ATTACHMENT 1

| **PHILADELPHIA HOUSING AUTHORITY**  **CONTRACTS AND PROCUREMENT DEPARTMENT**  Past Performance Survey  Solicitation #-P-005394  Website Design Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Client Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial Client | | | | | | | | | | | Government Client | | | | | | | | | | | | | | | | | |
| **Client Name:** | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Client Address:** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | **City** | | | | | |  | **State** | | | | |  | | **Zip Code** | | | | | |  | |
| **Project Name:** | | | | | |  | | | | | | **Total Project Value:** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Performance Period:** | | | | | | | | | | | | | | | | | **Teaming Partner(s):** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Government or Commercial Project Manager Contact** | | | | | | | | | | | | | | | | | **Alternate Government or Commercial Project Manager Contact** | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | |  | | Name: | | |  | | | | | | | |  |
| Title: | |  | | | | | | | | | | | | |  | | Title: |  | | | | | | | | | |  |
| Phone number: | | | | | | | |  | | | | | | |  | | Phone number: | | | | | |  | | | | |  |
| Fax number: | | | | |  | | | | | | | | | |  | | Fax number: | | | | |  | | | | | |  |
| E-mail address: | | | | | | | |  | | | | | | |  | | E-mail address: | | | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **SPECIFIC PERFORMANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions:** This part consists of open-ended questions to determine the scope, complexity, and relevance of the project to the current requirement. Please answer the questions concisely and to the best of your knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe the overall project type the contractor provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe the end goal/end product and result. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe the long-term program development involved in performing this task. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe the level of planning and staffing contractor was required to perform and if they met the contracts exceptions. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe the average timeline involved in completing this project and if contractor met that timeline within reason. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**PAST PERFORMANCE RATINGS**

Please answer each of the following questions with a rating that is based on objective measurable performance indicators to the maximum extent possible. Comments to support ratings may be noted on last page. The Government will assess an overall past performance rating for each reference contacted. The overall ratings of each reference will then be combined to arrive at a final past performance rating that will be assigned points based upon the following rating scheme:

**RATINGS ARE DEFINED AS FOLLOWS:**

**Definition Description**

**Excellent** The Contractor demonstrates an excellent performance level in all categories. There have been no performance problems and the Contractor has demonstrated initiative to enhance/exceed contractual requirements and objectives. The Contractor also has maintained an excellent Contractor/Government relationship throughout contract performance

**Good** There are no quality of service problems; no cost/price issues; and no delays. Responses to inquiries and technical/service administrative issues are consistently effective and responsive. Non-conformance does not impact achievement of contract requirements.

**Acceptable** Non-conformances are minor and have little impact in achievement of contract requirements, requires minor intervention by Government personnel to resolve issues.

**Marginal** Non-conformances are impacting achievement of contract requirements, requires substantial intervention by Government personnel to resolve issues.

**Unacceptable** Non-conformances are compromising the achievement of contract requirements, despite substantive intervention by Government personnel.

**PART 1: GENERAL PERFORMANCE**

**INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE RATING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quality of Service** | **Excellent** | **Good** | **Acceptable** | **Marginal** | **Unacceptable** | **N/A** |
| 1. Compliance with contract requirements |  |  |  |  |  |  |
| 1. Accuracy of Reports |  |  |  |  |  |  |
| 1. Effectiveness of Personnel |  |  |  |  |  |  |
| 1. Technical Excellence |  |  |  |  |  |  |
| 1. Record of conforming to specifications and standards of good workmanship |  |  |  |  |  |  |
| 1. Ability to provide services nationwide, including small and rural communities |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Cost Control** | **Excellent** | **Good** | **Acceptable** | **Marginal** | **Unacceptable** | **N/A** |
| 1. Record of forecasting and controlling target costs |  |  |  |  |  |  |
| 1. Current, accurate, and complete billings |  |  |  |  |  |  |
| 1. Relationship of negotiated costs to actual |  |  |  |  |  |  |
| 1. Cost efficiencies |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Timeliness of Performance** | **Excellent** | **Good** | **Acceptable** | **Marginal** | **Unacceptable** | **N/A** |
| 1. Met interim milestones |  |  |  |  |  |  |
| 1. Reliability |  |  |  |  |  |  |
| 1. Responsive to technical direction |  |  |  |  |  |  |
| 1. Completed on time including wrap up |  |  |  |  |  |  |
| 1. Met delivery schedules |  |  |  |  |  |  |
| 1. Amount of Liquidated Damages (Excellent=Low or None, Unacceptable= High) |  |  |  |  |  |  |
| **Business Relations** | **Excellent** | **Good** | **Acceptable** | **Marginal** | **Unacceptable** | **N/A** |
| 1. Effective Management, including subcontracts |  |  |  |  |  |  |
| 1. Reasonable/cooperative behavior |  |  |  |  |  |  |
| 1. Responsive to contract requirements |  |  |  |  |  |  |
| 1. Notification of problems |  |  |  |  |  |  |
| 1. Flexibility |  |  |  |  |  |  |
| 1. Pro-active vs. Reactive |  |  |  |  |  |  |
| 1. Effective small/small disadvantage business subcontracting program |  |  |  |  |  |  |
| 1. History of staff turnover |  |  |  |  |  |  |
|  | | | | | | |
| **Customer Satisfaction** | **Excellent** | **Good** | **Acceptable** | **Marginal** | **Unacceptable** | **N/A** |
| 1. Commitment to customer satisfaction |  |  |  |  |  |  |
| 1. Would you recommend selection of this firm again? |  |  |  |  |  |  |
| 1. Overall Rating of Contractor |  |  |  |  |  |  |
|  | | | | | | |
| **ADDITIONAL COMMENTS:** | | | | | | |
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**Name and Signature of Reference Date**