

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?: _____
