

PAST PERFORMANCE QUESTIONNAIRE

Respondent Information

(The AE firm is to send this PPQ to their references identified under Part 1 IF A CPARS IS NOT AVAILABLE FOR THAT CONTRACT. Once completed, FORWARD pages 1 - 3 to the Contracting Officer – kenneth.spohn@va.gov)

Name of A-E Firm being rated: _____

	Ratings
5	Outstanding
4	Excellent
3	Satisfactory
2	Marginal
1	Unsatisfactory

Choose the number on the scale of 1 to 5 that most accurately describes the contractor's performance. PROVIDE A NARRATIVE EXPLANATION FOR ANY RATINGS OF 1 OR 2.

Evaluation Areas: Please circle a number or indicate "not applicable" (N/A).

1. CUSTOMER SATISFACTION:							
A	Customer would have no reservations in awarding another contract to the Contractor.	1	2	3	4	5	N/A
2. QUALITY:							
A	Contractor provided effective quality control and/or inspection procedures to meet the contract requirements	1	2	3	4	5	N/A
B	Contractor provided well researched and clearly identified submittals that matched contract requirements	1	2	3	4	5	N/A
C	Contractor completed all work with good workmanship and in conformance with the specifications	1	2	3	4	5	N/A
D	Contractor corrected deficiencies in a timely manner and pursuant to their quality control plan	1	2	3	4	5	N/A
3. TIMELINESS:							
A	Contractor met established project schedules to complete the project on time	1	2	3	4	5	N/A
B	Contractor provided timely cost proposals	1	2	3	4	5	N/A
C	Contractor submitted the progress schedule and progress reports as required	1	2	3	4	5	N/A
D	Contractor provided on time submittals as required	1	2	3	4	5	N/A
E	Contractor provided payrolls for both their employees and their subcontractors employees as required	1	2	3	4	5	N/A
F	Contractor provided timely resolution of all punch list items	1	2	3	4	5	N/A
4. RESPONSIVENESS							
A	Contractor acted promptly to resolve problems, ensuring compliance with contract requirements and safety regulations	1	2	3	4	5	N/A

B	Contractor was reasonable and cooperated to resolve problems, attended meeting as needed, and maintained communication with the government to keep the project on schedule or minimize the delay	1	2	3	4	5	N/A
C	Contractor identified problems as they occurred; suggested approaches to the problems; displayed initiative to solve problems and performed as a Team Member	1	2	3	4	5	N/A
D	Contractor responded to warranty issues within the time frames specified in the contract	1	2	3	4	5	N/A
5. SUBCONTRACTS AND MANAGEMENT:							
A	Contractor provided experienced/qualified managers and supervisors with the technical and administrative abilities needed to meet contract requirements	1	2	3	4	5	N/A
B	Contractor hired quality subcontractors and effectively managed and coordinated their work	1	2	3	4	5	N/A
C	Contractor hire, maintained and replaced as necessary, qualified personnel and subcontractors/suppliers	1	2	3	4	5	N/A
D	Contractor ensured the project manager had sufficient authority to make decisions and take actions during project performance to keep the project on schedule	1	2	3	4	5	N/A
E	Contractor ensured site superintendent and quality control representative were consistently present on site when work was performed	1	2	3	4	5	N/A
F	Contractor paid employees/subcontractors/suppliers as required	1	2	3	4	5	N/A
6. CHANGE/COST CONTROL							
A	Contractor responsive to contract changes and provided accurate, reasonable and supportable cost proposals	1	2	3	4	5	N/A
B	Contractor demonstrated the ability to control costs and/or modifications within the magnitude specified	1	2	3	4	5	N/A
C	Contractor validated subcontractor cost proposals prior to submission to the Government	1	2	3	4	5	N/A

Narrative Summary:

1. What were the contractor's greatest strengths in the performance of the contract?

2. What were the contractor's greatest weaknesses in the performance of the contract?

3. Please provide any additional comments concerning the contractor's performance that you feel would help us in our evaluation.

4. **Government Contracts Only:** Has/was this contract partially or completely terminated for default or convenience or are there any pending terminations?

_____Yes_____No

If yes, please provide explanation_____

5. **Government Contracts Only:** Was the contractor ever issued a cure or show cause notice under the referenced contract?

_____Yes_____No

If yes, please provide explanation_____

Evaluated By: _____
(Signature) (Date)

(Typed or Printed Name) (Address)

(Title) (Address Continued)

(Phone Number) (No. of years' evaluator worked on contract)

(Project Title, Contract #, and Description)

Thank you for your prompt response and assistance. Please respond no later than posted date. Return this completed questionnaire (pages 1 – 3) via email or by mail to:

Mailing Address: Nebraska Western Iowa Health Care System
Attn: Kenneth A. Spohn, Contracting Officer
Contracting (90C)
4101 Woolworth Avenue
Omaha, NE 68122
Phone 402-995-4505

OR

Email (preferred method): kenneth.spohn@va.gov