INSTRUCTIONS FOR CLIENTS COMPLETING THIS QUESTIONNAIRE: PBS requests that the reference completes this questionnaire and submits it directly to GSA. The offeror should not collect or submit these on the behalf of their references. The government reserves the right to verify any and all information on this form. Offer shall provide the entire questionnaire form to the client for verification purposes.

When completed, please send a scanned or electronic copy of the questionnaire to the following e-mail addresses: timothy.novak@gsa.gov and robert.kramarik-boyle@gsa.gov prior to the due date for the solicitation. This due date could be extended and it will be the responsibility of the offeror to inform references of the new date.

PBS PAST PERFORMANCE QUESTIONNAIRE

CONTRACT INFORMATION *(Contractor/Offeror to complete Blocks 1-4)*

1. CONTRACTOR/OFFEROR INFORMATION

Firm Name:
Address:
Phone Number: UEI Number:
Contact Name:
Email Address: Contact Phone Number:

2. GENERAL WORK INFORMATION

Work performed as: ☐ Prime Contractor ☐ Subcontractor ☐ Joint Venture ☐ Other (Please explain):

Percent (%) of project work performed:
If a subcontractor, who was the prime? (Name/Phone #):

3. CONTRACT INFORMATION

Contract Number:
Delivery/Task Order Number (if applicable):
Contract Type: ☐ Firm Fixed Price ☐ Cost Reimbursement ☐ Other (Please explain)
Contract Title:
Contract Location:

Award Date (mm/dd/yy):
Contract Completion Date (mm/dd/yy):
Actual Completion Date (mm/dd/yy):
Explain Differences:

Original Contract Price (Award Amount):
Final Contract Price (*to include all modifications, if applicable*):
Explain Differences:

4. PROJECT DESCRIPTION

Complexity of Work: ☐ High ☐ Med ☐ Routine

How is this project relevant to the project of submission? Please provide responses to the following questions and use the space below to provid a general description of the project.

- Did the Offeror perform as the prime General Contractor with responsibility for overall management, coordination, and execution of all construction activities? **Yes or No**
- Did the project involve renovation work across multiple construction trades within an occupied, multi-story residential or assisted living facility, or a comparable institutional facility, where continuous operations were required to be maintained during construction? **Yes or No**
- Did the project include a level of complexity that required detailed logistics planning and coordination to ensure occupant safety and uninterrupted facility operations? **Yes or No**
- Did the project have a total construction value of not less than $50,000,000 and encompass a total renovated interior area of not less than 150,000 square feet (SF)? **Yes or No**

Use the following adjective ratings and definitions in your evaluation of the Contractor's performance.		
RATING	**DEFINITION**	**NOTE**
(E) Exceptional	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government/Owner. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
(VG) Very Good	Performance meets contractual requirements and exceeds some to the Government's/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.	A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government/Owner. There should have been no significant weaknesses identified.
(S) Satisfactory	Performance meets minimum contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per DOD policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
(M) Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government/Owner.
(U) Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.	An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government/Owner. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating.
(N) Not Applicable	No information or did not apply to your contract	Rating will be neither positive nor negative.

TO BE COMPLETED BY CLIENT

CLIENT INFORMATION
Client Point of Contact Information Name: Title: Phone Number: Email Address: Organization/Agency: **Project Information** Can you confirm the accuracy of the information provided on page 1 (Questions 1–4)? If not, please identify which question contains incorrect or missing information and explain.
Describe your role in the project:
Date Questionnaire was completed (mm/dd/yy):
Client's Signature:

Instructions: Please select the adjective rating that best reflects your evaluation of the contractor's performance.

1. QUALITY:	**E**	**VG**	**S**	**M**	**U**	**N**
(a) Quality of workmanship; Project met or exceeded the project specifications and/or industry standards.	☐	☐	☐	☐	☐	☐
(b) Materials were installed according to manufacturer requirements and project drawings.	☐	☐	☐	☐	☐	☐
(c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance.	☐	☐	☐	☐	☐	☐
(d) Construction project was free of significant punch list items or rework.	☐	☐	☐	☐	☐	☐
2. SCHEDULE/TIMELINESS OF PERFORMANCE:	**E**	**VG**	**S**	**M**	**U**	**N**
(a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. *(If liquidated damages were assessed or the schedule was not met, please address below.)*	☐	☐	☐	☐	☐	☐
(b) Please provide an assessment of the Contractor's utilization of the project schedule. Specifically, evaluate their effectiveness in tracking current progress and forecasting future project requirements.	☐	☐	☐	☐	☐	☐
(c) Compliance with documentation, submittal, or security requirements prior to onsite construction work starting (or Notice to Proceed).	☐	☐	☐	☐	☐	☐

3. CUSTOMER SATISFACTION:	E	VG	S	M	U	N
(a) To what extent were the end users satisfied with the project?	☐	☐	☐	☐	☐	☐
(b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication).	☐	☐	☐	☐	☐	☐
(c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	☐	☐	☐	☐	☐	☐
(d) Overall customer satisfaction.	☐	☐	☐	☐	☐	☐
4. MANAGEMENT/ PERSONNEL/LABOR	**E**	**VG**	**S**	**M**	**U**	**N**
(a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force?	☐	☐	☐	☐	☐	☐
(b) Please assess their ability to hire, apply, and retain a qualified workforce for this effort. Please elaborate on the number and specific roles of any key personnel replaced during the project in the comments section below.	☐	☐	☐	☐	☐	☐
(c) Knowledge/expertise demonstrated by contractor personnel.	☐	☐	☐	☐	☐	☐
(d) Effectiveness of change order processing and management.	☐	☐	☐	☐	☐	☐
6. BUDGET/FINANCIAL CONSIDERATIONS	**E**	**VG**	**S**	**M**	**U**	**N**
(a) Contractor completed the project within the original contract budget	☐	☐	☐	☐	☐	☐
(b) Contractor submitted fair and reasonable change order proposals and negotiated in good faith.	☐	☐	☐	☐	☐	☐
7. GENERAL	**E**	**VG**	**S**	**M**	**U**	**N**
(a) Compliance with contractual terms/provisions *(If there were specific issues, please explain in the comments sections below*	☐	☐	☐	☐	☐	☐
(b) In summary, provide an overall rating for the work performed by this contractor.	☐	☐	☐	☐	☐	☐
(c) Please provide an evaluation of the working relationship with the contractor. Did they act in the best interest of the project, and were they cooperative during negotiations for contract modifications and extensions? Did they act in good faith on the project? Please provide any comments below.	☐	☐	☐	☐	☐	☐
8. SUMMARY						
Would you hire or work with this firm again? *(If no, please explain in the comments section below.)*	☐ Yes ☐ No					

COMMENTS SECTION
Please provide additional information below and attach additional pages if necessary.

Please provide responses to the above questions (if applicable) and/or additional remarks. Also please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk *(please attach additional pages if necessary)*: