

ATTACHMENT 3

PRESENT/PAST PERFORMANCE QUESTIONNAIRE

SECTION A: CONTRACTOR INFORMATION

A. Contractor's Name and Address: Avino Construction, Inc.
339 Larkfield Road, East Northport, NY 11731

B. Point of Contact: Michael C. Avino, President

C. Phone #: (631) 757-2271

D. Contract Number: HP-RW01 Contract Type: _____

E. Project Title:

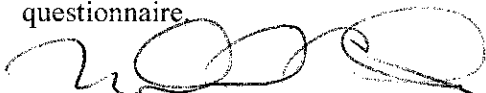
Roadway Modification, Asphalt Paving, Harbour Point @ Northport

F. Period of Performance: 08/27/04 – 11/23/04

G. Brief Description/Scope of Services provided:

Patch existing roadway and overlay 27,000 sy asphalt roadway and parking area. Repair drainage deficiencies, install utility conduits under road for future use

H. Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire



01/17/05

Signature of Authorized Contractor Representative

Date

Michael C. Avino, President

Printed Name and Title of Authorized Contractor Representative

RESPONDENT INFORMATION:

A. Name: Rick Gill

B. Position: Owners Representative

C. Telephone Number: (631) 754-1251 Email Address: RJGill@earthlink.net

D. Address: 12 Harbor Point Road
Northport, NY 11768

E. Relationship and Time Involved with Contractor: Owner's Rep; 2 months

F. Date Questionnaire Completed: 01/17/05

E	VG	S	N	M	U
Excellent	Very Good	Satisfactory	Neutral	Marginal	Unsatisfactory

CONTRACT PERFORMANCE							
1.	Working relationship with your Company	<input checked="" type="radio"/> E	VG	S	N	M	U
2.	Did the contractor provide experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
3.	Exhibited knowledge of and compliance with government (or other) regulations and industry standards	<input checked="" type="radio"/> E	VG	S	N	M	U
4.	Did the contractor provide and properly maintain operational equipment throughout the term of the contract? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
5.	Did the contractor demonstrate the ability to hire, maintain, and replace, if necessary qualified personnel during the contract? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
6.	Does the contractor provide timely and accurate records?	<input checked="" type="radio"/> Yes		No		N/A	
7.	How well did the contractor comply with Environmental, Safety, health and security requirements	<input checked="" type="radio"/> E	VG	S	N	M	U
8.	Would you award similar contracts to this contractor (If no, Please explain in remarks)	<input checked="" type="radio"/> Yes		No		N/A	
9.	Contractor's Overall Performance	E	<input checked="" type="radio"/> VG	S	N	M	U
QUALITY OF SERVICE/CONTROL							
1.	Contractor's accomplishment in meeting the quality standards	E	<input checked="" type="radio"/> VG	S	N	M	U
2.	Did the contractor provide an effective quality control plan or inspection procedures to meet contract requirements? If no, please explain.	<input checked="" type="radio"/> Yes		No		N/A	
3.	Overall Quality of Service/Control	E	<input checked="" type="radio"/> VG	S	N	M	U
TIMELINESS OF PERFORMANCE							
1.	Was the job/contract started and completed on time?. If not, explain	<input checked="" type="radio"/> Yes		No		N/A	
2.	Did the contractor have a system or method to track progress on all work in progress?	<input checked="" type="radio"/> Yes		No		N/A	

REMARKS: If additional remarks are necessary, please attach an additional sheet.
