



## Department of Veterans Affairs

Network 23 Contracting Office (NCO 23)

5435 NW 100<sup>th</sup> Street

Johnston, IA 50131

### CONTRACTOR PERFORMANCE REPORT

#### **INSTRUCTIONS TO CONTRACTOR**

Complete the CONTRACTOR INFORMATION section, below (type answers into light blue shaded boxes). Save the document. Send an electronic or hard copy print of the form to each of your reference contacts, asking them to please complete the form and submit it according to the instructions, below.

Contractor Company Name		Street Address	
Contractor Point of Contact Name		City	
Point of Contact Phone Number		State	
Reference Project Title		Zip Code	
Contract Period of Performance (start to finish):		Email	
Contract Number		Contract Dollar Value	
Description of Work			
Role of Contractor on This Project (check appropriate box)	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Key Personnel		

#### **INSTRUCTIONS TO REFERENCE CONTACT**

The contractor named above is submitting a proposal for a United States Department of Veterans Affairs contract, and has sent this form to you as a past performance reference contact. Please complete the following pages in full (all areas shaded in light yellow, below). Once completed, please send the form to the Contracting Officer via postal mail, email or fax, directly to:

Department of Veterans Affairs NCO 23 Contracting Office

ATTN: Benjamin Smith, Contract Specialist, REF: VA263-14-R-0014 Iowa City Renovate and Expand Space for Patient Support

5435 NW 100<sup>th</sup> Street

Johnston, IA 50131

Email Address: [benjamin.smith8@va.gov](mailto:benjamin.smith8@va.gov) Fax Number: 515-699-5886

Please return the completed form no later than June 16, 2014. If you have any questions, please contact Contract Specialist Benjamin Smith via email, or call 515-699-5528. Thank you for your assistance in this matter.



**RESPONDENT INFORMATION** [completed by Reference Contact]

Company Name		Street Address	
POC Name		City	
Phone Number		State	
Fax Number		Zip Code	
Email			

**PERFORMANCE INFORMATION:** Choose the number on the scale of 0 (Neutral) to 5 (Exceptional) that most accurately describes the contractor's performance or situation. ***PLEASE PROVIDE AN EXPLANATION FOR THE OVERALL RATING*** in the Remarks section, below (text box will expand to whatever extent is necessary).

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
NEUTRAL	UNSATISFACTORY	MARGINAL	SATISFACTORY	GOOD	EXCEPTIONAL
No record of past performance or the record is inconclusive.	Performance did not meet most contractual requirements. There were serious problems and the contractor's corrective actions were ineffective.	Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.	Performance met most contractual requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory.	Performance met all contract requirements and exceeded some to the government's benefit. There were a few minor problems, which the contractor resolved in a timely, effective manner.	Performance exceeded all contract requirements. There were no problems.

[illegible]

14.	Provided timely resolution of warranty defects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Was responsive to contract changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Provided adequate project supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Obtained consent of surety for increases in bonding as work-in-progress increased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Paid subcontractors/suppliers in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Provided accurate and complete line item cost proposals including all aspects of work required for each task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Cooperated with Government personnel after award.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	How would you rate the contractor's overall performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Was the contractor ever issued a cure or show cause notice under the referenced contract? If yes, explain outcome in "remarks."	<input type="checkbox"/>	YES			<input type="checkbox"/>	NO
23.	Would you award another contract to this contractor? If not, please explain in "remarks."	<input type="checkbox"/>	YES			<input type="checkbox"/>	NO
	<b>OVERALL PERFORMANCE RATING:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5

REMARKS (Please use as much space as is needed – the box will expand as you type).

I hereby certify that the information that I have reported above is accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Business Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date