

# United States Department of the Air Force

**AETC  
Air Force Real Property Agency  
(AFRPA)**



**Enhanced Use Leasing  
Luke AFB/Barry M. Goldwater Range  
RFQ No. AFRPA-08-R-0007**

## **REQUEST FOR QUALIFICATIONS APPENDIX J Past Performance Questionnaire**

**PROPOSALS ARE DUE NO LATER THAN  
5:00 P.M. EST March 31, 2008 AT:**

JONES LANG LASALLE  
1801 K Street NW  
10th Floor  
Washington, DC 20006  
Voice: (202) 719-5853 Fax: (312) 416-5414  
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## **APPENDIX J. PAST PERFORMANCE QUESTIONNAIRE**

Note: Past performance information is required for each team member and each major subcontractor. The Offeror shall ensure that a Past Performance Questionnaire is completed for each project used to demonstrate experience in Volume III. Relevant past performance information is defined as work of a similar nature to the factors/subfactors shown in Volume I of the RFQ and accomplished during the past 10 years. Questionnaires are to be completed by the contracting activity (e.g., owners, clients, and prime contractors) responsible for the particular projects and furnished by the completing party directly to:

JONES LANG LASALLE  
1801 K STREET NW, 10TH FLOOR  
WASHINGTON, DC 20006  
ATTN: Bryan Thomas

MARK FOR: Luke AFB/BMGR  
RFQ AFRPA-08-R-0007  
Past Performance Information

Completed questionnaires can be faxed to:

(312) 416-5414, ATTN: Bryan Thomas

**INSTRUCTIONS FOR COMPLETING PAST PERFORMANCE QUESTIONNAIRE**

- A. Please complete the attached questionnaire using the following guidance. Handwritten responses are sufficient.
- B. Questions 1 through 14 should be completed by the Offeror.
- C. Indicate, based on the adjectives (use letter designation below), the contractor’s performance on the identified program. Assessments should reflect only contractor-liable performance. The following is a definition of the rating levels:

|                             |   |
|-----------------------------|---|
| <b>E</b> (Exceptional)      | Performance meets contractual requirements and exceeds many requirements to the Government’s benefit. The contractual performance of the element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.                                  |
| <b>V</b> (Very Good)        | Performance meets contractual requirements and exceeds some requirements to the Government’s benefit. The contractual performance of the element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.  |
| <b>S</b> (Satisfactory)     | Performance meets contractual requirements. The contractual performance of the element being assessed contains some minor problems for which corrective actions taken by the contractor were, or appear to be, satisfactory.  |
| <b>M</b> (Marginal)         | Performance does not meet some contractual requirements. The contractual performance of the element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor’s proposed actions appear only marginally effective or were not fully implemented. |
| <b>U</b> (Unsatisfactory)   | Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element being assessed contains serious problem(s) for which the contractor’s corrective actions were, or appear to be, ineffective.  |
| <b>N/A</b> (Not Applicable) | Self-explanatory.   |

- D. Please mark the box under the letter corresponding to your rating, or mark “N/A” if you are unable to provide a rating for an area.
- E. Please provide narrative explanations for your answers. Space for your narrative remarks is provided after each area. If more space is required, attach additional sheets.
- F. In addition to completing the attached questionnaire for the identified program, please provide your comments on other programs for which your activity has contracts with this firm. You are urged to supplement your own knowledge of the contractor’s performance with the judgment of others in your organization.

**PAST PERFORMANCE EVALUATION**

**I. BUSINESS AND PROGRAM IDENTIFICATION**

1. Company/Division name: \_\_\_\_\_
2. Program/Project title (for similar projects that have been completed within the last ten years): \_\_\_\_\_  
\_\_\_\_\_
3. Contracting agency/company: \_\_\_\_\_
4. Contract number/solicitation number (as applicable): \_\_\_\_\_  
\_\_\_\_\_
5. Description of the contract/project effort (please include magnitude and level of complexity as compared to our project requirements): \_\_\_\_\_  
\_\_\_\_\_
6. Type of contract/project – list all that apply (e.g., Firm Fixed Price, Time and Materials, and Cost Plus): \_\_\_\_\_  
\_\_\_\_\_
7. Period of performance: \_\_\_\_\_
  - a. Original schedule: \_\_\_\_\_
  - b. Current or actual schedule: \_\_\_\_\_
  - c. Number of times it was changed: \_\_\_\_\_
  - d. Primary causes of changes: \_\_\_\_\_
8. Contract dollar value at time of selection/closing: \_\_\_\_\_
  - a. Original project dollar value: \_\_\_\_\_
  - b. Current or actual value at time of completion: \_\_\_\_\_
  - c. Number of times it was changed: \_\_\_\_\_
  - d. Primary causes of changes: \_\_\_\_\_
9. Current or actual contract value including all changes and exercised options: \_\_\_\_\_  
\_\_\_\_\_
10. Current or actual completion date, and if not complete, percentage of completion: \_\_\_\_\_
11. Complexity of the project: \_\_\_\_\_
12. Specific role of the Offeror and the person(s) and organization(s) identified as participants in the project (please provide name, title, affiliation, business address, and telephone and fax number for each of the team members): \_\_\_\_\_  
\_\_\_\_\_
13. Location of each project (street address/city/state/zip code): \_\_\_\_\_  
\_\_\_\_\_

