PAST PERFORMANCE VERIFICATION FORM (PPVF)

Directions: Request Public/Private Agencies, for which you have **substantially completed** (design for A/E, construction for PM/CM, CM@R or Design-Builder) **similar work**, to fill out a copy of the PPVF for three (3) similar projects. Provide this form to the Owner or Owner's representative **directly responsible** for oversight of the project to complete and submit via mail or fax prior to the date and time listed below. If the form is received after the date and time specified it will not be accepted. If your firm has completed previous similar work for the Town of Gilbert it is recommended that you utilize this experience. If your firm has not completed prior projects with Gilbert you will not be penalized.

SOQ Due Date and Time:

PROJECT NAME:

PROJECT ROLE SUBMITTING FOR: (circle one) **A/E** **PM/CM** **CM@R**

NAME OF COMPANY TO BE EVALUATED: _____

NAME OF AGENCY OR FIRM SUBMITTING EVALUATION: _____

NAME/PHONE NUMBER OF PERSON SUBMITTING EVALUATION: _____

NAME OF PROJECT AND DATE SUBSTANTIALLY COMPLETED: _____

QUESTIONS:

1. Has the above referenced project reached substantial completion? (circle one) **Yes** **No**
2. What project delivery method was utilized? (circle one) **Design-Bid-Build** **Design-Build** **CM@R**

What type of services did this firm provide on the project referenced?

_____

_____

_____

3. On a scale of 1 to 10 (1 being lowest, 10 highest), rate this company's performance on the following:
   a. How would you rate work performed by this firm on your project? _____
   b. Was the project completed on time? _____
   c. Was the project completed within budget? _____
   d. What was the quality of the work performed? _____
   e. Was staff proactive in solving problems that may have occurred on your project? _____
   f. What was the extent of staff turnover? *(10 = low staff turnover, 1 = high staff turnover)* _____
   g. Would you be willing to contract with this firm again? *(10 = Yes, 1 = No)* _____

   TOTAL POINTS _____

4. Any additional comments. _____

_____

Please fax to XXXXXXXX, CIP Program Manager at 480-503-6191 by the date and time shown above.

EXHIBIT A

PAST PERFORMANCE VERIFICATION EVALUATION SUBMITTALS

LIST OF THOSE AGENCIES OR FIRMS WHO WILL BE SUBMITTING EVALUATIONS TO TOWN

Please list the agency or firm name, address, phone number and contact information for the firms that will be providing the Past Performance Verification Form. It is the **responsibility of the firm** to ensure that Gilbert receives all of the Past Performance Verification Forms prior to the SOQ submittal deadline. Failure to provide evaluations by date and time specified will result in no score for that specific evaluation.

1. _____

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2. _____

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3. _____

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