

THE CITY OF HOUSTON | HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
C O N T R A C T C O M P L I A N C E

TECHNICAL ASSISTANCE TRAININGS

**Pay or Play Program (POP)
Technical Assistance Training for
Contractors**

July 30, 2025, ~ 10:30AM – 11:20PM

Division Contact Information



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www.houstontx.gov/housing

Pre-Award and POP Team



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Discussion Topics

- POP Program Definitions
- POP Program Requirements
- POP Submissions in B2Gnow
- Final POP Compliance Review
- POP FAQs
- Additional Resources

Pay or Play Program Overview



- Office of Business Opportunity oversees POP Program.
- Contractors that do not provide healthcare benefits for their workforce impose a burden on the public and private agencies.
- City intends to enhance fairness in the competition for contracts between bidders that choose to offer health benefits and those that do not.

See **Executive Order 1-7** for more information.

<https://www.houstontx.gov/execorders/1-7.pdf>

POP PROGRAM DEFINITIONS

Pay or Play (POP) “Covered Contracts”

- Contracts valued at or above **\$100,000** (prime contractors) or **\$200,000** (subcontractors)
- Professional Service, Construction and Service type Contracts
- On-Call, Work Order and Job Order Solicitations. (**See Executive Order 1-7**)



POP – Program Does Not Apply

- Supply / Procurement contracts (**51% or more rule**)
- Intergovernmental contracts/Interlocal agreements, bulk purchasing
- Any contract for which the City of Houston has not expended funds, regardless of funding.
- Contracts with an approved POP 4 Exemption from OBO, that was obtained prior to the contract award approval.
- Contractors that utilize self-employed, owner/operator individuals to complete services (e.g., Truck Drivers, Day Laborers, 1099 independent contractors, etc.) are POP exempt.

Pay or Play (POP) “Covered” Employees

- All Employees of a “**covered**” contractor or subcontractor working onsite or in the office; including contract labor.
- Employees that are over **18 years** old; and
- All Employees that **work at least 30 hours per week** with **any amount** of time on the “**covered**” contract.



Pre-Construction Meeting - Pay or Play (POP) Documentation Required

- **B2G Access Form** – Access form for B2Gnow (all POP applicable vendors)
- **POP 1 Form** – POP Acknowledgement Form (Both Prime and Sub)
- **POP 2 Form** – Certification of Compliance (Both Prime and Sub)
- **POP 3 Form** – List of Subcontractors (Prime and Subs with Tier 2 Subcontractors)
- ALL contractors will be given access to LCP Tracker after the Pre-Construction meeting and are required to upload their POP 1-3 forms into the POP Documents folder in LCP Tracker.
- **Contractors are required to begin complying with POP within 30 days of your Start of Work Notice Date.**



POP 2 Form (Required by Prime and Sub)



City of Houston Pay or Play Program Certification of Compliance



Prime Contractor: _____ Subcontractor: _____

Address: _____

Outline Number: _____ Contract Amount: \$ _____

Project Name: [Legal Project Name] _____

Contracting Department: _____

In accordance with the City of Houston Pay or Play Program authorized by Ordinance 2007-534 and Executive Order 1-7, Prime/Subcontractor agrees to abide by the terms of this Program. This certification is required of all contractors for contracts subject to the program. You must agree either to PAY, PLAY or BOTH for all covered employees. If selecting BOTH, the Contractor/Subcontractor may Pay on behalf of some covered employees and Play on behalf of the remaining covered employees.

The Prime/Subcontractor will comply with all provisions of the Pay or Play Program Requirements and will furnish all information and reports requested to determine compliance of the Pay or Play Program (See Executive Order 1-7 for the terms of the Pay or Play program).

The Prime/Subcontractor may agree to "Pay" \$1.00 per hour for work performed by covered employees under the contract with the City. If independent contract labor is utilized the Contractor/Subcontractor agrees to report hours worked by the independent contract laborer and pay \$1.00 per hour for work performed.

The Prime/Subcontractor may agree to "Play" by providing health benefits to each covered employee. The health benefits must meet the following criteria:

- The employer contributes no less than 75% of the total premium costs per covered employee per month toward the total premium cost.
- The covered employee contributes, if any amount, no greater than 25% of the total monthly premium costs.

Please select whether you choose to:

Pay	Play	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Prime/Subcontractor will file compliance reports with the City, which will include activity for covered employees subject to the program, in the form and to the extent requested by the administering department. Compliance reports shall contain information including, but not limited to, documentation showing employee health coverage and employee work records.

Note: The contractor is responsible to the City for compliance of covered employees of covered subcontractors.

Please indicate the estimated number of:	PRIME	SUB
Total Employees on City Job		
Covered Employees		
Non-Covered Employees		
Exempt Employees		

I hereby certify that the above information is true and correct.

Please Sign

Date

Please Print Name & Title

Form POP-2

OBO - 01/23/2020

POP PROGRAM REQUIREMENTS

PAY - Pay or Play (POP) Program Requirements

- Contractors that elect to comply by paying, will **"PAY"** by contributing **\$1.00 for each hour of work performed by a "covered" employee** on a POP applicable contract, not to exceed \$40.00 per employee per week.
- List all active employees (including exempt employees) under the "Workforce Employee List" and enter weekly "Workforce Audit" hours in **B2Gnow** for each "covered" employee working on the project.
- Contractors must provide BOTH, the total hours worked for the contractor and the individual hours worked on the COH Contract for each covered employee. If BOTH columns are not complete your workforce audit will be **rejected**.
- Enter the hours for each employee that worked each week as follows:
 - Total Hours = Total number of hours the employee worked for the Contractor for that week.
 - Hours Worked = Total number of hours the employee worked on the specific COH contract.
- Invoices are generated monthly from the Weekly Workforce Audit reports. Payments are made through Paymentus. POP will not accept partial payments; invoices must be paid in full.
- **HCDD may request certified payroll or time sheets for each employee to verify hours recorded in B2Gnow for PAY employees.**



PAY Requirements Explained - for POP Program

PAY Example Situations:

- 1. John is a “covered” employee who is NOT offered POP benefits:**
 - The employer must submit weekly PAY submissions by entering John’s Total Hours and Hours Worked into B2Gnow under the Workforce Audit List every week.
- 2. John is a “covered” employee and has insurance through his spouse:**
 - The employer should submit a completed and notarized POP 8 form with proof of healthcare insurance for John via email to the POP Coordinator for review and approval.
- 3. John is a “covered” employee and ACCEPTS healthcare insurance offered to him that meet POP requirement :**
 - John will be considered a PLAY employee, rather than a PAY employee, and his hours are not required to be submitted.

