

CONTRACTOR EXPERIENCE FORM

| | | |
|---|---|--------------------------------------|
| 1. Project name and location (City, State, Country) | | |
| 2. Project owners name and address: (Government Agency, commercial firm or other organization) | | |
| 3. Project owners Point of Contract Information: (name, phone, email address) | | |
| 4. Were you the Prime Contractor? YES NO Percentage of work that was self-performed? _____ % | | |
| 5. Contract number of project | 6. Date of contract | |
| 7. Date work began | 8. Completion Dates: Initial: _____ Actual: _____ | 9. Project Completion Percentage (%) |
| 8. Contract Value at Time of Award | 9. Final invoiced amount (or amount invoiced to date) | |
| 10. Description of Construction contract work - describe nature and scope of work. Detail how project demonstrates experience requirements Use continuation sheet for additional information, if necessary. | | |
| 11. Current status of project (check one) <input type="checkbox"/> Work continuing, on schedule <input type="checkbox"/> Work continuing, behind schedule <input type="checkbox"/> Work completed, no further action pending <input type="checkbox"/> Work completed, routine administrative action pending <input type="checkbox"/> Work completed, claims negotiation pending/underway <input type="checkbox"/> Work completed, litigation pending/underway <input type="checkbox"/> Terminated for convenience <input type="checkbox"/> Terminated for default <input type="checkbox"/> Other (Explain, use additional sheets as necessary) | | |

PAST PERFORMANCE QUESTIONNAIRE

Offerors submitting past performance information are required to complete and include this cover sheet with their proposal submission.

The entire questionnaire should be forwarded to your previous clients for projects you have provided under evaluation factor 1 – Relevant Medical Experience.

Clients shall directly return the cover sheet and questionnaire to Cassandra.mulligan@va.gov by August 25, 2017.

It is the offeror's responsibility to ensure correct and verifiable point of contact information.

1. Offeror Name (Name of Organization/Firm being Evaluated):

2. Name of Organization/Firm Providing Reference:

3. Address of Organization/Firm Providing Reference:

4. Contract Number:

5. Project Description:

6. Contract/Task Order Amount:

7. Performance Period:

8. Evaluator's Point of Contact Information:

Name and Title: _____

Phone Number: _____

E-Mail Address: _____

PAST PERFORMANCE QUESTIONNAIRE

SAMPLE TRANSMITALL CORRESPONDENCE SENT FROM CONTRACTOR TO FIRMS COMPLETING
PAST PERFORMANCE SURVEYS

We have listed your firm as a reference for the work we have performed for you as listed below. Our firm will be submitting a proposal in response to solicitation VA247-17-R-0433 entitled "Renovate Mental Health Wards", Project 509-12-104 advertised by Department of Veterans Affairs, Network Contracting Office 7.

In accordance with Federal Acquisition Regulations (FAR), they will evaluate our firm's past performance; your candid response to the attached questionnaire will assist the evaluation team in this process. Please complete the enclosed questionnaire as thoroughly as possible.

Please note that while the responses to this questionnaire may be released to the offeror, FAR 15.306 (e) (4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained. Only one response from each office is required.

Please forward your completed questionnaire to cassandra.mulligan@va.gov by August 25, 2017. Do NOT return them directly to our company.

If you have questions regarding the attached questionnaire, or require assistance, please contact Cassandra Mulligan at e-mail listed above.

Please be advised that "E-Mail" is the only method of receiving the requested information.

Thank you for your assistance.

PAST PERFORMANCE QUESTIONNAIRE
FOR EVALUATOR COMPLETING QUESTIONNAIRE

| | |
|---|---|
| <p>Exceptional (E)</p> | <p>Based on the Offeror's overall past performance, essentially no doubt exists that the Offeror will successfully perform ABOVE AND BEYOND the required effort.</p> |
| <p>Good (G)</p> | <p>Based on the Offeror's overall past performance, little doubt exists that the Offeror will successfully perform ALL the required effort.</p> |
| <p>Satisfactory (S)</p> | <p>Based on the Offeror's performance record, some doubt exists that the Offeror will successfully perform MOST of the required effort.</p> |
| <p>Marginal (M)</p> | <p>Based on the Offeror's overall past performance, substantial doubt exists that the Offeror will successfully perform MOST the required effort. Changes to the Offeror's existing processes may be necessary in order to achieve contract requirements.</p> |
| <p>Unsatisfactory (U)</p> | <p>Based on the Offeror's overall past performance, extreme doubt exists that the Offeror will successfully perform the required effort.</p> |
| <p>Neutral / Not Applicable or Unknown (N)</p> | <p>No performance record identifiable within the area of evaluation.</p> |

PAST PERFORMANCE QUESTIONNAIRE
FOR EVALUATOR COMPLETING QUESTIONNAIRE

| EVALUATOR: PLEASE CIRCLE THE ADJECTIVAL RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE | | | | | | |
|--|------------------------|----|---|---|---|----|
| Was this a competitive contract? | YES | NO | | | | |
| Role of the contractor | Prime or Subcontractor | | | | | |
| Compliance with contractual terms and conditions | E | G | S | M | P | NR |
| Ability to meet quality standards specified for technical performance | E | G | S | M | P | NR |
| Adequacy of initial progress schedule | E | G | S | M | P | NR |
| Adherence to approved schedule | E | G | S | M | P | NR |
| Resolution of Delays | E | G | S | M | P | NR |
| Identification/correction of deficient work in a timely manner | E | G | S | M | P | NR |
| Cooperation and responsiveness | E | G | S | M | P | NR |
| Professional Conduct | E | G | S | M | P | NR |
| Ability to hire and retain a qualified workforce to this effort. | E | G | S | M | P | NR |
| Ability to simultaneously manage multiple projects with multiple disciplines | E | G | S | M | P | NR |
| Coordination and Control of Subcontractors(s) | E | G | S | M | P | NR |
| Effectiveness of overall contract management (including ability to effectively lead, manage, and control the project) | E | G | S | M | P | NR |
| Effectiveness of on-site management and control of multidiscipline construction categories, including management of subcontractors | E | G | S | M | P | NR |
| Contractor was reasonable and cooperative in dealing with staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports) | E | G | S | M | P | NR |
| Timeliness/effectiveness of contract problem resolution without extensive customer guidance | E | G | S | M | P | NR |
| Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes | E | G | S | M | P | NR |
| Ability to successfully respond to emergency situations | E | G | S | M | P | NR |
| Payroll and Daily Logs properly completed and submitted | E | G | S | M | P | NR |
| Contractor Safety Record | E | G | S | M | P | NR |
| Contractor responsiveness to safety issues | E | G | S | M | P | NR |
| Contractor's timeliness, completeness, and accuracy in submitting invoices | E | G | S | M | P | NR |
| Adequacy of Site Clean-up | E | G | S | M | P | NR |
| Warranty Response | E | G | S | M | P | NR |
| In summary, provide an overall rating for the work performed by this contractor | E | G | S | M | P | NR |

EMR FORM

**FORM FOR OFFEROR TO
COMPLETE & SUBMIT WITH PROPOSAL**

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contact: _____

1. Utilizing your OSHA 300 Forms, please complete the following information:

| Category | 2014 | 2015 | 2016 |
|---|-------------|-------------|-------------|
| Number of man hours (jobsite and office). | | | |
| Number of cases involving days away from work, restricted activity, or both (Column H and I of OSHA 300). | | | |
| Days away, restricted, or transferred rate (# of days away, restricted, or transferred cases x 200,000/# of man hours) (DART Rate). | | | |
| Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Four serious, one repeat, or one willful disqualifies the contractor.) | | | |

Please attach copies of the following documents: OSHA 300 and 300a Forms. These forms can be accessed through the OSHA publications search page:

<http://www.osha.gov/pls/publications/publication.html>.

2. Provide your six-digit North American Industrial Classification System (NAICS) Code for this acquisition: _____
3. Who administers your company's Safety and Health Program?

4. Company's Insurance Experience Modification Rate (EMR) for the past 3 years (an EMR of greater than 1.0 may disqualify the contractor): _____