

**PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR  
(GENERAL)**

1. SERIAL NUMBER *(For surveying activity use)*

**OMB Control Number: 9000-0011  
Expiration Date: 6/30/2020**

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0011. We estimate that it will take 24 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

**SECTION I - REQUEST *(For Completion by Contracting Office)***

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

ATTENTION:

**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		\$					

**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 NUMBER
	25C. SIGNATURE	25D. DATE