How to Submit PAY: Total and Work Hours

Summary Information

Contractor	Ortiz Consulting Test Vendor
Audit Period Start Date	10/19/2020
Audit Period End Date	10/25/2020
Payroll Number	<input type="text"/>
Special Status	<input type="checkbox"/> No Work (all fields will be filled with zeros) <input type="checkbox"/> Suspended <input type="checkbox"/> Final

Employee List

Employee	Craft/Classification	New	Total Hours	Imported Hours	Hours Worked
Johnny Brown (# 3)	Pay		<input type="text" value="40"/>	<input type="text" value="0"/>	<input type="text" value="20"/>
Jones F (# 6)	Pay		<input type="text" value="30"/>	<input type="text" value="0"/>	<input type="text" value="20"/>
Veronica Jones	Pay		<input type="text" value="30"/>	<input type="text" value="0"/>	<input type="text" value="25"/>
Veronica Jones	Pay		<input type="text" value="25"/>	<input type="text" value="0"/>	<input type="text" value="25"/>
James Richards	Pay		<input type="text" value="20"/>	<input type="text" value="0"/>	<input type="text" value="20"/>
Jose Rivas - analyst (# 2)	Play		<input type="text" value="30"/>	<input type="text" value="0"/>	<input type="text" value="30"/>

Additional Information

Attach File(s)	<input type="button" value="Attach File"/>
Comments	<div></div>

POP 8 Form - Employee Waiver Request

An Employee Can Be Considered Exempt from POP If:

- The Employee is under the age of 18;
- The Employee has insurance through spouse, Medicaid or Medicare (must provide proof); or
- The Employee refuses the Company's Health Insurance that meets the City of Houston POP requirements.
- A contractor may request that an employee be exempted from the POP program by submitting a completed and notarized POP 8 waiver form to the POP Coordinator via email for review and approval. The employees must have an OBO-approved POP 8 Waiver on file to be classified as exempt.

Approved POP 8 Exemption Waiver forms remain valid for one year from the date of approval. However, they must be resubmitted annually for each year the Contractor continues to perform work on POP-applicable contract.

POP 8 Employee Waiver Request

THE CITY OF HOUSTON | HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT



Please fill out each section in red.
Once complete, combine all PDFS
in one form and send to the HCD
POP Liaison for Review.

City of Houston Pay or Play (POP) Program Employee Waiver Request



Only completed and original notarized forms will be accepted.

System vendor # in B2G Vendor Profile

Prime: Test Prime Contractor, LLC Subcontractor: Test Subcontractor, LLC Vendor# 201XXXXXX
Contract # & Description: 46000XXXX: Test Contract for HCD Contracting Department: HCD (Houston Housing & Community Development)

We, hereby submit this POP Program Employee Waiver Request for the employee listed below. The employee was offered health benefits in accordance with the POP Program EO1-7. At this time the subject employee has elected not to accept the health benefits offered due to the reason selected below. The notarized affidavit of the employee is appended below for your consideration.

TEST Prime / Sub Representative Name Test Prime / Sub Signature and Date it was Signed

Prime/Sub Representative Signature & Date

NO section can be left blank.

EMPLOYEE AFFIDAVIT

ALL parts of this section must be completed in full by the employee

I, John Doe (Employee's Name), hereby request exemption from City of Houston's
Pay or Play policy due to following: (Check the appropriate box.)

- Select a box ☐ I am less than 18 years old. (Proof of coverage must be attached if employee as other insurance/Medicare/Medicaid)
☐ I have other health coverage (e.g. through spouse/parents, proof required).
☐ I have my coverage through Medicare/Medicaid (proof required).
☐ I declined coverage because The employee MUST provide a reason for declining coverage once they are eligible for medical coverage with the employer

The cost of health benefits offered to me were: The 75% rule must be met for projects after January 2021

- My Contribution (Employee) \$ \$100 per month. The employee MUST fill in this section in their own handwriting. They MUST sign and date this section. The employee should fill in the Single coverage rates you provided them.
- Employer's Contribution (Contractor) \$ \$400 per month.

Employee Name Employee Signature here and Date

Employee Name Employee Signature & Date

No section should be left blank.

Notary Public

The document must be filled out by a notary and signed on the same date the employee signed the form.

The State of Name of State where Notary is located, County of name of County where Notary is located

Before me, a Notary Public, on this day personally appeared Employees' Name, known to me (or proved to me on the oath of _____), to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this day such as 1st day Month of 20 Current year

Notary Signature

Notary Public, State of Texas or _____ (Your State)

Make sure the notary provides a seal or stamp. If you need to find a notary, please see Online for a list.

My commission expires, The day such as 1st day Month of 20 Year of expiration

City of Houston – Office of Business Opportunity Use Only

Action: [] Approved [] Disapproved

Signature: _____ Date: _____

Print Name: _____

Form POP – 8

Make sure your form is the most updated POP_8 from 11/25/2019

OBO - 11/25/2019

POP 9 Form - Self- Insured Contractor Request

- **Contractors may request for a POP 9 – Self- Insured Contract Request form** to be emailed to them if the employer is using their own money to cover their employees' claims. *(only available upon request)*
- The POP 9 – Self-Insured Contract Request and all required documents must be emailed to the POP Administrative Coordinator for review and approval.
- Contractors awarded Self-Insured status will be PLAY participants and required to report once a year.
- To qualify as self-insured, a contractor must have an OBO-approved POP 9 form on file. Contractors are required to upload only approved POP 9 forms, along with required documents into LCP Tracker.
- **Approved POP 9 Forms remain valid for one year from the date of approval. However, they must be resubmitted annually for each year your company continues to work under a POP-applicable contract.**

PLAY – Healthcare Requirements for POP Program

- Contractors may elect to comply by selectin to **"PLAY"** by providing documented proof of health benefits in an acceptable form for covered employees.
- The health benefits must meet or exceed the following standards and must be submitted into B2Gnow.
 - ✓ The employer will contribute no less than **75%** of the total premium cost per covered employee per month .
 - ✓ The employee contribution, if any amount, will be no greater than **25%** of the monthly premium cost.
- HCDD may request a completed Eligibility Verification form, and a copy of your company's current Pre-Printed Health Benefits Program or Employee Benefit package offered to your employees detailing coverage amounts.
- Please note: HCDD does not accept insurance cards as proof of healthcare coverage for quarterly submissions.
- **What is NOT Required:**
 - As a PLAY elect contractor/subcontractor, you are not required to enter Weekly hours worked.
 - Please See the POP FAQ's for more information.



PLAY - Quarterly Work Force Submissions

PLAY submissions are due quarterly in B2Gnow Database as follows:

- 1st Qtr. Months (January, February, and March) – Due on April 1
- 2nd Qtr. Months (April, May, and June) – Due July 1
- 3rd Qtr. Months (July, August, and September) – Due October 1
- 4th Qtr. Months (October, November and December) – Due January 1

PLAY – Quarterly Workforce Submissions

PLAY contractors will complete Quarterly Workforce Audits as follows:

1. Verify ALL covered active employees who worked on the city project that quarter, whether onsite or in the office, are listed in the Workforce Employee List.
2. Upload the POP 7 form, listing those same active employees to B2Gnow.
3. The POP 7 form must be accompanied by supporting company health documents (insurance summaries and invoices) that includes the names of those employees and the cost of coverage for each employee for the three months during each quarterly reporting period.

