



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.

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.

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 Equal Business Opportunity (OEBO), 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. ¹

Authorized Signature

Date

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