

ATTACHMENT 5 - PAST PERFORMANCE QUESTIONNAIRE

Please complete and submit this reference with your proposal package

Section 1 – To be completed by the Contractor

Contractor's Name: _____

Address: _____

Telephone Number: _____

Point of Contact (POC): _____

Role of the POC: _____

Project Title or Brief Description
of the Work: _____

Dates of Performance: _____

Section 2 – To be completed by the Reference

Please complete the following questionnaire on behalf of the contractor listed in Section 1. Only the project listed in Section 1 shall be considered for this evaluation. For each question below, select the rating that best describes the Contractor's performance. Please provide a narrative explanation where appropriate; any narrative comments are greatly appreciated. If the contractor has completed other work for your agency/organization in the last three (3) years, you may note that as additional comments.

Your responses will be reviewed solely for the purposes of a past performance evaluation and no one other than the Government selection committee will see your response.

Name of Respondent: _____

Title/Company Name: _____

Role of Respondent on the
Project being Referenced: _____

Telephone: _____

Email: _____

If you have additional comments to provide, please add them at the end of the attached questionnaire. Thank you, in advance, for your time and providing GSA with this valuable feedback.

QUALITY

1. Overall, how well did the quality of the work conform to the contract requirements?

Excellent - 5 4 3 2 1 - Poor

BUDGET

2. Overall, how was the contractor's performance with regards to budget?

Excellent - 5 4 3 2 1 - Poor

3. Was the project completed within the original contract budget? Yes No

If not, please provide the reason for actual cost differences. (e.g. owner driven changes, differing site conditions, errors and omissions, etc...)

4. Was change order work pricing determined fair and responsible? Yes No If not, what were the reasons for changes to the schedule?

SCHEDULE

5. Overall, how was the contractor's performance with regards to schedule?

Excellent - 5 4 3 2 1 - Poor

6. Did the contractor complete the project within the original contract schedule? Yes No If not, what were the reasons for changes to the schedule?

MANAGEMENT & STAFFING

7. Did the Contractor staff the job adequately? (PM, Superintendent, etc.) Yes No
 8. Were key personnel adequately qualified for their positions? Yes No

9. How well did the prime contractor manage his subcontractors? (e.g. Coordinating trades, updating subs on changes to the SOW, prompt payment, performance issues, etc...)

Excellent - 5 4 3 2 1 - Poor

10. How effective was the Contractor at communicating with key project stakeholders?

Excellent - 5 4 3 2 1 - Poor

11. How well did the Contractor demonstrate sensitivity to client/tenant concerns? (e. g. Coordination issues, site cleanliness, noise, etc...)

Excellent - 5 4 3 2 1 - Poor

ADMINISTRATION

12. How responsive and responsible was the contractor in administrative areas? (e.g. Documenting progress, responding to RFI's, processing payments, tracking changes, etc.)

Excellent - 5 4 3 2 1 - Poor

OVERALL

13. How would you rate this Contractor's overall performance?

Excellent - 5 4 3 2 1 - Poor

PBS PAST PERFORMANCE QUESTIONNAIRE

CONTRACT INFORMATION *(Contractor to complete Blocks 1-4)*

1. CONTRACTOR INFORMATION

Firm Name:

Address:

Phone Number:

UEI Number:

Contact Name:

Email Address:

Contact Phone Number:

2. GENERAL WORK INFORMATION

Work performed as: Prime Contractor Sub Contractor Joint Venture Other (Please explain):

Percent (%) of project work performed:

If a subcontractor, who was the prime (Name/Phone #):

3. CONTRACT INFORMATION

Contract Number:

Delivery/Task Order Number (if applicable):

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please explain)

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Original Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Schedule Change:

Original Contract Price (Award Amount):

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

Explain Differences:

4. PROJECT DESCRIPTION

Complexity of Work: High Med Routine

How is this project relevant to project of submission? *(Please provide details such as similar equipment, requirements, conditions, etc.)*

NOTE: PBS requests that the client complete this Questionnaire and submit it directly back to the offeror. The offeror will submit this completed Questionnaire to PBS with their proposal, and may duplicate this Questionnaire for future submission on PBS solicitations. Clients are highly encouraged to submit Questionnaires directly to the offeror. However, Questionnaires may be submitted directly to PBS. Please contact the offeror for PBS POC information. The Government reserves the right to verify any and 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/Owner's 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/Owner. 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/Owner'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/Owner. 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 DOD 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/Owner.
(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/Owner. 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.

(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 program).	<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 client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) If this is/was a Government cost type contract, or a CMc/CMc at Risk Contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) 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		
(e) 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		
(f) 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 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. SUSTAINABILITY						
Were sustainability methods, processes, or materials incorporated into the project? <i>(If yes, please explain in the comments section below.)</i>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
8. 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) Would you hire or work with this firm again? <i>(If no, please explain in the comments section below.)</i>		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
(d) 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"/>

COMMENTS SECTION

Please provide additional information below, and attach additional pages if necessary.

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*):