

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 page 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 were the problems 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 were the problems 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 were the problems resolved? _____

Certification of Past Performance Information:

Type or Print Information

Name of Survey Preparer _____ Phone: _____

E-Mail; _____

Title _____