



Department of Veterans Affairs

Network 23 Contracting Office (NCO 23)
 5435 NW 100th 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 100th Street
 Johnston, IA 50131
 Email Address: 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.

14.	Provided timely resolution of warranty defects.	<input type="checkbox"/>					
15.	Was responsive to contract changes.	<input type="checkbox"/>					
16.	Provided adequate project supervision.	<input type="checkbox"/>					
17.	Obtained consent of surety for increases in bonding as work-in-progress increased.	<input type="checkbox"/>					
18.	Paid subcontractors/suppliers in a timely manner.	<input type="checkbox"/>					
19.	Provided accurate and complete line item cost proposals including all aspects of work required for each task.	<input type="checkbox"/>					
20.	Cooperated with Government personnel after award.	<input type="checkbox"/>					
21.	How would you rate the contractor's overall performance?	<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	
	OVERALL PERFORMANCE RATING:	<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