**II. PAST PERFORMANCE**

Rating Scale:      E = Exceptional                      V = Very Good                      S = Satisfactory  
                          M = Marginal                              U = Unsatisfactory                      N/A = Not Applicable

| <b>QUALITY:</b> Rate how the project(s) that the Offeror developed for the user identified                | E | V | S | M | U | N/A |
|---|---|---|---|---|---|-----|
| 1. All maintenance services required for the project.   |   |   |   |   |   |     |
| 2. Overall quality of the project.  |   |   |   |   |   |     |
| 3. Key management/design/maintenance personnel qualifications to perform the requirements of the project. |   |   |   |   |   |     |
| 4. Quality of the subcontractor's work.   |   |   |   |   |   |     |
| 5. Accuracy of the record keeping procedure and the ability to prepare accurate reports.                  |   |   |   |   |   |     |
| 6. All training processes required for maintenance personnel.   |   |   |   |   |   |     |
| 7. Procedures that ensured that the level of quality remains constant throughout the life of the project. |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>TIMELINESS:</b> Rate how well the project met the following              | E | V | S | M | U | N/A |
|---|---|---|---|---|---|-----|
| 8. Timeliness in completing the project.                                    |   |   |   |   |   |     |
| 9. Meeting program schedule and monitoring critical milestones.             |   |   |   |   |   |     |
| 10. Timeliness in completing reports.                                       |   |   |   |   |   |     |
| 11. Providing a process for timely responses to requests for modifications. |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>COST CONTROL:</b> Rate how well the cost control program                     | E | V | S | M | U | N/A |
|---|---|---|---|---|---|-----|
| 12. Provided a process for management of the program costs.                     |   |   |   |   |   |     |
| 13. Provided good products/materials, considering the price paid for the items. |   |   |   |   |   |     |
| 14. Demonstrated financial stability during the project performance period.     |   |   |   |   |   |     |
| 15. Demonstrated effectiveness in reducing project costs.                       |   |   |   |   |   |     |
| 16. Demonstrated reasonableness of proposed modifications costs.                |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>BUSINESS RELATIONSHIPS:</b> Rate how well the project process indicated that, between the Offeror's team members and subcontractors, there was | E | V | S | M | U | N/A |
|---|---|---|---|---|---|-----|
| 17. Cooperation in solving problems.  |   |   |   |   |   |     |
| 18. A good relationship with technical and contracting office personnel.  |   |   |   |   |   |     |
| 19. A good relationship with subcontractors.  |   |   |   |   |   |     |
| 20. Cooperation and innovation in problem solving.  |   |   |   |   |   |     |
| 21. Compliance with the terms of the contract.  |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>CUSTOMER SATISFACTION:</b> Rate how well the Offeror ensured that  | E | V | S | M | U | N/A |
|---|---|---|---|---|---|-----|
| 22. You, as the end user, were satisfied with the services performed. |   |   |   |   |   |     |
| 23. You would be their advocate for future work.                      |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>MANAGEMENT:</b> Rate how well the Offeror provided   | E | V | S | M | U | N/A |
|---|---|---|---|---|---|-----|
| 24. An adequate and complete management plan.   |   |   |   |   |   |     |
| 25. A specific management team dedicated to this project.   |   |   |   |   |   |     |
| 26. Indications that the provided team had experience in subcontractor management and surveillance. |   |   |   |   |   |     |
| 27. A process, or metrics, for the evaluation of their own overall management performance.          |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>TECHNICAL:</b> Rate to what extent the Offeror  | E | V | S | M | U | N/A |
|--|---|---|---|---|---|-----|
| 28. Met the general and detailed design specifications requirements.                         |   |   |   |   |   |     |
| 29. Ensured the technical data and details submitted were acceptable.                        |   |   |   |   |   |     |
| 30. Ensured the project met the proposed performance of the demolition plan.                 |   |   |   |   |   |     |
| 31. Ensured the project met the proposed performance of the construction efforts.            |   |   |   |   |   |     |
| 32. Ensured the project met the proposed performance of the hazardous waste management plan. |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>PROPERTY MANAGEMENT: Rate</b>   | E | V | S | M | U | N/A |
|--|---|---|---|---|---|-----|
| 33. How well the property management plan met required objectives.             |   |   |   |   |   |     |
| 34. The reliability of the customer service provided.                          |   |   |   |   |   |     |
| 35. The timeliness/courtesy of responses to customer complaints.               |   |   |   |   |   |     |
| 36. The timeliness and quality of the change of occupancy maintenance program. |   |   |   |   |   |     |
| 37. The overall customer satisfaction with the contractor.                     |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

