**RESPONDENT’S NAME:**

**Instructions:** Complete Exhibit 2, LIST OF PUBLIC ENTITY CONTRACTS for each contract awarded to your agency by a public entity within the last 5 years (active and/or expired), as referenced in Exhibit 4 RESPONSE TO REQUESTED INFORMATION, Section 3.1.3.

|  |  |
| --- | --- |
| **Please indicate if your Agency has a Public Entity Contract(s). If yes, complete the information below for each Contract awarded. Use additional pages as necessary.** |  [ ]  YES  [ ]  NO |

|  |
| --- |
| 1. Name of Public Entity:      |
| Address of Public Entity:      |
| Contract Title:      | Contract Number:      |
| Type of Service (Provide Description of Service):       |
| Contract Amount:      | Contract Term:From:       To:       |
| Contact Person:      | Contact’s Title:      |
| Telephone No.:      | E-mail Address:      |

|  |
| --- |
| 1. Does your agency have any non-compliance issues under this contract?

Yes [ ]  No [ ]  |
| 1. Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes [ ]  No [ ]

If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes [ ]  No [ ]  |
| 1. Has your agency experienced financial issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced legal issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced a debarment that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Exhibit 2-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes [ ]  No [ ]
 |

**RESPONDENT’S NAME:**

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| --- |
| 2. Name of Public Entity:      |
| Address of Public Entity:      |
| Contract Title:      | Contract Number:      |
| Type of Service (Provide Description of Service):       |
| Contract Amount:      | Contract Term:From:       To:       |
| Contact Person:      | Contact’s Title:      |
| Telephone No.:      | E-mail Address:      |

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| --- |
| 1. Does your agency have any non-compliance issues under this contract?

Yes [ ]  No [ ]  |
| 1. Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes [ ]  No [ ]

If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes [ ]  No [ ]  |
| 1. Has your agency experienced financial issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced legal issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced a debarment that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Exhibit 2-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes [ ]  No [ ]
 |

**RESPONDENT’S NAME:**

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| --- |
| 3. Name of Public Entity:      |
| Address of Public Entity:      |
| Contract Title:      | Contract Number:      |
| Type of Service (Provide Description of Service):       |
| Contract Amount:      | Contract Term:From:       To:       |
| Contact Person:      | Contact’s Title:      |
| Telephone No.:      | E-mail Address:      |

|  |
| --- |
| 1. Does your agency have any non-compliance issues under this contract?

Yes [ ]  No [ ]  |
| 1. Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes [ ]  No [ ]

If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes [ ]  No [ ]  |
| 1. Has your agency experienced financial issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced legal issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced a debarment that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Exhibit 2-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes [ ]  No [ ]
 |

**RESPONDENT’S NAME:**

|  |
| --- |
| 4. Name of Public Entity:      |
| Address of Public Entity:      |
| Contract Title:      | Contract Number:      |
| Type of Service (Provide Description of Service):       |
| Contract Amount:      | Contract Term:From:       To:       |
| Contact Person:      | Contact’s Title:      |
| Telephone No.:      | E-mail Address:      |

|  |
| --- |
| 1. Does your agency have any non-compliance issues under this contract?

Yes [ ]  No [ ]  |
| 1. Has your agency been subject to any investigation related to financial mismanagement/impropriety conducted by a public agency? Yes [ ]  No [ ]

If yes, were findings of financial mismanagement or impropriety determined by the reviewing agency? Yes [ ]  No [ ]  |
| 1. Has your agency experienced financial issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
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| 1. Has your agency experienced administrative issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced legal issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced programmatic issues that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency experienced a debarment that affected your ability to comply with this contract? Yes [ ]  No [ ]
 |
| 1. Has your agency been imposed with any contractual remedies for non-compliance under this contract? Yes [ ]  No [ ]
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| 1. Has your agency been terminated for default or terminated for convenience under this contract? If yes, please complete Exhibit 2-A to this document explaining why your agency was terminated for default or terminated for convenience. Yes [ ]  No [ ]
 |

**RESPONDENT’S NAME:**

|  |  |
| --- | --- |
| Name of Public Entity:       | Contract number:       |
| Explain why your Agency was terminated for default or terminated for convenience.      |