

Past Performance Questionnaire

From:

To:

Our firm is competing for a requirement solicited by the Department of Veterans Affairs (VA). In accordance with Federal Acquisition Regulations (FAR), the evaluation of our firm's past performance will be included in the award evaluation decision to be made by the VA. Your frank and candid response to this questionnaire will assist the evaluation team in this process.

Please note that while the responses of this questionnaire may be released to our firm by the VA, FAR 15.306(e) (4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained.

This survey should be completed by the individual most knowledgeable of our firm's day-to-day operations and the overall condition of the service rendered. However, that individual is encouraged to supplement their own knowledge of our performance with the judgment of others in your organization. Completed evaluations may be scanned and emailed to Lilibeth.Deato@va.gov. Completed evaluations must be received **no later than close of business on June 09, 2017.**

If you have any questions regarding this please contact
Lilibeth Deato at 202-745-5243 x2.

Thank you for your valuable input and assistance.

Contractor Name: _____

Contractor Address: _____

Contract Number: _____

Date of Award: ____/____/____

Location and Description of Work: _____

Contractor Rating: Please circle the rating that best applies to the work performed.

Exceptional: Significantly exceeds lease requirements to benefit the owner. Performance in the area indicated was accomplished with few minor problems which were effectively corrected.

Very Good: Meets all lease requirements and exceeds some to benefit of the owner. Performance in the area indicated was accomplished with few minor problems which were effectively corrected.

Satisfactory: Meets all lease requirements. Performance in the area indicated was accomplished with some minor problems which appear to be adequately corrected.

Marginal: Does not meet some lease requirements. Performance in the area indicated reflects a serious problem which has been minimally corrected, if at all.

Unsatisfactory: Does not meet lease requirements and recovery is not likely in a timely or cost effective manner. Performance in the area indicated contains serious problem(s) which have been ineffectively corrected.

Quality of Work

Did the contractor comply with all lease requirements? ☐ YES ☐ NO

Did the completed project meet your expectations? ☐ YES ☐ NO

Is there unexpected maintenance activity? ☐ YES ☐ NO

Has unexpected maintenance activity disrupted tenant's
operations? ☐ YES ☐ NO

Have latent defects been found since project completion? ☐ YES ☐ NO

How would you rate the contractor's compliance with safety standards?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

To what extent have maintenance problems occurred (roof leaks, HVAC levels, pest infestations, etc.)?

Would you select this firm again? ☐ YES ☐ NO

Additional Comments: _____

How would you rate the contractor's timeliness in correcting any deficiencies in regards to maintenance problems (roofleaks, HVAC levels, pest infestations, etc.)?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's timeliness in submitting required reports, schedules, and documentation?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

Additional Comments: _____

Cost Control

Amount of Original Contract \$ _____

Were deductions taken for unperformed or defective

work? ☐ Frequently ☐ Rarely ☐ Never

How would you rate the contractor's efforts in controlling costs, especially in regards to modifications to the contract?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

Additional Comments: _____

Business Management

How would you rate the contractor's on-site management of personnel and

subcontractors? ☐ Exceptional ☐ Very Good ☐ Satisfactory

☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's onsite quality control?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's management and coordination of

subcontractors? ☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal

☐ Unsatisfactory

Additional Comments: _____

Overall Rating of Contractor

What is your overall rating of the contractor's performance?

0 Exceptional 0 Very Good 0 Satisfactory 0 Marginal 0 Unsatisfactory

Additional Comments: _____

Evaluated by:

Name of Evaluator : _____ :

Title of Evaluator: _____

Signature: _____

Date: _____ Telephone: _____

E-mail: _____