All documents must be uploaded to B2Gnow for the submission to be considered complete.

HCDD will not accept insurance cards as proof of healthcare coverage for quarterly submissions.

How to Submit PLAY: Quarterly Submission

5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor
1/1/2023 - 1/1/2028

Status: Open
Current Award: \$500,000
Goal: 45.00% Total Paid: \$0
% Credit: 0.00% For Credit: \$0

[Prime] HCDD POP Liaison Consulting Test Vendor

Assign Employee to Contract

Manage Employees

Firm names noted by * are not configured for workforce/prevaling wage reporting.

Assigned Employees

Employee Name	Position	Employee Number	Status	Craft	Classification	Start Date	End Date	Actions
LaQuinta Burton	Administrative Coordinator		✓	Play (Pending)		1/4/2023		Select Action
Isabel Cain	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
Patricia Holcombe	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
Leslie Joseph	Administrative Coordinator		✓	Play (Pending)		1/4/2023		Select Action
Andres Melgoza	MWSBE Contract Administrator		✓	Play (Pending)		1/4/2023		Select Action
Carolyn Seals	MWSBE Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
LaKesha Tate	Administration Manager		✓	Exempt (Pending)		1/4/2023		Select Action
Tiffany Wyatt	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action

Manage Craft Reviews

[Customer Support](#)

[Home](#) | [Print This Page](#) | [Print To PDF](#) | [Translate](#)

POP 7 Quarterly Play Option Report

Must be uploaded in B2Gnow along with Company health insurance invoices that detail the cost of coverage for PLAY employees.



City of Houston Pay or Play Program Quarterly Play Option Report



Only completed forms will be accepted

The purpose of this form POP-7 is to report compliance by primes/subcontractors who **opted to provide health benefits** to covered employees in accordance with the City of Houston Pay or Play Program as outlined in EO 1-7. The prime contractor will submit this form, along with proof of payment (for example: an invoice from health provider dated within the last 30 days) to the City's contracting department. The prime contractor may submit a separate form for each subcontractor. The City of Houston may request additional documentation to support the information reported on this form.

Quarter 4Q FY 22 Report For: Prime ☐ Sub-Contractor ☒

Company Name: TATES CONSTRUCTION LLC \$ 832,394.6345 (Amount of Contract)

Company Address: 2100 TRAVIS STREET, HOUSTON, TX 77002 Phone 832.394.6345

Outline Agreement 4600017845 Project Name: HCDD APARTMENTS

Health Benefit Provider/Organization CIGNA

Group No. Or Payer ID# _____ Phone _____

Employee Name	New? (X)	*Insurance ID # (Please do not use SSN; use Policy # or any other alternate means of identification)	Insurance Premium (Monthly)		Benefit Year Coverage	
			Employer Contribution \$	Employee Contribution \$	Start Date	End Date
LAKESHA TATES			350.00	100.00		
TIACHIA BOOKER			350.00	100.00		
TIFFANY WYATT			350.00	100.00		
KIONNDREA JOHNSON			350.00	100.00		
CAROLYN SEALS			350.00	100.00		
PATRICIA HOLCOMBE			350.00	100.00		
KAREN FRANKLIN			350.00	100.00		
ASHLEY LEWIS			350.00	100.00		
JOHNNY CRATIC			350.00	100.00		

*Approved Self-insured Contractors (Form POP-9) may exclude Insurance ID# and may submit copies of last three insurance billing statements.

POP SUBMISSIONS IN B2Gnow

B2Gnow - Pay or Play (POP) Management System

- B2Gnow is the management system for all POP workforce audit submissions.
- POP 7 forms and supporting documents will be submitted as workforce audits in B2Gnow quarterly.
- PAY weekly workforce audits are required to be submitted in B2Gnow for review and approval through an online Workforce Utilization Module.
- After the Weekly Workforce audits receive approval from the POP Administrator, monthly invoices will be generated and distributed to the contractor or subcontractor.
- Utilize Paymentus payment portal in B2Gnow to pay all POP invoices. Partial payments to POP will not be accepted. Invoices must be paid in full.
- To ensure consistency in workforce audits, all B2Gnow users must use their own individual login credentials when completing POP workforce audits to prevent unauthorized access.

B2Gnow website link - <https://houston.mwdbe.com/>



B2Gnow Overview

- Viewing POP Contracts in B2Gnow
- Adding Employees to B2Gnow
- Assigning Employees to a Contract
- Submitting Weekly Workforce Audits (PAY)
- Filling in Weekly Hourly Audits
- Saving and Certifying Audits
- Submitting Quarterly Workforce Audits (PLAY)
- Uploading and Attaching documents for Audits

Please See the POP FAQ for more information





Dashboard

Displaying records assigned to your company ▼

Contract			
Total			1
Open			1
Contract Audits			
	Total	< 90 days	> 90 days
Total Audits	6	2	4
Workforce Audits			
	Last 30 days	Last 3 months	Last 12 months
Total	0	9	17
Incomplete >>	0	0	2
Pending Cert >>	0	3	6

Certification Center

⚠ If your firm holds active certifications (SBE/MBE/WBE/DBE/HUB/etc) from any organization, [submit a request](#) to add them to your account.

Step 1: Select POP Contract

Step 2 : Select POP Contract

[General](#) | [Public Profile](#) | [Users](#) | [Commodity Codes](#) | [Contacts](#) | [Employees](#) | [Certifications](#) | **[Contracts](#)** | [Workforce Comp/EEO](#) | [Applications](#)

Ortiz Consulting Test Vendor

Listed below are the contracts to which this vendor is assigned.

Contracts as Prime Contractor

Actions	Contract Number & Title	Contracting Organization
View	555555555: Test Contract - HCD	City of Houston

Contracts as Subcontractor

No contracts assigned as a subcontractor.

Step 3: B2Gnow - Add Employees

[Contract Main](#) | [View Contract](#) | [Subcontractors](#) | [Compliance Audit List](#) | [Compliance Audit Summary](#) | [Messages](#) | [Comments](#) | [Reports](#) | **[Workforce Employee List](#)** | [Workforce Audit List](#) | [Workforce Audit Summary](#)

City of Houston
55555555: Test Contract - HCD
Prime: Ortiz Consulting Test Vendor

Status: **Open**
1/1/2020 - 8/1/2021
Current Value: \$2,000,000

[Prime] Ortiz Consulting Test Vendor ▼

Firm names noted by * are not configured for workforce/prevaling wage reporting.

[Assign Employee to Contract](#)

[Manage Employees](#)

Assigned Employees

Employee Name	Position	Employee Number	Status	Craft	Classification	Start Date	End Date	Actions
Johnny Brown		3	✓	Pay		2/1/2020		Select Action ▼
Jones F		6	✓	Pay		6/1/2020		Select Action ▼
Veronica Jones			✓	Pay		9/1/2020		Select Action ▼
Veronica Jones			✓	Pay		9/2/2020		Select Action ▼
James Richards			✓	Pay		9/2/2020		Select Action ▼
Jose Rivas	analyst	2	✓	Play - PENDING		4/1/2020		Select Action ▼

Step 3.1 : B2Gnow - Add Employees Cont.

[General](#) [Public Profile](#) [Users](#) [Commodity Codes](#) [Contacts](#) **[Employees](#)** [Certifications](#) [Contracts](#) [Workforce Comp/EEO](#) [Applications](#)

Ortiz Consulting Test Vendor

System Vendor Number: 20954038

1 - 8 of 8 records displayed: [Previous Page](#) < Page 1 > [Next Page](#) Records per page: 20

o **resort** click on column title. To **filter** click on any drop down menu.

[Refresh List](#) [Clear Filters](#)

Employee List

Actions	Select	Employee	Status	Emp. #	Position	Location	Apprentice
	<input type="checkbox"/> <input type="button" value="Deactivate"/>	All ▾	All ▾				All ▾
Edit	<input type="checkbox"/>	Johnny Brown	✓	3			No
Edit	<input type="checkbox"/>	Jones F	✓	6			No
Edit	<input type="checkbox"/>	John James	✓				No
Edit	<input type="checkbox"/>	James Jones	✓	4			No
Edit	<input type="checkbox"/>	Veronica Jones	✓				No
Edit	<input type="checkbox"/>	James Richards	✓				No
Edit	<input type="checkbox"/>	Jose Rivas	✓	2	analyst		No
Edit	<input type="checkbox"/>	John Ruiz	✓	5			No

Step 3.2: B2Gnow - “EDIT EMPLOYEE” page

Vendor Profile: Edit Employee

[Help & Tools](#)

[General](#) [Public Profile](#) [Business Highlights](#) [Users](#) [Commodity Codes](#) [Contacts & Owners](#) [Employees](#) [Comments](#) [Certifications](#) [Contracts](#) [Concessions](#) [Site Visits](#) [Applications](#) [Docs](#) [Reports](#)

HCDD POP Liaison Consulting Test Vendor

System Vendor Number: 21356004

[Mark As Favorite](#)

Save

Save and Return

Save and New

Cancel

Delete

* required entry

Employee Information

EMPLOYEE NAME *

Prefix	First name *	Middle name	Last name *	Suffix
	LaQuinta			

REFERENCE

ACTIVE EMPLOYEE *

☒ Yes
☐ No

SSN

EMPLOYEE NUMBER

POSITION

GENERAL WORK CATEGORY

Step 4: Assign Employee to Contract

5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor
1/1/2023 - 1/1/2028; Closed 1/1/2024

Status: Closed
Current Award: \$500,000
Goal: 45.00% Total Paid: \$0
% Credit: 0.00% For Credit: \$0

All selected

Go

Assign Employee to Contract

Manage Employees

Firm names noted by * are not configured for workforce/prevailing wage reporting.

Assigned Employees

Employee Name	Position	Employee Number	Status	Craft	Classification	Start Date	End Date	Actions
Chrystal Boyce	Division Manager		✓	Pay (Approved)		9/8/2023		Select Action ▼
LaQuinta Burton	Administrative Coordinator		✓	Play (Approved)		1/4/2023		Select Action ▼
Isabel Cain	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action ▼
Patricia Holcombe	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action ▼
Alex Johnson	Administrative Assistant		✓	Pay (Approved)		1/23/2024		Select Action ▼
Leslie Joseph	Administrative Coordinator		✓	Exempt (Expires 4/30/2025)		1/4/2023		Select Action ▼
Andres Melgoza	MWSBE Contract Administrator		✓	Play (Approved)		1/4/2023		Select Action ▼
Carolyn Seals	MWSBE Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action ▼
LaKesha Tate	Administration Manager		✓	Exempt (Approved)		1/4/2023		Select Action ▼

- Select Action
- Select Action
- Edit Assignment
- Edit Employee
- Deactivate
- Delete

Manage Craft Reviews

Step 4.1: - Assign Employees/Add Craft

[Workforce](#) [Workforce Employee List](#) [Workforce Audit List](#) [Workforce Audit Summary](#) [Workforce Invoice List](#)

5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor
1/1/2023 - 1/1/2028; Closed 1/1/2024

Status: Closed
Current Award: \$500,000
Goal: 45.00% Total Paid: \$0
% Credit: 0.00% For Credit: \$0

*** required entry**

Employee Information

CONTRACTOR

HCDD POP Liaison Consulting Test Vendor

EMPLOYEE(S) *

Select one or more

Names preceded by * have already been added to this contract

CRAFT *

None selected

CLASSIFICATION

None selected

START DATE ON CONTRACT *

mm/dd/yyyy

Use contract start date

END DATE ON CONTRACT

mm/dd/yyyy

ACTIVE ON CONTRACT/INCLUDE IN AUDITS? *

☒ Yes - employee is active on contract.

☐ No - employee is not active on contract.

Additional Information

ATTACH FILE(S)

Attach File

COMMENTS

Save

Cancel



PAY - Weekly (Hourly) Workforce Audit Submissions

Step 1: Select the Workforce Audits List Tab

[Contract Main](#) | [View Contract](#) | [Subcontractors](#) | [Compliance Audit List](#) | [Compliance Audit Summary](#) | [Messages](#) | [Comments](#) | [Reports](#) | [Workforce Employee List](#) | **[Workforce Audit List](#)** | [Workforce Audit Summary](#)

City of Houston
55555555: Test Contract - HCD
Prime: Ortiz Consulting Test Vendor

Status: Open
1/1/2020 - 8/1/2021
Current Value: \$2,000,000

[Prime] Ortiz Consulting Test Vendor ▾

From: 10/7/2017 To: 10/7/2020

Firm names noted by * are not configured for workforce/prevaling wage reporting.

From	To	View	Status	# Empl.	Incomp. Empl.	Total Hours
TOTALS:				51	10	455.0
9/28/2020	10/4/2020		Add Audit		Audit not posted for this period	
9/21/2020	9/27/2020		Add Audit		Audit not posted for this period	
9/14/2020	9/20/2020		Add Audit		Audit not posted for this period	
9/7/2020	9/13/2020		Add Audit		Audit not posted for this period	
8/31/2020	9/6/2020		Add Audit		Audit not posted for this period	
8/24/2020	8/30/2020	View	Auto-Accepted by Organization	2	0	40.0
8/17/2020	8/23/2020	View	Auto-Accepted by Organization; No Work	2	0	0.0
8/10/2020	8/16/2020	View	Auto-Accepted by Organization	2	0	55.0
8/3/2020	8/9/2020	View	Pending Certification	2	0	50.0
7/27/2020	8/2/2020	View	Auto-Accepted by Organization	2	0	50.0

Step 2: PAY Workforce Audits Submissions

Contract Main | View Contract | Subcontractors | Compliance Audit List | Compliance Audit Summary | Messages | Comments | Reports | Workforce Employee List | **Workforce Audit List** | Workforce Audit Summary

City of Houston
55555555: Test Contract - HCD
Prime: Ortiz Consulting Test Vendor

Workforce audit added.

[Prime] Ortiz Consulting Test Vendor ▾

Firm names noted by * are not configured for workforce/prevaling wage reporting.

From	To	View	Status	TOTALS:
10/19/2020	10/25/2020	View	Incomplete	
10/12/2020	10/18/2020		Add Audit	
10/5/2020	10/11/2020		Add Audit	

Step 3: Fill In PAY Workforce Audit

Workforce Audit: 9/4/2023 to 9/10/2023Help & Tools

[Contract Main](#) [View Contract](#) [Subcontractors](#) [Compliance Audit List](#) [Compliance Audit Summary](#) [Messages](#) [Comments](#) [Reports](#)

[Workforce Employee List](#) [Workforce Audit List](#) [Workforce Audit Summary](#) [Workforce Invoice List](#)

City of Houston
5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor

Status: Open
1/1/2023 - 1/1/2028
Current Value: \$500,000

Audit Information

AUDIT RESPONSE STATUS

Pending completion for 9 employees.

CONTRACT NUMBER

5500012345

CONTRACT TITLE

HCDD POP Liaison Test Contract

CONTRACTOR

HCDD POP Liaison Consulting Test Vendor

AUDIT PERIOD START DATE

9/4/2023

AUDIT PERIOD END DATE

9/10/2023

PAYROLL NUMBER

SPECIAL STATUS

Fill In Audit

Mark as No Work Audit

Employee List

Employee	Craft/Classification	New	Total Hours	Imported Hours	Status
Chrystal Boyce - Division Manager	Pay (Approved)		0	0	Data not entered yet.
LaQuinta Burton - Administrative Coordinator	Play (Approved)		0	0	Data not entered yet.
Isabel Cain - Section 3 Contract Administrator	Pay (Approved)		0	0	Data not entered yet.
Patricia Holcombe - Section 3 Contract Administrator	Pay (Approved)		0	0	Data not entered yet.
Leslie Joseph - Administrative Coordinator	Play (Approved)		0	0	Data not entered yet.
Andres Melgoza - MWSBE Contract Administrator	Play (Approved)		0	0	Data not entered yet.
Carolyn Seals - MWSBE Contract Administrator	Pay (Approved)		0	0	Data not entered yet.
LaKesha Tates - Administration Manager	Exempt (Approved)		0	0	Data not entered yet.
Alex Johnson - Administrative Assistant	Pay (Approved)				Not included in audit Add to audit

Add All Remaining Employees to Audit

Step 4: Add Total and Work Hours

City of Houston
5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor

Status: Open
1/1/2023 - 1/1/2028
Current Value: \$500,000

* required entry

Summary Information

CONTRACTOR

HCDD POP Liaison Consulting Test Vendor

AUDIT PERIOD START DATE

9/4/2023

AUDIT PERIOD END DATE

9/10/2023

PAYROLL NUMBER

SPECIAL STATUS

☐ No Work (all fields will be filled with zeros)
☐ Suspended
☐ Final

Employee List

Employee	Craft/Classification	New	Total Hours	Imported Hours	Hours Worked	Comments
Chrystal Boyce - Division Manager	Pay		40	0	40	
LaQuinta Burton - Administrative Coordinator	Play		0	0	0	
Isabel Cain - Section 3 Contract Administrator	Pay		40	0	32	
Patricia Holcombe - Section 3 Contract Administrator	Pay		40	0	40	
Alex Johnson - Administrative Assistant	Pay		40	0	24	
Leslie Joseph - Administrative Coordinator	Play		0	0	0	
Andres Melgoza - MWSBE Contract Administrator	Play		0	0	0	
Carolyn Seals - MWSBE Contract Administrator	Pay		50	0	50	
LaKesha Tate - Administration Manager	Exempt		0	0	0	

Additional Information

ATTACH FILE(S)

Attach File

COMMENTS

Review

Cancel

Step 5: Edit, Save, or Certify Audit

City of Houston
5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor

Status: Open
1/1/2023 - 1/1/2028
Current Value: \$500,000

Audit Information

Edit

CONTRACTOR HCDD POP Liaison Consulting Test Vendor
AUDIT PERIOD START DATE 9/4/2023
AUDIT PERIOD END DATE 9/10/2023
PAYROLL NUMBER
SPECIAL STATUS

Employee List

Edit

Employee	Craft/Classification	New	Total Hours	Imported Hours	Hours Worked	Comments
Chrystal Boyce - Division Manager	Pay		40	0	40	
LaQuinta Burton - Administrative Coordinator	Play		0	0	0	
Isabel Cain - Section 3 Contract Administrator	Pay		40	0	32	
Patricia Holcombe - Section 3 Contract Administrator	Pay		40	0	40	
Alex Johnson - Administrative Assistant	Pay		40	0	24	
Leslie Joseph - Administrative Coordinator	Play		0	0	0	
Andres Melgoza - MWSBE Contract Administrator	Play		0	0	0	
Carolyn Seals - MWSBE Contract Administrator	Pay		50	0	50	
LaKesha Tate - Administration Manager	Exempt		0	0	0	
					Totals:	186

Additional Information

Edit

COMMENTS

Edit

Save but Certify Later

Save and Certify

Cancel

Step 6: Certify, Review Certification

City of Houston
5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor

Status: Open
1/1/2023 - 1/1/2028
Current Value: \$500,000

Audit Information

CONTRACTOR
PAYROLL START DATE
PAYROLL END DATE
PAYROLL NUMBER
SPECIAL STATUS

HCDD POP Liaison Consulting Test Vendor
9/4/2023
9/10/2023

Certification

CERTIFICATION
SIGNATURE *
(TYPE YOUR FULL, LEGAL NAME)
YOUR TITLE *
YOUR ORGANIZATION *
TODAY'S DATE *

I certify the information submitted in this report as correct and accurate.
LaQuinta Burton
POP - Administrative Coordinator
HCDD POP Liaison Consulting Test Vendor
1/23/2024

Additional Information

ATTACH FILE(S)
COMMENTS

Attach File

Review Cancel

City of Houston
5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor

Status: Open
1/1/2023 - 1/1/2028
Current Value: \$500,000

Audit Information Edit

CONTRACTOR
PAYROLL START DATE
PAYROLL END DATE
PAYROLL NUMBER
SPECIAL STATUS

HCDD POP Liaison Consulting Test Vendor
9/4/2023
9/10/2023

Certification Edit

CERTIFICATION
SIGNATURE
TITLE
ORGANIZATION
CERTIFICATION DATE

I certify the information submitted in this report as correct and accurate.
LaQuinta Burton
POP - Administrative Coordinator
HCDD POP Liaison Consulting Test Vendor
1/23/2024

Additional Information Edit

COMMENTS

☐ am certifying that this audit contains information that I understand to be correct and accurate.
Certify but Release Later Certify and Release to Organization Now
Edit Cancel



PLAY - Quarterly (Insurance) Workforce Audit Submissions

Step 1: Select Workforce Employee List

[Workforce Setup](#) **[Workforce Employee List](#)** [Workforce Audit List](#) [Workforce Audit Summary](#) [Workforce Invoice List](#)

5500012345: HCDD POP Liaison Test Contract
Prime: HCDD POP Liaison Consulting Test Vendor
1/1/2023 - 1/1/2028; Closed 1/1/2024

Status: Closed
Current Award: \$500,000
Goal: 45.00%
Total Paid: \$0
% Credit: 0.00%
For Credit: \$0

All selected

Go

Firm names noted by * are not configured for workforce/prevaling wage reporting.

Assign Employee to Contract

Manage Employees

Assigned Employees

Employee Name	Position	Employee Number	Status	Craft	Classification	Start Date	End Date	Actions
Chrystal Boyce	Division Manager		✓	Pay (Approved)		9/8/2023		Select Action
LaQuinta Burton	Administrative Coordinator		✓	Pay (Approved)		1/4/2023		Select Action
Isabel Cain	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
Patricia Holcombe	Section 3 Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
Alex Johnson	Administrative Assistant		✓	Pay (Approved)		1/23/2024		Select Action
Leslie Joseph	Administrative Coordinator		✓	Exempt (Expires 4/30/2025)		1/4/2023		Select Action
Andres Melgoza	MWSBE Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
Carolyn Seals	MWSBE Contract Administrator		✓	Pay (Approved)		1/4/2023		Select Action
LaKesha Tates	Administration Manager		✓	Exempt (Approved)		1/4/2023		Select Action

Manage Craft Reviews

Step 2: Select PLAY Employees ONLY & Choose File Tab

Contract Management: Manage Craft Reviews

Select employees to manage their craft reviews.

* required entry

Assigned Employees with Active Craft Reviews

* Select Employee	Employee Name	Employee Number	Craft	Craft Status	Expiration Date	Date Submitted	Actions
<input checked="" type="checkbox"/>			All	All			
<input type="checkbox"/>	Joseph , Leslie		Exempt	Approved	No Expiration	4/22/2025	View
<input checked="" type="checkbox"/>	Burton , LaQuinta		Play	Approved	No Expiration	7/26/2023	View
<input type="checkbox"/>	Tates , LaKeshia		Exempt	Approved	No Expiration	7/26/2023	View
<input checked="" type="checkbox"/>	Melgoza , Andres		Play	Approved	No Expiration	7/26/2023	View

Workforce Craft Review

ATTACH FILE(S)

No file chosen

COMMENTS

☐ I confirm that all of this information is correct.

Step 3: Select PLAY Documents for Quarterly Submission

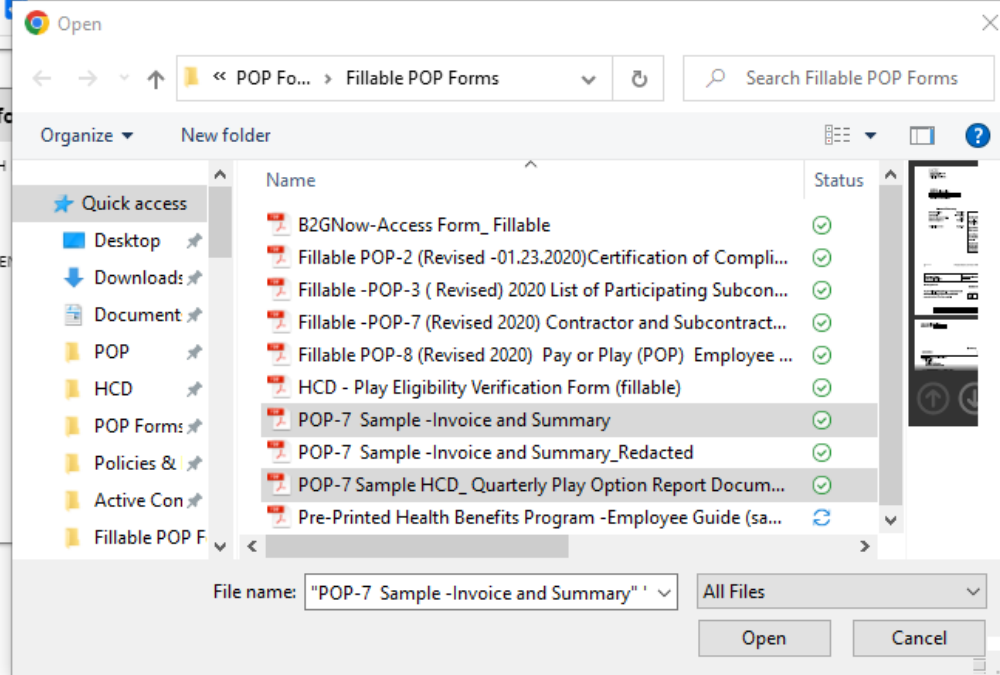
Contract Management: Manage Craft Reviews

Select employees to manage their craft reviews.

* required entry

Assigned Employees with Active Craft Reviews

* Select Employee	Employee Name	Employee Number	Craft	Craft Status	Expiration Date	Date Submitted	Actions
<input checked="" type="checkbox"/>			All	All			
<input checked="" type="checkbox"/>	Melgoza , Andres		Play	Pending	7/26/2023		View
<input type="checkbox"/>	Tates , LaKeshia		Exempt	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Joseph , Leslie		Play	Pending	7/26/2023		View
<input type="checkbox"/>							View



Step 4: Upload & Submit PLAY Quarterly Documents

Contract Management: Manage Craft Reviews

Select employees to manage their craft reviews.

* required entry

Assigned Employees with Active Craft Reviews

* Select Employee	Employee Name	Employee Number	Craft	Craft Status	Expiration Date	Date Submitted	Actions
<input checked="" type="checkbox"/>			All	All			
<input checked="" type="checkbox"/>	Melgoza , Andres		Play	Pending	7/26/2023		View
<input type="checkbox"/>	Tates , LaKesha		Exempt	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Joseph , Leslie		Play	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Burton , LaQuinta		Play	Pending	7/26/2023		View

Workforce Craft Review

ATTACH FILE(S)

Choose Files 2 files

COMMENTS

1st quarter of 2023



confirm that all of this information is correct.

Save Review(s)

Cancel

Step 5: PLAY Quarterly Submission Save & Update Records

houston.mwdbe.com says
Are you sure you want to save and update the selected records?

OK Cancel

Contract Management: Manage Craft Reviews

Select employees to manage their craft reviews.

* required entry

Assigned Employees with Active Craft Reviews

* Select Employee	Employee Name	Employee Number	Craft	Craft Status	Expiration Date	Date Submitted	Actions
<input checked="" type="checkbox"/>			All	All			
<input checked="" type="checkbox"/>	Meigoza , Andres		Play	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Tates , LaKesha		Exempt	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Joseph , Leslie		Play	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Burton , LaQuinta		Play	Pending	7/26/2023		View

Workforce Craft Review

ATTACH FILE(S)

Choose Files 2 files

COMMENTS

1st quarter of 2023

☒ I confirm that all of this information is correct.

Save Review(s) Cancel

Step 6: Exit PLAY Quarterly Submission Page

Contract Management: Manage Craft Reviews

Select employees to manage their craft reviews.

✓ The selected craft reviews have been updated successfully.

* required entry

Assigned Employees with Active Craft Reviews

* Select Employee	Employee Name	Employee Number	Craft	Craft Status	Expiration Date	Date Submitted	Actions
<input checked="" type="checkbox"/>			All	All			
<input checked="" type="checkbox"/>	Burton , LaQuinta		Play	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Joseph , Leslie		Play	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Tates , LaKeshia		Exempt	Pending	7/26/2023		View
<input checked="" type="checkbox"/>	Melgoza , Andres		Play	Pending	7/26/2023		View

Workforce Craft Review

ATTACH FILE(S)

Choose Files No file chosen

COMMENTS

☐ I confirm that all of this information is correct.

Save Review(s)

Cancel

Step 7: PLAY Quarterly Submission Confirmation

Contract Management: Manage Craft Reviews

Select employees to manage their craft reviews.

✓ The selected craft reviews have been updated successfully.

* required entry

Assigned Employees with Active Craft Reviews

* Select Employee	Employee Name	Employee Number	Craft	Craft Status	Expiration Date	Date Submitted	Actions
<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/>	Burton , LaQuinta					7/26/2023	View
<input checked="" type="checkbox"/>	Joseph , Leslie					7/26/2023	View
<input checked="" type="checkbox"/>	Tates , LaKesha		Exempt	Pending		7/26/2023	View
<input checked="" type="checkbox"/>	Melgoza , Andres		Play	Pending		7/26/2023	View

Confirm

Are you sure you want to close without saving?

Cancel

Ok

Workforce Craft Review

ATTACH FILE(S)

Choose Files No file chosen

COMMENTS

☐ I confirm that all of this information is correct.

Save Review(s)

Cancel

Step 8: PLAY Quarterly Submitted

Contract Management: Craft Status Change View

Craft Status Change View

EMPLOYEE LaQuinta Burton

CONTRACT 5500012345: HCDD POP Liaison Test Contract

REQUESTED CRAFT Play

CRAFT STATUS Pending

ATTACHMENTS

Actions	Date	File Name
Craft Review Documents		
Preview	7/26/2023	POP-7 Sample -Invoice and Summary.pdf
Preview	7/26/2023	POP-7 Sample HCD_ Quarterly Play Option Report Document Filled In.pdf

REVIEW HISTORY

Actions	Craft	Expiration Date	Review Date	Craft Status
View	Play			Pending
View	Play			Closed

VENDOR COMMENTS 1st quarter of 2023

[View Original Record](#)

[Cancel](#)

<div> <div> Play (POP) Compliance Status Report (CSR) Month: March 2025 Project Name: HCDD POP Liasion Test Contract Project #: 4600012345 Prime Contractor: HCDD POP Liasion Consulting Test Vendor Dates: 1/24/2025 - 01/25/2028 Date POP Audit Conducted: 4/1/2025 </div> <div> <div> ✓ - Compliant X - Non-compliant (See Column L for comments) I - Item Incomplete (See Column L for comments) P/D - Past Due Item N/A - Not Applicable (A) - Approved Pending - (See Column L for comments) WOH - Work on Hold OI - Open Invoices PP - Payment Processing </div> <div> employees working onsite or in the office for this City Project must be listed on the Workforce Employee List and all workforce audits ❖ B2Gnow Access form, POP 1, 2, and 3 forms should be uploaded into LCP Tracker under POP Documents. ❖ POP 8 & POP 9 should be emailed to me for approval, once approved, please upload into LCP Tracker under POP documents Employees requesting to be exempt must complete all blank spaces, sign and date the POP 8 form. (no typed dates will be accepted). </div> <div> following submission guidelines: Submission Platform: All required PLAY quarterly workforce audit submissions must be uploaded via B2Gnow – The management system (https://houston.mwdbe.com/). Selection under Manage Craft Review: Make sure that <u>ONLY</u> PLAY employees are selected. Submission Period: Submissions are required Quarterly from <i>Your start of work date to your termination of work date</i>. New PLAY Submission Method: Please use the updated PLAY submission method. Submission Contents: Each quarterly workforce audit submission should include the completed Form POP 7 Quarterly Play Option Reporting. The form must list all active employees. Additionally, provide proof of healthcare insurance (insurance summary and invoice) for each month in the following quarters: PLAY submissions are due in B2Gnow Database: 1st Qtr. (Jan. Feb. & March) – Due on April 1 2nd Qtr. (Apr. May. & June) – Due July 1 3rd Qtr. (July, Aug. & Sept.) – Due October 1 4th Qtr. (Oct. Nov. & Dec.) – Due January 1 </div> <div> B2Gnow as follows: Your Audits need to list all employees that worked on the city contract as part of the weekly Workforce Audit as follows: ❖ Total Hours = Total Number of Hours Employee worked for the Employer that week ❖ Hours Worked = Total Number of Hours Employee worked on COH Project. Invoices generate monthly and payments are due 30 day from invoice date via Pay Connexion. Partial payments to POP will not be accepted. Invoices must be paid in full. Please note: All POP Workforce Audit Invoices for each "PAY" contractor are required to be paid in full prior to close-out. Retainage payments will be held due to incomplete POP Workforce Audit submissions or unpaid invoices. </div> </div> </div>													
Prime Contractor													
Name	SOW Notice	POP Type	B2G Access Form	POP-1	POP-2	POP-3	POP-8 / POP 9	Workforce Audits Compliance	Invoice Status	TOW Notice	Corrective Action	Comments	Notes
HCDD POP Liasion Consulting Test Vendor	01/01/25	BOTH	X	✓	✓	✓	Leslie Joseph POP 8 form Expires 04/30/2025	X	✓		1) Upload B2Gnow Access form into LCPTracker under the "POP Documents" category. 2) 1st Qtr. (Jan. Feb. & March) – Due on April 1, 2025	Sent email to Prime on 03.25.2025	WOH 02.21.25 - 03.01.25
Subcontractor													
Name	SOW Notice	POP Type	B2G Access Form	POP-1	POP-2	POP-3	POP-8/POP 9	Workforce Audits Compliance	Invoice Status	TOW Notice	Corrective Action	Comments	Notes
GSD Building Maintenance	TBD	TBD	TBD	TBD	TBD	TBD							
HPW Construction	04/01/25	Play	✓	✓	✓	✓		✓					
OBO Contractors, Inc	02/15/25	Pay	✓	✓	✓	✓	Eric Johnson and Mark Joseph are 1099 Independent Contractors approved by OBO on 04/01/2025	X	OI 32456, P/D 32000		1) Weekly WFA from 03/10/2025 to present are incomplete		
Solid Waste	1/31/2025	Pay	✓	✓	✓	✓		✓	✓	3/15/2025			WOH 02.21.25 - 03.01.25
POP Audit Conducted: 4.1.2025													

POP Monthly Compliance Status (CSR) Report:

Final POP Compliance Review



Final POP Compliance Review

To ensure full compliance with POP regulations for the FINAL POP Closeout for all projects, please ensure the following requirements are met:

- **POP Forms:** Upload all applicable B2Gnow, POP 1, POP 2, and POP 3 forms into LCP Tracker under the "POP Documents" category.
- **Approved Forms:** Upload any approved POP 8, POP 9 forms, or notarized 1099 letters (if applicable) into LCP Tracker under the "POP Documents" category.
- **Notices:** Ensure that all contractors upload the Start of Work notice, Termination of Work notice, and any applicable Work on Hold notices into LCP Tracker under the "Shared Compliance" category.
- **PLAY Quarterly Workforce Audits:** Submit all required PLAY quarterly workforce audits into B2Gnow, covering the period from the start of work to the end of the contract term.
- **PAY Weekly Workforce Audits:** Submit all weekly workforce audits required, ensuring the final week is marked as FINAL.
- **Invoice Completion:** Verify that all PAY invoices are fully paid by all PAY contractors that performed work on your project.
- **Additional Documentation:** Provide any information requested by the POP Administrator for verification or clarification purposes related to the contract (e.g., letters of explanation, check stubs, notarized statements, etc.).

Failure to meet these POP requirements and provide the necessary documentation will result in retainage payment being withheld until the contract achieves full compliance with POP regulations.

FAQ SECTION

FAQ

1. Are only employees working on the job site required to be listed on the workforce audit employee list?

- No. ALL employees who work on the City Contract, whether onsite or in the office, must be included in the workforce audit employee list and accounted for during the audit.

FAQ

2. My employee has his or her own insurance, and my company does not pay for it; does this mean he or she must submit a notarized POP 8 form for exemption?

- Yes. You must submit a completed and notarized POP 8 form, along with proof of healthcare insurance. This is the only time a copy of an employee's insurance card will be accepted. Email the form along with the insurance card to the POP Administrator for review and approval.

FAQ

3. I am a subcontractor on a City of Houston POP contract, and my contract ends before the Prime Contractor finishes the job, do I still have to submit POP submissions?

- No. Please upload your Termination of Work (TOW) Notice in LCP Tracker with the date your contract is completed, and then submit FINAL in the B2Gnow database during your final workforce audit week.

FAQ

4. Are subcontractors required to comply with the POP program if they are not MWSBE or Section 3?

- Yes. All subcontractors with a professional service, construction, or general service contractor whose contract amount meets or exceeds the \$200,000 are required to comply with POP requirements.

FAQ

5. Do any of the POP Workforce Invoice payments benefit my company?

- No. The POP payments are deposited to the Contractor Responsibility Fund (CRF), which shall not be used for any other purpose except to assist in providing healthcare services to uninsured persons in the Houston area.

To learn more, please see the Office of Business Opportunity website
at: <https://www.houstontx.gov/obo/popforms.html>

ADDITIONAL RESOURCES

If you would like to request a copy of the POP Frequently Asked Questions, please send an email to your POP Liaison.

- POP FAQ's
 - Where should POP Forms 1-3 be submitted?
- How to submit POP 8 Form (Exemption Waiver)?
- How Do I submit PLAY submissions?
- How do I submit PAY Workforce Audit?
- How can I pay my POP Invoice?

PAY OR PLAY PROGRAM FREQUENTLY ASKED QUESTIONS

WHERE SHOULD POP FORMS 1-3 BE SUBMITTED?

Pay or Play (POP) forms require uploading to LCP Tracker by vendors into the "POP Documents" folder. Prime contractors should add all their subcontractors to LCP Tracker. If your contract is NOT found in LCP Tracker, please contact your HCD POP Liaison for assistance.

- Prime contractors are required to submit POP 1 – 3 forms to LCPTracker.
- Subcontractors are required to submit the POP 1-2 and POP 3 if you have subcontractors form to LCP Tracker.
- To download the most recent POP 1-3 forms, please visit: www.houstontx.gov/obo/popforms.html

HOW TO SUBMIT POP-8 Affidavit (EXEMPTION FORM)?

There are several means for exemption from the Pay or Play Program for an employee including:

- Under the age of 18;
- Has health insurance through their spouse;
- Has Medicaid/Medicare; or
- Refuses Health Insurance that meets POP Requirements.

If an employee falls within one of the above categories, they should fill out the POP 8 Affidavit form (no spaces can be left blank). The most recent updated POP-8 form can be found at the link below.

For access to POP forms, visit: <https://www.houstontx.gov/obo/payorplay/pop8.pdf>.

Employees that indicate they have health insurance through their spouse, Medicaid or Medicare, must provide a copy of their insurance card (front/back) and attach it to the POP-8 form. The POP-8 form must be completed in its entirety, and the employee must write-in their reason for refusing the health insurance in the "Employee Affidavit" section.

Typed responses will NOT be accepted.



In compliance with POP requirements and Executive Order 1-7, the POP Program applies to employees including contract labor, of a Contractors/Subcontractors that is over the age of 18, works at least 30 hours per week with any amount of time worked on the covered City contract or subcontract. (This means whether the employee is working on-site or in the office must be listed under the Workforce Employee List.)

HOW DO I SUBMIT QUARTELRY POP 7 & PROOF OF HEALTH INSURANCE SUBMISSION? (PLAY VENDOR ONLY)

To review the most recent updated POP policy regarding health insurance requirements for POP contractors please see section 5.4 of the Executive Order (EO) 1-7 at the following link: <https://www.houstontx.gov/execorders/1-7.pdf>
See Section 5.4 outlined below.

o The employer will contribute no less than 75% of the monthly premium toward the total premium cost covered employee per month.

o The employee contribution, if any amount, will be no greater than 25% of the monthly premium cost.

If a contractor meets the minimum POP health insurance requirements, they will be considered a "PLAY" vendor and are required to submit workforce audits in B2G on a quarterly basis.

The quarterly workforce audit documents are required to be submitted every calendar quarter in B2GNOW under the "Workforce Employee List" section.

PLAY Quarterly Submissions

In B2Gnow select the Manage Craft Reviews. Only your PLAY & EXEMPT employees will be displayed here. Only select each PLAY employee that worked during the 3 months in the quarter you are reporting. (do not check previously approved exempt employees or their approval will be removed)

Attach and upload your completed POP 7 form which lists all active

Comments & Questions





2100 TRAVIS STREET, 9TH FLOOR
HOUSTON, TEXAS 77002
832-394-6200 | www.houstontx.gov/housing

