**PLEASE HAVE THE REFERENCE COMPLETE AND SUBMIT DIRECTLY TO THE GSA POINT OF CONTACT AS SHOWN BELOW NO LATER THAN 08/25/2026**

**NOTE TO REFERENCE RESPONDENT:** Please complete the following questionnaire on behalf of the contractor proposing under this notification. The following information is requested based on your prior experiences with the firm named below. Please complete the questionnaire and email directly to the Contracting Officer below to maintain the confidentially of your responses. Your responses will be reviewed solely by the General Services Administration. Your input is valuable to our procurement process and we thank you for your time in completing this survey.

**PLEASE SEND BY EMAIL DIRECTLY TO:**

Attn: 1) Robert Jackson, Contracting Officer

General Services Administration, Public Buildings Service

Email: robert.n.jackson@gsa.gov

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**SECTION 1 – TO BE COMPLETED BY CONTRACTOR:**

Contractor Name:_____

Evaluated Individual Name:_____

Project Title:_____Location: _____

Client/Tenant: _____

Description of Role:_____

_____

_____

Total Award Amount (including any Modifications): $_____

Dates of Performance: Start: _____ Finish: _____

**SECTION 2 – TO BE COMPLETED BY REFERENCE:**

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**Reference Firm:** _____

**Name of Reference Contact:** _____

**Position/Title of Reference Contact:** _____

**Reference Phone# / Email#:** _____/_____

**Is it okay to contact you for clarifications? Yes or No (Circle One)**

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**Question Areas for Individual's Past Performance:**

1. SIMILAR PROJECT
2. QUALITY
3. BUSINESS RELATIONS

**Performance Information:**

Highlight or circle the term that most accurately describes the contractor's performance in accordance with the following questions. In addition, check off the associated level of performance for each question. Please provide a narrative explanation for each.

**Please answer all questions and provide additional information in the comments section.**

## A. <u>SIMILAR PROJECT</u>

1. What was the size and project type?

Project Cost: $_____ Square Footage:_____GSF

Delivery Type: Traditional Design/Build CMc Other:_____ (Circe or Insert Other)

Space Type: Office Other:_____(Circe or Insert Other)

Did the project contain?

- Construction in or of a Federal building;
- Major (significant work across multiple building systems) building modernization;
- Work in a building on the historic register;
- Construction cost greater than $100,000,000;

- Major (at least 50% of facade and windows included) façade and window restoration;
- CMc delivery method;
- Building size greater than 300,000 square feet; and
- An urban location with a constrained site with limited laydown and work area.

2. What was your role (reference firm) in the project?_____

_____

_____

_____

3. Please describe the role of the individual on the project?_____

_____

_____

_____

**B. <u>QUALITY</u>**

1. Were you satisfied that the individual was qualified with the necessary experience, training, and education needed for the performance of their work?

YES NO (Circle one)

Comments:

2. What quality were reports, submittals, and other produced documentation?

Excellent Very Good Acceptable Marginal Unacceptable N/A

Comments:

3. How well did the individual manage their team and resources?

Excellent Very Good Acceptable Marginal Unacceptable N/A

Comments:

4. What was the individual's record at completing their tasks within the allotted schedule timeframes?

Excellent Very Good Acceptable Marginal Unacceptable N/A

Comments:

5. Rate the individual's record at identifying and implementing effective risk mitigation strategies to maintain contract performance, quality, schedule, cost, and contract requirements?

Excellent Very Good Acceptable Marginal Unacceptable N/A

Comments:

6. Rate the individual's performance in dealing with problems and implementing corrective actions.

Excellent Very Good Acceptable Marginal Unacceptable N/A

Comments:

## C. BUSINESS RELATIONS

1. Did the individual establish and maintain good working relationships with the client and others?

YES NO (Circle one)

2. If Problems arose, please explain the actions taken by the individual.

Comments:

3. Would you work with this individual again? State reasons why.

YES NO (Circle one)

Comments:

## D. OVERALL RATING

1. Please rate the individual's Overall Performance. (Circle one)

Excellent Very Good Acceptable Marginal Unacceptable N/A

Comments:

2. If you know any further information that was not covered by this questionnaire, but you feel is important, please provide this information?

Comments: