Plan has been developed and implemented (check appropriate box): | Yes: |  | No: |  |
| Date Plan was Implemented: (if applicable) |  |

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**Approval of Agency Head**

I hereby authorize the individuals listed above to submit their Public Entity information in an effort to comply with construction reporting requirements as mandated by SB914.

|  |  |
| --- | --- |
| Date: |  |
| Printed Name of Agency Head: |  |
| Signature of Agency Head: |  |