

ATTACHMENT 1 - PAST PERFORMANCE QUESTIONNAIRE AND COVER LETTER

Complete one set of letters and forms for at least three projects identified in your firm's SF 330 Section F, Example Projects Which Best Illustrate Proposed Team's Qualifications For This Contract. Additional space or blank sheets may be added to answer any question.

Transmittal Letter to Accompany Past Performance Questionnaire

FROM: [Insert Company Official Name, Title, and Company Name]

SUBJECT: Past Performance Questionnaire for Contract(s):

[Insert Company Name] is currently responding to Castle Point VAMC request for SF 330, Architect-Engineer Qualifications for the "Relocation of Audiology". This Request for SF 330's requires respondents to identify customers and solicit their response regarding [Insert Company Name] performance.

[Insert Company Name] is providing past performance data to Castle Point VA Medical Center relating to our performance on contract [Insert contract name/number] and have identified [Insert name of reference] as the point of contact for this contract.

The request for SF 330 instructs that respondents provide customers with the attached questionnaire. Please complete the questionnaire and submit it by **March 13th 2018 NLT 5:00PM EST** directly to the VISN 2/Network Contracting Office (NCO) Contract Specialist. The requested data may be submitted by mail or email to the government representative identified below. If the Past Performance Questionnaire is emailed, DO NOT send a hard copy via mail.

Jason M. Rundle
Contracting Officer
Network Contracting Office (NCO) 2
1304 Buckley Road Suite #104
Syracuse, NY 13210

Email: jason.rundle@va.gov

The information contained in the completed Past Performance Questionnaire is considered sensitive and cannot be released to [Insert Company Name]. Please direct any questions about the acquisition or the attached questionnaire to the NCO2 point of contact identified above.

Thank you,

[Insert Company Official Name and Title]

A. GENERAL INFORMATION

A-E FIRM TO BE EVALUATED:

Firm Name: _____ Telephone: _____

Address: _____ Email address: _____

_____ Point of Contact: _____

Firm Cage Code: _____

Firm Tax ID Number: _____

Firm DUNS Number: _____

Project Title: _____

Description of Project: _____

Description of A-E Firms'

Responsibilities: _____

Contract Number: _____ Dollar Amount: _____

Contract Period of Performance: _____

The A-E Firm performed as the Prime Contractor Sub-Contractor/Consultant/Team Member

Percent of work performed by A-E Firm: _____ Other (Please describe) _____

B. EVALUATOR INFORMATION:

Evaluator's Company or Agency

Name: _____

Evaluator's Name: _____

Address: _____

Title of Evaluator: _____

_____ Telephone: _____

_____ E-mail: _____

C. SEND COMPLETED QUESTIONNAIRE (SECTIONS B through D) TO:

Jason M. Rundle
Contracting Officer
Network Contracting Office (NCO) 2
1304 Buckley Road Suite #104
Syracuse, NY 13210

Email: jason.rundle@va.gov

D. PERFORMANCE INFORMATION: Choose the appropriate rating that most accurately describes the A/E's performance or situation. **PLEASE PROVIDE A NARRATIVE EXPLANATION FOR ALL RATINGS OF Marginal or Unsatisfactory on page 7 under Narrative Summary.**

Exceptional (5)	Very Good (4)	Satisfactory (3)	Marginal (2)	Unsatisfactory (1)	N/A
-Performance meets or met contractual requirements and exceeds or exceeded many of your company's expectations The contractual performance reflects or reflected few minor problems and corrective actions taken by the contractor appear to be highly effective or corrective actions taken were effective.	-Performance meets or met contractual requirements and exceeds or exceeded some of your company's expectations. The contractual performance reflects or reflected some minor problems and corrective actions being taken by the contractor appear to be effective or Corrective actions taken were effective.	-Performance meets or met contractual requirements. The contractual performance reflects or reflected some minor problems. Corrective actions being taken by the contractor appear to be effective or Corrective actions taken were effective.	-Performance does or did not meet some contractual requirements. The contractual performance reflects or reflected serious problems(s) for which the contractor has not yet identified acceptable corrective actions or did not provide acceptable corrective actions.	-Performance does or did not meet most contractual requirements and recovery is not likely or did not occur. The contractual performance contains or contained serious problem (s) for which the contractor's corrective actions appear ineffective or were ineffective.	-Not applicable or rater has not observed performance in this area.

A-E FIRM'S NAME: _____ PROJECT NAME: _____

Contract Period of Performance: _____

Note: Include this information on each page of the questionnaire form to ensure there is no mix up in information among contracts surveyed for respective primes/subs, etc.

Place an "X" in the appropriate column using the definitions matrix on page 4.

Item	FACTORS TO BE RATED	Exceptional (5)	Very Good (4)	Satisfactory (3)	Marginal (2)	Unsatisfactory (1)	N/A
	<u>Design Services:</u>						
1.	Overall skill level and technical competence of A/E's personnel.						
2.	A/E's ability to identify and resolve design issues expeditiously.						
3.	A/E's responsiveness to design review questions.						
4.	A/E's ability to effectively coordinate, integrate and manage their consultants/subcontractors/team						
5.	A/E's effectiveness and responsiveness in interfacing with the Client's staff						
6.	Overall accuracy, completeness and coordination of final design documents. (Quality)						
7.	A/E's ability to provide detailed, accurate cost estimates.						
8.	A/E's ability to meet contract schedule.						
	<u>Follow-On Construction Support Services:</u>						
9.	Thoroughness and timely review of construction submittals.						
10.	Timely resolution of construction design issues.						
11.	Overall quality, responsiveness and timeliness of A/E follow-on construction support services.						
	<u>LEED (If Applicable):</u>						
12.	Overall accuracy, completeness, timeliness and coordination of LEED documentation.						
13.	A/E's ability and understanding of the overall LEED process.						

Item	FACTORS TO BE RATED	Exceptional (5)	Very Good (4)	Satisfactory (3)	Marginal (2)	Unsatisfactory (1)	N/A
	<u>BIM (If Applicable):</u>						
14.	Overall accuracy, completeness, timeliness and coordination of BIM documentation.						
15.	A/E's ability and understanding of the overall BIM process.						
	<u>Owner's Representative on Design/Build Projects (If applicable):</u>						
16.	Overall accuracy, completeness, timeliness and coordination of requirements documents and bridging documents.						
17.	A/E's ability, thoroughness, timeliness and support as Owner's Representative throughout the project.						
	<u>Overall:</u>						
18.	How would you rate the A/E's ability to control cost?						
19.	How would you rate the A/E's <i>overall management performance</i> on this contract?						
20.	How would you rate the A/E's <i>overall technical/quality performance</i> on this contract?						
21.	Would you use this A/E again? (If "No", please comment in the Narrative Summary)	YES		NO			

Number of A/E Design Errors & Omissions on Project: _____

Increased Project Cost Due to A/E Design Errors & Omissions: _____

CONTRACTOR'S NAME: _____ PROJECT NAME _____

Contract Period of Performance: _____

Note: Include this information on each page of the questionnaire form to ensure there is no mix up in information among contracts surveyed for respective primes/subs, etc.

NARRATIVE SUMMARY (Use this section to explain any rating from the previous page)

Item	COMMENTS