

PAST PERFORMANCE QUESTIONNAIRE – GENERAL CONTRACTOR (PAGE 1 OF 2)

**General Construction Services, Project 692-338 Replace Nutrition and Food Services Bldg 236, SORCC, White City, OR
VA260-12-R-0033**

SECTION 1 -- TO BE COMPLETED BY THE OFFEROR AND PROVIDED TO THE CUSTOMER REFERENCE

Name of Firm Submitting Offer: _____
(prime contractor)

Name of Firm Being Evaluated: _____
(if different from prime contractor)

Role of Firm Being Evaluated: _____

Project Title & Location: _____

Project Dollar Value: _____

Year Completed: _____ **Project Manager:** _____

SECTION 2 -- TO BE COMPLETED BY THE CUSTOMER REFERENCE AND EMAILED DIRECTLY TO: Forms submitted by other than the customer (i.e., by the offeror), will not be considered.

charlene.duncan@va.gov (Please verify receipt by calling 509-524-1421)

Questionnaires must be received by the due date and time of the solicitation.

OVERVIEW: The firm shown above has submitted a proposal on a Veterans Administration solicitation and provided your name as a customer reference. Part of our evaluation process requires information on the firm's past performance. Your input is important to us and responses are required by (date & time) for inclusion in this evaluation. Your assistance is greatly appreciated.

In blocks on page 2, please indicate your overall level of satisfaction with work performed by the firm shown in Section 1. Mark *Not Applicable* (N/A) for any areas that do not apply. Provide any additional comments in the space provided.

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	On this project, the firm:	Satisfaction						
		Low					High	N/A
1.	Kept You Informed & Treated You as Important Member of the Team	1	2	3	4	5	N/A	
2.	Displayed Flexibility in Responding to Your Needs	1	2	3	4	5	N/A	
3.	Displayed Initiative in Problem Solving	1	2	3	4	5	N/A	
4.	Resolved Your Concerns	1	2	3	4	5	N/A	
5.	Completed Your Project Milestones on Time	1	2	3	4	5	N/A	
6.	Managed the Project Effectively (including adequate Cost Controls)	1	2	3	4	5	N/A	
7.	Managed their Work Force Effectively (including Subcontractors)	1	2	3	4	5	N/A	
8.	Maintained an Effective Quality Control Program	1	2	3	4	5	N/A	
9.	Provided Warranty Support	1	2	3	4	5	N/A	
10.	Maintained Operational Continuity at Existing Facility During Project	1	2	3	4	5	N/A	
11.	Minimized Adverse Construction Impacts on Ongoing Operations	1	2	3	4	5	N/A	
12.	Your OVERALL Level of Customer Satisfaction	1	2	3	4	5	N/A	
13.	Was payment withheld or liquidated damages assessed? (If yes, please describe below).	Yes.....No.....N/A						
14.	REMARKS: (Discuss strengths, weaknesses of the firm. Include a list of Deficiency Reports (QDR), Letters of Concern, and Cure Notices and other non-compliance documents and discuss Contractor's actions to resolve the issues.) Please attach additional pages as necessary.							
Your Name: _____		Phone Number: _____						
Firm Name: _____								
Relationship to this Project: _____								