PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR TECHNICAL

SERIAL NO. *(For surveying activity use)*

OMB No.: **9000-0011**
Expires: 06/30/2013

PROSPECTIVE CONTRACTOR

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0011), Washington, DC, 20503.

1. RECOMMENDED

☐ a. COMPLETE AWARD ☐ b. PARTIAL AWARD (Quantity: _____) ☐ c. NO AWARD

2. NARRATIVE *(Include the following information concerning key personnel who will be involved with the prospective contract: (1) Names, qualifications/experience and length of affiliation with prospective contractor; (2) Evaluate technical capabilities with respect to the requirements of the proposal contract or item classifications); (3) Description of any technical capabilities which the prospective contractor lacks. Comment on the prospective contractor's efforts to obtain the needed technical capabilities.)*

IF CONTINUATION SHEETS ATTACHED - MARK HERE ☐

3. FIRM HAS AND/OR UNDERSTANDS *(Give explanation for any items marked "NO" in 2. Narrative)*

a. SPECIFICATIONS	☐ YES	☐ NO	b. EXHIBITS	☐ YES	☐ NO
c. DRAWINGS	☐ YES	☐ NO	d. TECHNICAL DATA REQUIREMENTS	☐ YES	☐ NO

4. SURVEY MADE BY	a. SIGNATURE AND OFFICE *(Include typed or printed name)*	b. TELEPHONE NUMBER *(Include area code)*	c. DATE SIGNED
5. SURVEY REVIEWING OFFICIAL	a. SIGNATURE AND OFFICE *(Include typed or printed name)*	b. TELEPHONE NUMBER *(Include area code)*	c. DATE REVIEWED