

PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR
(GENERAL)

1. SERIAL NO. (For surveying activity use)

OMB Control Number: 9000-0011
Expiration Date: 1/31/2017

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 Regulatory Secretariat (MVCB), Office of Acquisition Policy, GSA, 1800 F Street, NW, Washington, DC 20405.

SECTION I - REQUEST (For Completion by Contracting Office)

2. NAME AND ADDRESS OF SURVEYING ACTIVITY		3. SOLICITATION NO.	4. TOTAL OFFERED PRICE \$
6A. NAME AND ADDRESS OF SECONDARY SURVEY ACTIVITY (For surveying activity use)		7A. NAME AND ADDRESS OF PROSPECTIVE CONTRACTOR	
8. WILL CONTRACTING OFFICE PARTICIPATE IN SURVEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. TYPE OF CONTRACT	
9. DATE OF REQUEST	10. DATE REPORT REQUIRED	7B. FIRM'S CONTACT	
11. PROSPECTIVE CONTRACTOR REPRESENT THAT IT <input type="checkbox"/> IS, <input type="checkbox"/> IS NOT A SMALL BUSINESS CONCERN.		7C. TELEPHONE NO. (with area code)	
12. WALSH-HEALY CONTRACT ACT (Check applicable box(es))		13. NAME AND ADDRESS OF PARENT COMPANY (If applicable)	
A. IS NOT APPLICABLE B. IS APPLICABLE AND PROSPECTIVE CONTRACTOR REPRESENTS HIS CLASSIFICATION AS: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> REGULAR DEALER <input type="checkbox"/> OTHER (Specify)		14A. PLANT AND LOCATION (If different from Item 7, above)	
15A. NAME OF REQUESTING ACTIVITY CONTRACTING OFFICER		14B. POINT OF CONTACT	14C. TELEPHONE NO. (with area code)
15B. SIGNATURE		16A. NAME OF CONTACT POINT AT REQUESTING ACTIVITY (If different from Item 15A)	
15C. TELEPHONE NO. (Include AUTOVAN, WATS or FTS, if available)		16B. TELEPHONE NO. (Include AUTOVON, WATS, or FTS, if available)	
17. RETURN PREAWARD SURVEY TO THIS ADDRESS: ATTN:			

SECTION II - DATA (For Completion by Contracting Office)

18A. ITEM NO.	18B. NATIONAL STOCK NUMBER (NEW) AND NOMENCLATURE	18C. TOTAL QUANTITY	18D. UNIT PRICE	18E. DELIVERY SCHEDULE					
				(a)	(b)	(c)	(d)	(e)	
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						

SECTION III - FACTORS TO BE INVESTIGATED

19. MAJOR FACTORS	CHK. (a)	SAT. (b)	UN-SAT. (c)	20. OTHER FACTORS <i>(Provide specific requirements in Remarks)</i>	CHK. (a)	SAT. (b)	UN-SAT. (c)
A. TECHNICAL CAPABILITY				A. GOVERNMENT PROPERTY CONTROL			
B. PRODUCTION CAPABILITY				B. TRANSPORTATION			
C. QUALITY ASSURANCE CAPABILITY				C. PACKAGING			
D. FINANCIAL CAPABILITY				D. SECURITY			
E. ACCOUNTING SYSTEM				E. SAFETY			
21. IS THIS A SHORT FORM PREAWARD REPORT? <i>(For completion by surveying activity)</i>				F. ENVIRONMENTAL/ENERGY CONSIDERATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO				G. FLIGHT OPERATIONS/FLIGHT SAFETY			
22. IS A FINANCIAL ASSISTANCE PAYMENT PROVISION IN THE SOLICITATION? <i>(For completion by contracting activity)</i>				H. OTHER (Specify)			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
23. REMARKS <i>(For Contracting Activity Use)</i>							

SECTION IV - SURVEYING ACTIVITY RECOMMENDATIONS

24. RECOMMEND <input type="checkbox"/> A. COMPLETE AWARD <input type="checkbox"/> B. PARTIAL AWARD (Quantity _____) <input type="checkbox"/> C. NO AWARD	25A. NAME AND TITLE OF SURVEY APPROVING OFFICIAL	25B. TELEPHONE NO.
	25C. SIGNATURE	25D. DATE