

PAST PERFORMANCE REFERENCE CHECK
U.S. DEPARTMENT OF VETERANS AFFAIRS

OFFEROR INSTRUCTIONS:

The Offerors are to fill out the TOP part of this form. Any form that is not tied to a team by name of Offeror shall NOT be considered.

Reference Information

Offeror/Firm Name: _____

Reference Contact Information:

Name:

Title:

Phone Number:

Email address:

Current Address:

Company/Government Agency Reference: _____

Project Name:

Project Address:

City and State:

Type of Project:

Square Footage:

Reference Questionnaire

1. What was your role in the project?

2. What was the duration of the project?

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

4. 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

5. QUALITY OF BUILDING AND SERVICES

A. BUILDING

- I. 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. []
- II. Provide information to support your numerical evaluation above.
- III. 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. []
- IV. Provide information to support your numerical evaluation above.

B. SERVICES

- I. 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
 - a. Enter number chosen here. []
- II. Provide information to support your numerical evaluation above.

C. PROJECT MANAGEMENT

- I. 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. []
- II. Provide information to support your numerical evaluation above.

D. COST CONTROL

- I. 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. []
- II. Provide information to support your numerical evaluation above.
- III. How satisfied were you with the handling and pricing of change orders?
0 1 2 3 4 5 6 7 8 9 19 Enter number chosen here. []
- IV. Provide information to support your numerical evaluation above.

E. TIMELINESS OF PERFORMANCE

- I. 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. []
- II. Provide information to support your numerical evaluation above.
- III. 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. []
- IV. Provide information to support your numerical evaluation above.

F. BUSINESS RELATIONS

- I. 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. []

- II. Provide information to support your numerical evaluation above.
- III. 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. []
- IV. 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.)

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

H. OVERALL SCORE

- III. 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. []
- IV. Provide information to support your numerical evaluation above.