

Date: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Department of Veterans Affairs, National Cemetery Administration will be evaluating quotes for **South Florida National Cemetery, Plant and Water Mitigation Services, under solicitation 36C78618Q0215**. 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 VA. Your frank and candid response to this questionnaire will assist the evaluation team in this process.

We understand that you have a busy schedule and your participation in this survey is greatly appreciated. Please complete the enclosed questionnaire as thoroughly as possible and submit no later than **THE DATE AND TIME FOR RECEIPT OF QUOTES WHICH IS CURRENTLY 9:00 A.M., JUNE 6, 2018**. You are encouraged to provide comments on the lines provided after each question.

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 being rendered. However, that individual is encouraged to supplement their own knowledge of our performance with the judgment of others in your organization.

If you have any questions regarding this document, please contact Mr. Max Andrade at 540-658-7221 or email Max.Andrade@va.gov. Thank you for your valuable input and assistance.

Contractor Name: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract Number: \_\_\_\_\_  
Date of Award: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Original Contract Completion Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Actual Contract Completion Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Work Was Accepted by Owner: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Description & Location of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Contractor Rating: Please indicate the rating that best applies, and elaborate with comments where applicable. Please use the following criteria in your assessment:*

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

**Very Good: Meets all contract 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 contract requirements.** Performance in the area indicated was accomplished with **some minor problems which appear to be adequately corrected.**

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

**Unsatisfactory: Does not meet contractual 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 contract requirements? ☐ YES ☐ NO

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

How would you rate the contractor on the basis of owner (end-user) satisfaction?  
☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

Would you select this firm again? ☐ YES ☐ NO

Please Describe Contractor's Strengths & Weaknesses (Use Additional Sheet if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Timely Performance**

Complexity of Work                      ☐ Complex      ☐ Difficult      ☐ Routine

Was the contractor's staffing level consistent with the project's size and complexity?      ☐ YES                      ☐ NO

Was communication of schedule and problem issues adequate and consistent?                      ☐ YES                      ☐ NO

How would you rate the contractor's **adherence to contract delivery schedules**?

☐ 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

How would you rate the **accuracy and completeness** of the contractor's submittals, reports, schedules, and documentation?

☐ Exceptional    ☐ Very Good    ☐ Satisfactory    ☐ Marginal    ☐ Unsatisfactory

How would you rate the **promptness and quality** of the contractor's response to technical directions, contract change orders, etc.?

☐ Exceptional    ☐ Very Good    ☐ Satisfactory    ☐ Marginal    ☐ Unsatisfactory

Comments Regarding Timely Performance (Use Additional Sheet if needed):

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**Cost Control**

Amount of Original Contract                      \$ \_\_\_\_\_

Total Number of Modifications:                      \_\_\_\_\_

Total Dollar Amount of Modifications:                      \$ \_\_\_\_\_

Liquidated Damages Assessed: \$ \_\_\_\_\_

Were deductions taken for unperformed or defective work?

☐ Frequently                      ☐ Rarely                      ☐ Never

Please explain circumstances of any deductions (Use Additional Sheet if needed):

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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

***How would you rate the contractor's reasonableness in identifying the scope and cost of modifications?***

☐ Exceptional    ☐ Very Good    ☐ Satisfactory    ☐ Marginal    ☐ Unsatisfactory

Comments Regarding Cost Control (Use Additional Sheet if needed):

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### **Business Management**

How would you rate the contractor's **effectiveness in interfacing with owner's staff**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's **flexibility and cooperation** with satisfying owner needs?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's **concern for the interests of the owner**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's ability to **proactively recognize and resolve** unanticipated difficulties?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the **effectiveness** of the contractor's solutions to problems?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

How would you rate the contractor's **upper level management responsiveness**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

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 ☐ N/A

How would you rate the contractor's **relationship** with subcontractors?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ N/A

Were there any payment issues (delays, disputes, etc.) brought to your attention by subcontractors?

☐ YES ☐ NO

Was the Site Manager/Job Superintendent consistently present on site when work was performed?

☐ YES ☐ NO

Did the contractor demonstrate the ability to execute multiple phases/tasks at the same time?

☐ YES ☐ NO

Would you consider the contractor and subcontractors to have been in a team relationship with you?

☐ YES ☐ NO

Would you consider the contractor and subs to have been in an adversarial relationship with you?

☐ YES ☐ NO

Were any enforcement actions ("cure notice", "show cause") issued over life of the contract?

☐ YES ☐ NO

If Yes, please explain and indicate the status:

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**Technical Requirements**

[1] Did the Contractor perform Water Tank Treatment services under your requirement to include [1] Operating, [2] Maintenance, and [3] Providing Documentation? ☐ YES ☐ NO

How would you rate the contractor's **effectiveness** on performing **Water Tank Treatment Services**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

[2] Did the Contractor perform **Bacteriological, Nitrate, and Nitrite Testing** under your requirement? ☐ YES ☐ NO

How would you rate the contractor's **effectiveness** on performing **these Tests**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

[3] Did the Contractor **treat aquatics and exotic/nuisance plant species** under your requirement? ☐ YES ☐ NO

How would you rate the contractor's **effectiveness** on **treating aquatics and exotic/nuisance plant species**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

[4] Did the Contractor provide [1] **Monthly Data Collection and Reporting on Plant Mitigation**, and [2] **Prepare an Annual Mitigation Monitoring Report** under your requirement? ☐ YES ☐ NO

How would you rate the contractor's **effectiveness** on **providing these reports**?

☐ Exceptional ☐ Very Good ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory

**Overall Rating of Contractor**

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

☐ Exceptional   ☐ Very Good   ☐ Satisfactory   ☐ Marginal   ☐ Unsatisfactory

Thank you for your input. Please elaborate on your overall rating of this contractor.

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Evaluated by:

Organization/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Title of Evaluator: \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_