| <b>FACILITY DESIGN AND CONSTRUCTION: Rate</b>              | E | V | S | M | U | N/A |
|--|---|---|---|---|---|-----|
| 38. The reliability of the design.                         |   |   |   |   |   |     |
| 39. Your satisfaction with the response to warranty calls. |   |   |   |   |   |     |
| 40. The corrective actions taken to warranty calls.        |   |   |   |   |   |     |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**III. PROJECT FINANCIAL INFORMATION**

Please respond “YES,” “NO,” or “N/A,” as appropriate, for each of the following questions.

| <b>FINANCIAL STRATEGY</b>  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| 1. Was the financial plan adhered to?<br>[If “No,” please reference and explain in the Additional Remarks section at the end of this questionnaire.]   |            |           |            |
| 2. Were any changes made to the financial strategy or plan?<br>[If “Yes,” please reference and describe the change/effect in the Additional Remarks section at the end of this questionnaire.] |            |           |            |
| 3. Were there any cost overruns involved with this project?<br>[If “Yes,” please reference and explain in the Additional Remarks section at the end of this questionnaire.]                    |            |           |            |
| 4. Were there any strengths and/or weaknesses with the Offeror’s financial strategy?<br>[Please describe them and explain in the Additional Remarks section at the end of this questionnaire.] |            |           |            |

| <b>PRO FORMA FINANCIAL INFORMATION</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| 5. Were the underlying assumptions sound?<br>[If “No,” please reference and explain in the Additional Remarks section at the end of this questionnaire.]       |            |           |            |
| 6. Were the pro forma financial objectives met?<br>[If “No,” please reference and explain in the Additional Remarks section at the end of this questionnaire.] |            |           |            |

| <b>CUSTOMER PARTICIPATION IN PROJECT FINANCING</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| 7. Did customers participate in project financing?<br>[If “Yes,” describe for construction and permanent loan, bond, and mortgage]   |            |           |            |
| 8. Was the financial requirement obtained in a timely manner?<br>[If “No,” please reference and explain in the Additional Remarks section at the end of this questionnaire.] |            |           |            |

| <b>ACCOUNT MANAGEMENT</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| 9. Were there any instances where subcontractors were not paid?<br>[If “Yes,” please reference and explain in the Additional Remarks section at the end of this questionnaire.] |            |           |            |
| 10. Were any liens placed against the project?<br>[If “Yes,” please reference and explain in the Additional Remarks section at the end of this questionnaire.]                  |            |           |            |

| <b>GENERAL INFORMATION</b>   | YES | NO | N/A |
|--|-----|----|-----|
| 11. To your knowledge, has this Offeror filed for bankruptcy in the past ten years?<br>[If "Yes," please reference and indicate date, type of bankruptcy, and disposition of case in the Additional Remarks section at the end of this questionnaire.]   |     |    |     |
| 12. To your knowledge, have any key personnel associated with this Offeror been indicted on any criminal charges within the past ten years?<br>[If "Yes," please reference, indicate date, type of charges, and disposition of case in the Additional Remarks section at the end of this questionnaire.] |     |    |     |
| 13. To your knowledge, has this Offeror's line of credit been increased/decreased by 25 percent or more during the past ten years?<br>[If "Yes," please reference and, if known, indicate date and reason for change in the Additional Remarks section at the end of this questionnaire.]                |     |    |     |
| 14. Has this Offeror demonstrated capability to work independently and without significant customer oversight?<br>[If "No," please reference and explain in the Additional Remarks section at the end of this questionnaire.]  |     |    |     |
| 15. Given a choice, would you use this Offeror again?<br>[If "No," please reference and explain in the Additional Remarks section at the end of this questionnaire.]   |     |    |     |

**IV. RESPONDENT INFORMATION**

The following information will assist with the analysis of the data. This information will be kept CONFIDENTIAL.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Agency/company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work phone number (including area code): \_\_\_\_\_

FAX number (including area code): \_\_\_\_\_

Your role relative to the project/contract: \_\_\_\_\_

(Administrative Contracting Officer, Inspector, Contract Administrator, Buyer, Quality Assurance Evaluator, Other - explain)

Length of involvement in project/contract: \_\_\_\_\_

Date the questionnaire was completed: \_\_\_\_\_

Do you know anyone else who can provide information regarding this Offeror's performance?

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE.

**ADDITIONAL REMARKS** (Use additional pages if necessary):