

PERFORMANCE EVALUATION (CONSTRUCTION)		1. CONTRACT NUMBER GS11P09ZGC0388	
INCOMPLETE-REVIEWED		2. CEC NUMBER 155410751	
IMPORTANT: Be sure to complete Part III - Evaluation of Performance Elements on reverse.			
PART I - GENERAL CONTRACT DATA			
3. TYPE OF EVALUATION (<i>X one</i>)		4. TERMINATED FOR DEFAULT	
<input type="checkbox"/> INTERIM (<i>List percentage</i> <u>100</u> %)		<input checked="" type="checkbox"/> FINAL	
<input type="checkbox"/> AMENDED		<input type="checkbox"/>	
5. CONTRACTOR (<i>Name, Address, and ZIP Code</i>) SAN BUSINESS CONSULTANTS LLP 11414 RAMSBURG CT GAITHERSBURG MD 20878 US NAICS Code: 236220		6.a. PROCUREMENT METHOD (<i>X one</i>) <input type="checkbox"/> SEALED BID <input checked="" type="checkbox"/> NEGOTIATED	
		b. TYPE OF CONTRACT (<i>X one</i>) <input checked="" type="checkbox"/> FIRM FIXED PRICE <input type="checkbox"/> COST REIMBURSEMENT	
		<input type="checkbox"/> OTHER (<i>Specify</i>)	
7. DESCRIPTION AND LOCATION OF WORK IRS AUDITORIUM RENOVATIONS			
8. TYPE AND PERCENT OF SUBCONTRACTING			
9. FISCAL DATA	a. AMOUNT OF BASIC CONTRACT \$1,529,042	b. TOTAL AMOUNT OF MODIFICATIONS \$562,888	c. LIQUIDATED DAMAGES ASSESSED
			d. NET AMOUNT PAID CONTRACTOR \$2,091,930
10. SIGNIFICANT DATES	a. DATE OF AWARD 10/22/2009	b. ORIGINAL CONTRACT COMPLETION DATE 03/15/2010	c. REVISED CONTRACT COMPLETION DATE 08/15/2010
			d. DATE WORK ACCEPTED 03/15/2010
PART II - PERFORMANCE EVALUATION OF CONTRACTOR			
11. OVERALL RATING (<i>X appropriate block</i>)			
<input checked="" type="checkbox"/> OUTSTANDING	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY (<i>Explain in Item 20 on reverse</i>)
12. EVALUATED BY			
a. ORGANIZATION (<i>Name and Address (Include ZIP Code)</i>) GSA, TRIANGLE SERVICE CENTER		b. TELEPHONE NUMBER (<i>Include Area Code</i>) 202-755-1032	
c. NAME AND TITLE JEROME LOFTON CONTRACTING OFFICER		d. SIGNATURE //Electronically Signed//	e. DATE 12/05/2013
13. EVALUATION REVIEWED BY			
a. ORGANIZATION (<i>Name and Address (Include ZIP Code)</i>)		b. TELEPHONE NUMBER (<i>Include Area Code</i>)	
c. NAME AND TITLE		d. SIGNATURE	e. DATE
14. AGENCY USE (<i>Distribution, etc.</i>)			

