



PALM BEACH COUNTY SBE SUBCONTRACTOR/SUBCONSULTANT PERFORMANCE REPORT

Contract/Project # \_\_\_\_\_ Dept: \_\_\_\_\_ Prime Contractor/Consultant Name: \_\_\_\_\_

Subcontractor/Subconsultant Name: \_\_\_\_\_ Vendor ID#: \_\_\_\_\_

PART I: SPECIFICS OF SUBCONTRACTOR /SUBCONSULTANT’S NON-PERFORMANCE:

Prime must describe in detail Subcontractor/subconsultant failure(s) to perform. Attach additional page(s) if necessary.

[Large empty box for Part I description]

[Signature box]

[Date box]

[Phone # box]

Authorized Signature / Title

Date

Phone #

PART II: SUBCONTRACTOR/SUBCONSULTANT’S CORRECTIVE ACTION PLAN ADDRESSING SPECIFICS OF NON-PERFORMANCE:

Subcontractor/subconsultant must provide a written response to the Prime within 2 Days of receipt. Attach additional page(s) if necessary.

[Large empty box for Part II description]

[Signature box]

[Date box]

[Phone # box]

Authorized Signature / Title

Date

Phone #

PART III: PRIME CONTRACTOR/CONSULTANT’S RESPONSE TO SUBCONTRACTOR/ SUBCONSULTANT’S CORRECTIVE ACTION PLAN:

(Prime Contractor/Consultant must submit this document and all supporting documentation for review or approval to OEBO within 5 Days after receipt of response from the above signed Subcontractor/subconsultant).

Office of Small Business Development (OSBD), Attention: ALLEN GRAY; 50 South Military Trail, Suite #202 West Palm Beach, FL 33415-3199, or email: agray@pbc.gov

- Yes, I am satisfied with the vendor’s corrective action plan.
No, I am not satisfied with the vendor’s corrective action plan. I am requesting a meeting with all parties for further discussion.
No, I am not satisfied with the vendor’s corrective action plan. I will fill out an OEBO Request for Substitution form.

[Signature box]

[Date box]

Authorized Signature

Date

1 A properly completed and executed Palm Beach County SBE Subcontractor/subconsultant Performance Report form must be submitted.