**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 | |  |  |