Attachment H

Past Performance Information Instructions, Reference List & Survey

**The PPI submittal has three main criteria:**

1. Reference List for each component

2. Customer Surveys/Survey Questionnaires

3. Past Performance Information Score for each component

**Reference List Requirements:**

* + - Each component must prepare and submit a list of clients that will evaluate their performance. Each component is encouraged to only submit highly satisfied references.
		- The number of references that can be submitted is a maximum of five (5) and a minimum of three (3) for each organization and a maximum of three (3) and a minimum of two (2)for each critical individual. If a company cannot provide references, the selection committee will rate their submitted performance as a zero.
		- All past projects must be complete and final payment must be received (the client must be able to respond to the survey questions).
		- The reference list must contain different projects. You cannot have multiple people evaluating the same project (for a particular component).
		- The client or buyer must complete the survey (you cannot have other consultants or third parties evaluate your performance).
		- Note: Each component can use the same references provided that they were used/applied on that particular project
		- Note: A separate “Reference List” is required for each component (including the General Contractor, Project Manager, Site Superintendent)

**Survey Questionnaire Requirements:**

* + - Each component must prepare, send out, and collect survey questionnaires to each individual listed on the Reference List.
		- All returned survey MUST be evaluated AND signed by the client. If a survey is not signed, it will NOT be counted/considered.
		- Each component is responsible for making sure that their clients receive the survey, complete the survey, and return the survey.
		- All of the returned surveys should be packaged together and submitted with Proposers proposal (the Proposer should make a copy of all returned surveys for their own records).

**Past Performance Information Score:**

* + - Each component will be required to input all of their returned survey scores, and then average all of the responses together (to obtain their overall rating).
		- Each component will be required to count the total number of returned surveys (to obtain the overall number of returned surveys)
		- The Owner may contact the reference to clarify a survey rating or to check for accuracy. If the reference cannot be contacted, the survey will be deleted and no credit given for that reference. The OWNER may also adjust scores/ratings if the OWNER determines that the criteria/requirements have not been followed.
		- Note: A separate “Past Performance Information Score” is required for each component (including the General Contractor, Project Manager, Site Superintendent)

# REFERENCE LIST AND PAST PERFORMANCE INFORMATION SCORE

 **Name of Component: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NO | CLIENT NAME | POINT OF CONTACT | PHONE NUMBER | DATE INSTALLED  | AWARDED COST  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Name of Component: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Criteria | Survey 1 | Survey 2 | Survey 3 | Survey 4 | Survey 5 | Survey 6 | Survey 7 | Survey 8 | Survey 9 | Survey 10 | Average |
| 1 | Ability to manage the project cost |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Ability to maintain project schedule |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Quality of workmanship |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Ability to manage / professionalism  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Close out process  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Ability to communicate / document risks  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | Ability to follow rules and requirements |  |  |  |  |  |  |  |  |  |  |  |
| 8 | Overall customer satisfaction |  |  |  |  |  |  |  |  |  |  |  |
| **Overall Average Score:** |  |
| **Total Number of Surveys Returned:** |  |

#

# SURVEY QUESTIONNAIRE

|  |  |
| --- | --- |
| Survey ID |  |
| To: |  |  |
|  | *(Name of person completing survey)* |
| Phone: |  | Fax: |  |
| Subject: Past Performance Survey of: |  |
|  | *(Name of Contractor)* |
|  |  |
|  | *(Critical Individuals)* |

The Owner is implementing a process that collects past performance information on contractors and their key personnel. The firm/individual listed above has listed you as a client for which they have previously performed work on. The Owner appreciates your time in completing this survey. Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied and 1 representing that you were very unsatisfied. Please rate each of the criteria to the best of your knowledge (you may leave a question blank if you don’t have adequate knowledge).

|  |  |
| --- | --- |
| Client Name: |  |
| Project Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NO | CRITERIA | UNIT | RATING |
| 1 | Ability to manage the project cost | (1-10) |  |
| 2 | Ability to maintain project schedule  | (1-10) |  |
| 3 | Quality of workmanship  | (1-10) |  |
| 4 | Ability to manage and overall professionalism (includes responses and prompt payment to suppliers and subcontractors) | (1-10) |  |
| 5 | Close out process (no punch list upon turnover, warranties, as-builts, operating manuals, etc.) | (1-10) |  |
| 6 | Ability to communicate and document risks on the project | (1-10) |  |
| 7 | Ability to follow the users rules, regulations, and requirements  | (1-10) |  |
| 8 | Overall customer satisfaction  | (1-10) |  |
| 9 | Is the project completed (has the firm/individual completed all work required under contract)  | (Y/N) | Y / N |
|  |  |  |
| Printed Name (of Evaluator) |  | Signature (of Evaluator) |

Thank you for your time and effort in assisting the Owner in this important endeavor. **Please fax the completed survey to: [<<Contractor’s fax #>>]**