

## PAST OR PRESENT PERFORMANCE SURVEY

Your Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip code: \_\_\_\_\_

### 1. GENERAL BUSINESS INFORMATION

Date Firm Organized/Established: \_\_\_\_\_

Company President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Dun & Bradstreet Number: \_\_\_\_\_

Is company a: Partnership ☐ Separate Entity ☐ Division ☐ N/A ☐

### 2. CONTRACTS/SUBCONTRACTS COMPLETED OR IN PROGRESS

*Complete and submit the information requested on pages 2-4 below on prime contracts or subcontracts completed or in progress. Government contracts are preferred; but, if you have not performed Government contracts, indicate any other contracts completed or in progress.*

**a. First Contract:**

Contracting Agency or Company:\_\_\_\_\_

Point of Contact:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

Contract Number:\_\_\_\_\_ Contract/Subcontract Amount:\$\_\_\_\_\_

Project Title and Location:\_\_\_\_\_

\_\_\_\_\_

General Scope of Project:\_\_\_\_\_

\_\_\_\_\_

Your Role (Prime[ ], Joint Venture[ ], or Subcontractor[ ]) and the work your firm performed:

\_\_\_\_\_

Describe any work you subcontracted to others:\_\_\_\_\_

\_\_\_\_\_

Total Amount of Subcontract(s):\$\_\_\_\_\_

Period of Performance:\_\_\_\_\_ days

Scheduled Completion Date:\_\_\_\_\_ Actual Completion Date:\_\_\_\_\_

Percentage of Work Completed:\_\_\_\_\_ % Were you terminated?:\_\_\_\_\_

Did you use a Quality Control Plan?:\_\_\_\_\_ Did you use a Safety Plan?:\_\_\_\_\_

Quality Control or Safety Problems encountered (if any):\_\_\_\_\_

\_\_\_\_\_

How was the problem resolved?:\_\_\_\_\_

\_\_\_\_\_

**b. Second Contract:**

Contracting Agency or Company:\_\_\_\_\_

Point of Contact:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

Contract Number:\_\_\_\_\_ Contract/Subcontract Amount:\$\_\_\_\_\_

Project Title and Location:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Scope of Project:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Role (Prime[ ], Joint Venture[ ], or Subcontractor[ ]) and the work your firm performed:

\_\_\_\_\_

\_\_\_\_\_

Describe any work you subcontracted to others:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount of Subcontract(s):\$\_\_\_\_\_

Period of Performance:\_\_\_\_\_ days

Scheduled Completion Date:\_\_\_\_\_ Actual Completion Date:\_\_\_\_\_

Percentage of Work Completed:\_\_\_\_\_ % Were you terminated?:\_\_\_\_\_

Did you use a Quality Control Plan?:\_\_\_\_\_ Did you use a Safety Plan?:\_\_\_\_\_

Quality Control or Safety Problems encountered (if any):\_\_\_\_\_

\_\_\_\_\_

How was the problem resolved?:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**c. Third Contract:**

Contracting Agency or Company:\_\_\_\_\_

Point of Contact:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

Contract Number:\_\_\_\_\_ Contract/Subcontract Amount:\$\_\_\_\_\_

Project Title and Location:\_\_\_\_\_

\_\_\_\_\_

General Scope of Project:\_\_\_\_\_

\_\_\_\_\_

Your Role (Prime[ ], Joint Venture[ ], or Subcontractor[ ]) and the work your firm performed:

\_\_\_\_\_

Describe any work you subcontracted to others:\_\_\_\_\_

\_\_\_\_\_

Total Amount of Subcontract(s):\$\_\_\_\_\_

Period of Performance:\_\_\_\_\_ days

Scheduled Completion Date:\_\_\_\_\_ Actual Completion Date:\_\_\_\_\_

Percentage of Work Completed:\_\_\_\_\_ % Were you terminated?:\_\_\_\_\_

Did you use a Quality Control Plan?:\_\_\_\_\_ Did you use a Safety Plan?:\_\_\_\_\_

Quality Control or Safety Problems encountered (if any):\_\_\_\_\_

\_\_\_\_\_

How was the problem resolved?:\_\_\_\_\_

\_\_\_\_\_