1. PROJECT NUMBER

Paperwork Reduction Act Public Burden Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0595. Public reporting for this collection of information is estimated to be approximately 25 minutes 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: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

PERFORMANCE EVALUATION

			2. CONTRACT NUMBER									
IMPORTANT: Be sure to complete Performance section on reverse. If additional space is necessary for any item, use Remarks section on reverse.												
	3. TYPE OF REP	ORT (CHEC	(ONE)	4.	REPORT N	UMBER		5. DATE OF REPORT				
Interim	Completion of Design or Study	Comple Constru	etion of uction									
	6. NAME AND ADDR	ESS OF CON	ITRACTOR	7. PROJECT DESCRIPTION AND LOCATION								
8. OFFICE RESPONSIBLE FOR:												
A. Selection of	Contractor	B. Negotiation/Award of Contract					C. Adm	inistration	of Contract			
				9.	CONTRAC	Τ DΑΤΑ						
A. Type of Wo	rk				B. Type of Contract							
C. Project Con	nplexity					D. Professional Services Contract						
	· <u> </u>	Initial Fee)	No.	Amendme			y Contract		Total Fee		
Simple		\$		INO.	Amount \$		\$			\$		
E. Date Contra	act Awarded							6. Actual Completion Date of Contract				
			10. KEY CONSULTANT DATA						C Specialty			
A. Names				B. Address C					C. Specialty			

11. CONSTRUCTION COSTS	A. Initial Estimate \$	B. Award \$	C. Actual \$							
12. CONSTRUCTION CHA	NGES AND DEFICIENCIES	Number	Total							
A. Construction Changes			\$							
B. Construction changes resulting from	n deficiencies in A-E performan	ce	\$							
C. Deficiencies paid for by A-E			\$							
D. Deficiencies paid for by Government	nt		\$							
13. OVERALL RATING		14. RECOMMENDED FOR FUTU	14. RECOMMENDED FOR FUTURE CONTRACTS?							
Excellent Average	Poor	☐ Yes ☐ No (If "no," exp	Yes No (If "no," explain in REMARKS on reverse)							
15. RATIN	G OFFICIAL	16. R	16. REVIEWING OFFICIAL							
A. Name and Title of Rating Official		A. Name and Title of Review	A. Name and Title of Reviewing Official							
B. Signature	C. Date	B. Signature	C. Date							

							PERF	ORM	ANCE							
STAGES OF SERVICES (As Applicable)						RATING FACTORS/RATINGS								RATED BY		
					Not applicabl∈	Accuracy	Completeness	Cooperation	Coordination	Management	Meeting Schedule	Personnel Ability	Work Quality	Code Legend	+ P N/A NI	Excellent Average Poor Not Applicable No Information
				-								Sigi	NATURE	AND DATE		
CONCEPTS	SCHEDULE (mo/da/yr)	From	То	Arch.		-										
				Stru.		-										
	SCHEDULE (mo/da/yr)	From	То	Arch.		-										
				Stru.												
Tentatives	SCHEDULE (mo/da/yr)	From	То	Arch.												
				Stru.		-										
	SCHEDULE (mo/da/yr)	From	То	Arch.												
				Stru.												
	SCHEDULE (mo/da/yr)	From	То	Arch.		-										
WORKING				Stru.												
DRAWINGS	SCHEDULE (mo/da/yr)	From	То	Arch.												
				Stru.												
ESTIMATE	ESTIMATES A/S		A/S													
M/E																
CRITICAL PATH METHOD Pre- Award Post- Award			Pre- Award													
POST CONSTRUCTION CONTRACT SERVICES Manu- als			Shop Dwgs.													
INSPECTION Field Office																
			Office													
SOLICITATION DOCUMENTS																