

<b>PRE-AWARD SURVEY OF PROSPECTIVE CONTRACTOR (TECHNICAL)</b>	SERIAL NUMBER <i>(For surveying activity use)</i>	<b>OMB Control Number: 9000-0011 Expiration Date: 10/31/2026</b>
	PROSPECTIVE CONTRACTOR	

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.

**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)*

<b>a. SPECIFICATIONS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>b. EXHIBITS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>c. DRAWINGS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>d. TECHNICAL DATA REQUIREMENTS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

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