Form A503

TxCDBG RFP Solicitation Record

Grant / Application Cycle(s): _____

Proposal Deadline: _____

Name of Locally Distributed Newspaper	Date of Publication
1.	

Name of Individuals / Firms Solicited	Contact Information Used (Email address, mailing address, fax number)	HUB Category*	Date Solicitation Sent	Date Delivery Receipt Received
1.				
2.				
3.				
4.				
5.				

* If applicable, identify the relevant Historically Underutilized Business category
  - Minority-owned business enterprise (MBE)
  - Women-owned business enterprise (WBE)
  - Veteeran-owned business enterprise (VBE)
  - Small business enterprise (SBE)
  - Section 3 business (S3)

Appointed by:_____ Date:_____