



PALM BEACH COUNTY SUBCONTRACTOR/SUBCONSULTANT PERFORMANCE REPORT

Project No. _____ Project Name: _____

Subcontractor/consultant Name: _____ Vendor ID: _____

PART I: PRIME CONTRACTOR (SPECIFICS OF NON-PERFORMANCE):

Describe in detail sub-contractor /consultant's failure(s) to perform. Attach additional page(s) if necessary.

Department: _____ Authorized Signature: _____ Date: _____

PART II: SUB-CONTRACTOR'S/CONSULTANT'S CORRECTIVE ACTION PLAN ADDRESSING SPECIFICS OF NON-PERFORMANCE:

Sub-contractor's/consultant's Corrective Action Plan MUST be received in the Office Equal Business Opportunity on or before _____. Attach additional page(s) if necessary. **Failure to respond within 10 business days will result in an automatic approval of request for substitution.**

Send Response to: Office of Equal Business Opportunity (OEBO), Attention: _____,
50 South Military Trail, Suite 202 West Palm Beach, FL 33415-3199 or Email: _____.

Authorized Signature: _____ Type/Print Name: _____

Contact Telephone #: _____ Title: _____

PART III: PRIME CONTRACTOR RESPONSE TO SUBVENDOR'S CORRECTIVE ACTION PLAN:

Prime Contractor response MUST be received by OEBO on or before _____.

- Yes, I am satisfied with the sub-contractor /consultant's corrective action plan.
- No, I am **not** satisfied with the sub-contractor /consultant's corrective action plan. I am requesting that a meeting be scheduled with all parties to further discuss.
- No, I am **not** satisfied with the sub-contractor /consultant's corrective action plan. I am submitting a request of substitution/modification/removal of the sub-contractor /consultant's for failure to comply with terms, conditions or specifications of binding Letter of Intent.

Authorized Signature / Title Date

Notice: This sub-contractor /consultant's Performance Report is for reporting purposes only. Prime Contractor will submit to the Department in charge of the project/contract.

OEBO to Forward Final Report to: Allen Gray, Manager (Vendor File _____)