

PERFORMANCE QUESTIONNAIRE

Your assistance is requested in support of a source selection.

Please complete this Questionnaire and email to:

Email: tiffany.thornton@va.gov

Desired Response Date: **August 25, 2014**

*****Please use the following in the subject line of all emails: VA786A-13-R-0099 | New Bern National Cemetery | Historic Wall Restoration*****

When complete, the information on this form is SOURCE SELECTION SENSITIVE INFORMATION (41 U.S.C. 423) and shall be protected accordingly.

TO BE COMPLETED BY OFFEROR

1. CONTRACTOR NAME & ADDRESS:	2. CONTRACT NO.:
	3. CONTRACT INITIATION DATE:
	4. COMPLETION DATE:
	5. CONTRACT VALUE (with options): \$
	6. TYPE OF CONTRACT:

7. DESCRIPTION OF CONTRACT REQUIREMENTS:

Please add a continuation page if additional space necessary.

TO BE COMPLETED BY EVALUATING ORGANIZATION REPRESENTATIVE

8. EVALUATION: a. EVALUATOR'S NAME, POSITION (Project Manager/ COR/ Other) AND ORGANIZATION:

b. EVALUATOR'S PHONE NUMBER:

c. MONTHS PERFORMANCE MONITORED BY EVALUATOR:

Please circle the response code for each topic (A – G) that best reflects your experience with this contractor.

O = Outstanding

A = Adequate

P = Poor

E = Excellent

M = Marginal

N/O = Not Observed

A. **Quality of Products and Services** - Assess the contractor's conformance to contract requirements, specifications, and standards of good workmanship (e.g., technical, professional, environmental, or safety and health standards). **Please provide comments for all ratings of Outstanding, Excellent, Marginal, and Poor.**

O E A M P N/O

B. **Performance** – Assess the contractor's performance as the General Contractor or Architect/Engineer (as appropriate) for the project.

O E A M P N/O

C. **Schedule** – Assess the timeliness of contractor against the schedule of activities.

O E A M P N/O

D. **Technical Requirements** – Assess the contractor's ability to fulfill the technical requirements of the contract.

O E A M P N/O

E. **Cost Control** – Assess the contractor's ability to manage the contract budget and control costs.

O E A M P N/O

F. **Customer Satisfaction** – Assess the contractor's responsiveness to customer concerns and "user friendliness".

O E A M P N/O

G. **Overall Assessment.**

O E A M P N/O

If an Award Fee contract, what was the average Award Fee % earned?