



CCO -6 PROJECT TEAM COMPOSITION

Assigned Goal: DBE: _____
 HUB: _____

Contract Number: _____
 NOI Closing Date: _____

	% of work that prime provider and subproviders are responsible for				Webb County Use Only:	
	Prime	Non-DBE/HUB	DBE	HUB	Expiration	Date
Prime Provider Firm Name	%					
Subprovider Firm Names						
Total of the 4 boxes must equal 100%	%	%	%	%		

*If Prime Provider is a certified DBE, the Prime's percentage counts towards the DBE goal.

Webb County.

DBE/HUB Certification Verified By: _____
Webb County Representative Signature

Form CCO6

**CCO-6 Form Instructions
Project Team Precertification**

The Project Team Precertification Form must be completed and returned as an attachment to the Letter of Interest (LOI). This form will provide the information for precertification verification of the prime provider and subprovider project employees.

Include the Webb County Assigned Goal, Contract Number and NOI Closing Date as show in the advertised Notice of Intent (NOI). Check if the prime provider is a State of Texas Certified HUB or a Certified DBE. Note if the prime provider is a DBE, the percentage of work performed by the prime can count toward an assigned DBE goal. However, if the prime provider is a HUB, they must subcontract to meet an assigned HUB goal.

Include the complete name of the firm proposed as the prime provider. Include the percentage of work that the primer provider will perform. If this is a joint venture, include the name of the firms proposed as the joint venture under prime Provider firm Name. To insert additional rows, click on the "+" at the end of the row.

Include the complete name of each firm proposed as a subproder. Insert the percentage of the work that each subprovider will perform If a subprovider is both (DBE and HUB), the precentage of work being proposed should relate to the goal indicated in the NOI. For example, subprovier XXX is a DBE and a HUB, the NOI has an assiged HUB goal, the percentage of work for suprovider XXX must be listed under the HUB colum. To insert additional rows, click on the "+" at the end of the row.

The cells are formatted to automatically add up each colum. The percentage for the four colums must total 100 percent. The total of the four boxes is show in the lowest right-hand column.

The percentage of the work identified by suprovider should parallel the information provided in the HSP Plan and should equal the firm percentage on the CCO 21 Form. Webb County staff will use this firm to verify HUB Certification according to the HUB Directory accessed through TxCPA's Web site or DBE Certification according to the TxDOT Texas Unified Certification Program DBE Infomration Directory (TUCP DEB)

