

OFFEROR INSTRUCTIONS: The Offerors are to fill out Section I - IV of this form. This Form must be completed, sign and submitted electronically directly from the Past Performance Reference Check Questionnaire Contact, as stated on No. 15 of Form 08J(1) – Past Performance Survey Form.

PAST PERFORMANCE REFERENCE INSTRUCTIONS: Complete, sign and email the Past Performance Reference Check Questionnaire to Jennifer Shaw at jshaw@isiwdc.com by **due date per SFO 1.5.** The “subject” line in the electronic submission shall read:

VA101-14-R-0243 name of Offeror in Section I below, Completed Past Performance Reference Check Questionnaire (Form 08J (2))”

I. YOU ARE BEING CONTACTED FOR A REFERENCE REGARDING THE PERFORMANCE OF

Name of Offering Entity and/or Key Personnel for VA101-14-R-0243	
DUNS of Offering Entity for VA101-14-R-0243	

The Offeror listed above is being considered on a VA procurement. This is a request for Past Performance information on a project the Offeror has identified as being relevant to this solicitation. This information will be used in the evaluation of the Offeror’s performance of that project. The following information, once submitted, will be treated as confidential and will not be released. This information will only be used to evaluate this Offeror for this solicitation. Information may be typed or legibly handwritten in ink.

Please include evaluation of the performance of the contract based solely on which they are liable. Please do not let factors beyond the control of the contractor that resulted in performance delays or other problems bias this evaluation of their performance.

II. REFERENCED PROJECT INFORMATION

Project Name & Location:	
Project Address:	
City and State:	
Type of Project/Award:	
Square Footage:	
Lease Term (if applicable):	
Special Requirements:	

III. Name of Company/ Government Agency Employing Reference:

IV. Name and Title of Individual Providing Reference Responses (must correspond with No. 15 on Form 08J(1)):

Name & Title:

Phone No.:

Email:

Address:

V. Was this design/build? YES NO? _____

VI. Does the information in II above accurately describe your project, and if not, please explain.

VII. What was your role in the project?

VIII. What was the duration of the project?

IX. Please describe the types of services the firm/person provided:

AS APPLICABLE to the role he or she had on the team, please provide responses to the following questions using a scale of 0 to 10 with zero being the lowest rating and 10 being the highest rating.

- 9-10 Significantly Exceeded Expectations
- 7 -8 Met and to Some Extent Exceeded Expectations
- 5-6 Met Expectations
- 3-4 Did Not Fully Meet Expectations
- 0-2 Failed to Meet Expectations

X. QUALITY OF BUILDING AND SERVICES

A. BUILDING

1. For the building, how satisfied were you with workmanship, quality of materials used and overall appearance? 0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
2. Provide information to support your numerical evaluation above.
3. For the interior spaces, how satisfied were you with the efficiency of the space and flexibility for future space changes? 0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
4. Provide information to support your numerical evaluation above.

B. SERVICES

1. For the person named above, how satisfied were you with his or her time commitment to the project? 0 1 2 3 4 5 6 7 8 9 10
Enter number chosen here. []
2. Provide information to support your numerical evaluation above.

C. PROJECT MANAGEMENT

1. For the person named above, how satisfied were you with the quality of his or her project management methods (or design if the person named above was an architectural designer) and his or her response to unanticipated problems? 0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
2. Provide information to support your numerical evaluation above.

D. COST CONTROL

1. For the person named above, how satisfied were you with his or her commitment to your budget? 0 1 2 3 4 5 6 7 8 9 10
Enter number chosen here. []
2. Provide information to support your numerical evaluation above.
3. How satisfied were you with the handling and pricing of change orders?
0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
4. Provide information to support your numerical evaluation above.

E. TIMELINESS OF PERFORMANCE

1. How satisfied were you with his or her ability to stay on schedule?
0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
2. Provide information to support your numerical evaluation above.
3. How satisfied were you with his or her ability to respond to any of your questions and comments in a timely manner? 0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
4. Provide information to support your numerical evaluation above.

F. BUSINESS RELATIONS

1. For the person named above, how satisfied were you with his or her working relationship between the project team members? 0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
2. Provide information to support your numerical evaluation above.

3. How satisfied were you with his or her problem resolution skills?
0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []

4. Provide information to support your numerical evaluation above.

G. GOVERNMENT CONTRACT REQUIRING A SUBCONTRACTING PLAN (Complete this if you are providing a reference for the Offeror **only** if the referenced project was a Government contract requiring a subcontracting plan.)

H.

1. Did the firm meet subcontractor and Small Disadvantaged Business goals and file the required 294's and 295's? YES [] NO []
2. Were any claims or mechanics liens filed in connection with this project? YES [] NO []
If yes, please explain:

3. Would you contract with them again? YES [] NO []

I. OVERALL SCORE

1. What is your overall score for the COMPANY OR PERSON named above?
0 1 2 3 4 5 6 7 8 9 10 Enter number chosen here. []
2. Provide information to support your numerical evaluation above.

Past Performance Reference Check Questionnaire Contact Name (Printed)

Past Performance Reference Check Questionnaire Contact Signature

Date