



PALM BEACH COUNTY S/M/WBE 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.

Four horizontal lines for writing the response to Part I.

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.

Four horizontal lines for writing the response to Part II.

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@pbcgov.org

- [] 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 S/M/WBE Subcontractor/subconsultant Performance Report form must be submitted.