



ORP PAST PERFORMANCE QUESTIONNAIRE

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

1. CONTRACTOR/OFFEROR INFORMATION

Past Performance Reference No. (1-5):

Offeror Name:

Address:

Phone Number:

UEI Number:

Contact Name:

Email Address:

Contact Phone Number:

2. GENERAL WORK INFORMATION

Work performed as: ☐ Offering Entity ☐ Predecessor Companies ☐ Key Personnel

Percent (%) of project work performed by Offering Entity, Predecessor Companies or Key Personnel:

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

3. CONTRACT INFORMATION

Contract Number:

Contractor Name Reference Contract Awarded To:

Contractor UEI Awarded:

Agency/Customer:

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):

Construction 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/CO's Technical Representative or Construction Supervisor

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



ORP 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 Solicitation Project: ☐ Yes ☐ No

If yes, please provide key personnel names and roles:

DETAILED DESCRIPTION OF THE WORK PERFORMED

EXPLANATION OF RELEVANCY TO SOLICITATION REQUIREMENTS



INSTRUCTIONS FOR REFERENCES COMPLETING THIS QUESTIONNAIRE: VA requests that the reference completes this questionnaire and submits it directly back to VA's Broker Chartwell Enterprises - Thomas Leahy at toml@chartwellenterprises.com no later than **4:00 PM EDT on May 9, 2023** with a subject line that reads "RLP No. **36C10F23R0042**", [Name of Offeror], Completed Past Performance Questionnaire". The government reserves the right to verify all information on this form. To select: click box and fill shape in black.

| <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

| PPQ REFERENCE | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Ability to meet quality standards specified for technical performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. SCHEDULE/TIMELINESS OF PERFORMANCE: | E | VG | S | M | U | N |
| (a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If the schedule was not met, please address below.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Rate the contractor's use of available resources to accomplish tasks identified in the contract. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Rate your satisfaction with the contractor's ability to respond to questions and/or comments in a timely manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. CUSTOMER SATISFACTION: | E | VG | S | M | U | N |
| (a) To what extent were the end users satisfied with the project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Overall customer satisfaction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| 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):