**FORM E-1**

**PAST PERFORMANCE**

For Proposer and each Team Member, complete a copy of Form E-1 (all tables). Open document and select VIEW then Edit Document.  The form will allow the text box to expand to another line to fit the information required.

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| **Form E-1 Table 1 Project Experience** |
| **NAME OF PROPOSER**  |       |
| **NAME OF PROPOSER TEAM**  |       |
| **Project Description/location** | **Capital Value** | **Size, Scope and Complexity** | **Facility Purpose** | **Contact Name/Phone/Email** |
|       |       |       |       |       |
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| **Form E-1 Table 1 LITIGATION, CLAIMS, DISPUTE PROCEEDINGS and ARBITRATION**  |
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| **NAME OF PROPOSER**  |       |
| **NAME OF FIRM**  |       |
| **Project name** | **Owner / agency / entity****that initiated the action** | **Brief statement****of the issue** | **Resolution / outcome / or outstanding** | **Contact Name/Phone/Email** |
|       |       |       |       |       |
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| **Form E-1 Table 2 LIQUIDATED DAMAGES** |
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| **NAME OF PROPOSER**  |       |
| **NAME OF FIRM**  |       |
| **Project name** | **Causes of delay(s)** | **Amount assessed****(US $)** | **Summary of outstanding damage claims by any owner** | **Contact Name/Phone/Email** |
|       |       |       |       |       |
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| **Form E-1 Table 3 TERMINATION FOR CAUSE** |
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| **NAME OF PROPOSER**  |       |
| **NAME OF FIRM**  |       |
| **Project name** | **Description of reason****for termination** | **Amount involved****(US $)** | **Contact Name/Phone/Email** |
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| **Form E-1 Table 4 DISCIPLINARY ACTION** |
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| **NAME OF PROPOSER**  |       |
| **NAME OF FIRM**  |       |
| **Project name** | **Description of action taken**  | **Contact Name/Phone/Email** |
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| **Form PP Table 6 NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE**  |
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| **NAME OF PROPOSER**  |       |
| **NAME OF FIRM**  |       |
| **Status of firm’s submission of vendor responsibility questionnaire**  | **Confirm** **Yes or No**  | **State whether submitted to Department, Authority, or other** |
| A New York State vendor responsibility questionnaire has recently been submitted to either the Department or Authority, prior to the SOQ Due Date |       |       |
| A current New York State vendor responsibility questionnaire is already on file with the Department or the Authority or another agency  |       |       |