

**PAST PERFORMANCE QUESTIONNAIRE****CONTRACT INFORMATION** (*Offeror to complete Blocks 1-4*)**1. CONTRACTOR/OFFEROR INFORMATION**

Past Performance Reference No.: _____

Offeror Name: _____

Address: _____

Phone Number: _____ DUNS Number: _____

Contact Name: _____

Email Address: _____ Contact Phone Number: _____

2. GENERAL WORK INFORMATIONWork performed as: ☐ Offering Entity ☐ Key Personnel

Percent (%) of project work performed by Offering Entity or Key Personnel: _____

List of Major Subcontractor(s) and Role(s): _____

3. CONTRACT INFORMATION

Contract Number: _____

Contractor Name Reference Contract Awarded To: _____

Contractor DUNS Awarded: _____

Agency/Customer: _____

Contract Type: ☐ Firm Fixed Price ☐ Other (Please explain)

Contract Title: _____

Contract Location: _____

Award Date (mm/dd/yy): _____

Completion Date (mm/dd/yy): _____

Awardee Ongoing Services: _____

Original Contract Price (Award Amount): _____

Final Contract Price (*to include all modifications, if applicable*): _____**REFERENCE INFORMATION**

Past Performance Questionnaire Reference

Name & Title:	
Phone No.:	
Email:	
Address:	

Contracting Officer (CO) or Individual Responsible for Signing Contract

Name & Title:	
Phone No.:	
Email:	
Address:	

Resident Engineer/COR's Technical Representative or Construction Supervisor

Name & Title:	
Phone No.:	
Email:	
Address:	

**PAST PERFORMANCE QUESTIONNAIRE (CONTINUED)****4. PROJECT DESCRIPTION**Type of Work (check all that apply): ☐ VA ☐ Federal ☐ Medical ☐ Office ☐ Other: _____Reference Project Key Personnel Assigned as Key to RLP/Lease Project: ☐ Yes ☐ No

If yes, please provide key personnel names and roles below:

KEY PERSONNEL NAMES AND ROLES**DETAILED DESCRIPTION OF THE WORK PERFORMED**



INSTRUCTIONS FOR REFERENCES COMPLETING THIS QUESTIONNAIRE: VA requests that the reference completes this questionnaire and submits it directly back to VA's Contract Officer/Specialist, at **Lisa.Newlin@va.gov** no later than _____ **PM Local Time on** _____, with a subject line that reads _____, [Name of Offeror], Completed Past Performance Questionnaire". The Government reserves the right to verify all information on this form.

<i>Use the following adjective ratings and definitions in your evaluation of the Contractor's performance.</i>		
RATING	DEFINITION	NOTE
(E) Exceptional	Performance meets contractual requirements and exceeds many to the Government benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
(VG) Very Good	Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.	A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government. There should have been no significant weaknesses identified.
(S) Satisfactory	Performance meets minimum contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per VA policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
(M) Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government.
(U) Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.	An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating.
(N) Not Applicable	No information or did not apply to your contract	Rating will be neither positive nor negative.

**TO BE COMPLETED BY PPQ REFERENCE****PAST PERFORMANCE QUESTIONNAIRE - REFERENCE INFORMATION****PPQ Reference Point of Contact Information** _____

Name: _____

Title: _____

Agency/Company: _____

Phone Number: _____

Email Address: _____

Contract No.: _____

Contract Type: _____

Contract Title: _____ Contract Location: _____

Describe your role in the project:**Does the narrative in No. 4, above, accurately describe the scope, complexity, and relevance?****Date Questionnaire was completed** (mm/dd/yy): _____**PPQ Reference's Signature:** _____**Instructions:** Please select the adjective rating that best reflects your evaluation of the contractor's performance.**1. QUALITY:****E VG S M U N**

(a) Quality of building design, construction, workmanship, quality of materials used, interior spaces, and overall appearance.

☐ ☐ ☐ ☐ ☐ ☐

(b) Ability to meet quality standards specified for technical performance.

☐ ☐ ☐ ☐ ☐ ☐

(c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance.

☐ ☐ ☐ ☐ ☐ ☐

(d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance).

☐ ☐ ☐ ☐ ☐ ☐**2. SCHEDULE/TIMELINESS OF PERFORMANCE:****E VG S M U N**(a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. *(If the schedule was not met, please address below.)*☐ ☐ ☐ ☐ ☐ ☐

(b) Rate the contractor's use of available resources to accomplish tasks identified in the contract.

☐ ☐ ☐ ☐ ☐ ☐

(c) Rate your satisfaction with the contractor's ability to respond to questions and/or comments in a timely manner.

☐ ☐ ☐ ☐ ☐ ☐**3. CUSTOMER SATISFACTION:****E VG S M U N**

(a) To what extent were the end users satisfied with the project?

☐ ☐ ☐ ☐ ☐ ☐

(b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication).

☐ ☐ ☐ ☐ ☐ ☐

(c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?

☐ ☐ ☐ ☐ ☐ ☐

(d) Overall customer satisfaction.

☐ ☐ ☐ ☐ ☐ ☐



4. MANAGEMENT/ PERSONNEL/LABOR	E	VG	S	M	U	N
(a) Effectiveness of management, including management of subcontractors and/or labor force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Ability to hire, apply, and retain a qualified workforce to this effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Government Information Property Control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Knowledge/expertise demonstrated by contractor key personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Government contract requiring a subcontracting plan (Complete if the contractor was required to submit and adhere to a small business subcontracting plan. Were small business goals met?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Ability to simultaneously manage multiple projects with multiple disciplines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Effectiveness of overall management (including ability to effectively lead, manage and control the project).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. COST/FINANCIAL MANAGEMENT	E	VG	S	M	U	N
(a) Ability to meet the terms and conditions within the contractually agreed price(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the PM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is the Contractor's accounting system adequate for management and tracking of costs? <i>(If no, please explain in comment section below.)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
(d) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? <i>(Indicate if show cause or cure notices were issued, or any default action in comment section below.)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
(e) Have there been any indications that the contractor has had any financial problems? <i>(If yes, please explain in the comment section below.)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
6. SAFETY/SECURITY	E	VG	S	M	U	N
(a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users' rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Contractor complied with all general and IT security requirements for the project and personnel security requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. GENERAL	E	VG	S	M	U	N
(a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Compliance with contractual terms/provisions <i>(If there were specific issues, please explain in the comments sections below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) In summary, provide an overall rating for the work performed by this contractor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. SUMMARY**

Would you hire or work with this firm again? *(If no, please explain in the comments section below.)*

☐ Yes ☐ No

COMMENTS SECTION

Please provide responses to the above questions (if applicable) and/or additional remarks. Also, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (please attach additional pages if necessary):