PAST OR PRESENT PERFORMANCE SURVEY

Your Company Name: _____

Street Address: _____

City, State/Territory and ZIP Code: _____

1. GENERAL BUSINESS INFORMATION

Date Firm Organized/Established: _____

Company President: _____ Vice President: _____

WWW.SAM.GOV UEI Number:_____

Is company a small business? YES [ ] NO [ ] 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?_____

_____

4. Certification of Past Performance Information:

Type or Print Information

Name of Survey Preparer _____

Phone:_____ E-Mail;_____

Title_____

Signature_____

Date_____