

PBS PAST PERFORMANCE QUESTIONNAIRE

CONTRACT INFORMATION *(Contractor to complete Blocks 1-4)*

1. CONTRACTOR INFORMATION

Firm Name: ORION CONSTRUCTION, INC

Address: 3038 N. CARIBOU ST

Phone Number: 907-631-3550

DUNs Number: 808152487

Contact Name: JEFF WHALEY

Email Address: jeffw@orionconstructioninc.com

Contact Phone Number: 907-631-3550

2. GENERAL WORK INFORMATION

Work performed as: Prime Contractor Sub Contractor Joint Venture Other (Please explain):

Percent (%) of project work performed: 35%

If a subcontractor, who was the prime (Name/Phone #):

3. CONTRACT INFORMATION

Contract Number: 119056

Delivery/Task Order Number (if applicable):

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please explain)

Contract Title: Alaska Regional Fire Training Center Building Rehabilitation

Contract Location: Kenai, Alaska

Award Date (mm/dd/yy): 10/04/2019

Original Contract Completion Date (mm/dd/yy): 06/22/2020

Actual Completion Date (mm/dd/yy): 07/27/2020

Explain Schedule Change: COVID-19 Inspection delays

Original Contract Price (Award Amount): \$1,938,755

Final Contract Price *(to include all modifications, if applicable)*: \$2,002,803.92

Explain Differences: Design clarifications flooring, housekeeping pads, electrical. Unforeseen Conditions

4. PROJECT DESCRIPTION

Complexity of Work: High Med Routine

How is this project relevant to project of submission? *(Please provide details such as similar equipment, requirements, conditions, etc.)* Tenant Improvement of Government Facility

NOTE: PBS requests that the client complete this Questionnaire and submit it directly back to the offeror. The offeror will submit this completed Questionnaire to PBS with their proposal, and may duplicate this Questionnaire for future submission on PBS solicitations. Clients are highly encouraged to submit Questionnaires directly to the offeror. However, Questionnaires may be submitted directly to PBS. Please contact the offeror for PBS POC information. The Government reserves the right to verify any and all information on this form.

Use the following adjective ratings and definitions in your evaluation of the Contractor's performance.

RATING	DEFINITION	NOTE
(E) Exceptional	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government/Owner. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
(VG) Very Good	Performance meets contractual requirements and exceeds some to the Government's/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.	A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government/Owner. There should have been no significant weaknesses identified.
(S) Satisfactory	Performance meets minimum contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per DOD policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
(M) Marginal	Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government/Owner.
(U) Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.	An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government/Owner. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating.
(N) Not Applicable	No information or did not apply to your contract	Rating will be neither positive nor negative.

TO BE COMPLETED BY CLIENT

CLIENT INFORMATION						
Client Information: <i>CITY OF KENAI</i> Name: <i>SCOTT CURTIN</i> Title: <i>DIRECTOR OF PUBLIC WORKS</i> Phone Number: <i>(907) 283-8240</i> Email Address: <i>SCURTIN@KENAI.CITY</i>						
Describe the client's role in the project: <i>OWNER'S REPRESENTATIVE</i>						
Date Questionnaire was completed (mm/dd/yy): <i>2/24/21</i>						
Client's Signature:						
Instructions: Please select the adjective rating and the Yes/No reply that best reflects your evaluation of the contractor's performance.						
1. QUALITY:	E	VG	S	M	U	N
(a) Quality of technical data/report preparation efforts.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Ability to meet quality standards specified for technical performance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SCHEDULE/TIMELINESS OF PERFORMANCE:	E	VG	S	M	U	N
(a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If liquidated damages were assessed or the schedule was not met, please address below.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Rate the contractor's use of available resources to accomplish tasks identified in the contract.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CUSTOMER SATISFACTION:	E	VG	S	M	U	N
(a) To what extent were the end users satisfied with the project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Overall customer satisfaction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MANAGEMENT/ PERSONNEL/LABOR	E	VG	S	M	U	N
(a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Ability to hire, apply, and retain a qualified workforce to this effort.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Government Property Control.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Knowledge/expertise demonstrated by contractor personnel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Utilization of Small Business concerns.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Ability to simultaneously manage multiple projects with multiple disciplines.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Effectiveness of overall management (including ability to effectively lead, manage and control the program).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. COST/FINANCIAL MANAGEMENT	E	VG	S	M	U	N
(a) Ability to meet the terms and conditions within the contractually agreed price(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) If this is/was a Government cost type contract, or a CMc/CMc at Risk Contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Is the Contractor's accounting system adequate for management and tracking of costs? (If no, please explain in comment section below.)	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
(e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? (Indicate if show cause or cure notices were issued, or any default action in comment section below.)	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
(f) Have there been any indications that the contractor has had any financial problems? (If yes, please explain in the comment section below.)	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
6. SAFETY/SECURITY	E	VG	S	M	U	N
(a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Contractor complied with all security requirements for the project and personnel security requirements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SUSTAINABILITY						
Were sustainability methods, processes, or materials incorporated into the project? (If yes, please explain in the comments section below.)	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
8. GENERAL	E	VG	S	M	U	N
(a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Compliance with contractual terms/provisions (If there were specific issues, please explain in the comments sections below.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Would you hire or work with this firm again? (If no, please explain in the comments section below.)	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
(d) In summary, provide an overall rating for the work performed by this contractor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS SECTION

Please provide additional information below, and attach additional pages if necessary.

Please provide responses to the above questions (if applicable) and/or additional remarks. Also please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (please attach additional pages if necessary):

REGARDING #7 SUSTAINABILITY

THIS PROJECT INCLUDED A LARGE ROOF REPLACEMENT. THE EXISTING ROOF WAS BALLASTED WITH THOUSANDS OF 20 YEAR OLD CONCRETE PAVERS. CONTRACTOR ACCEPTED OWNERSHIP OF SALVAGED MATERIALS AS PART OF CONTRACT. PAVERS WERE REMOVED AND PLACED ON PALLETS WHERE THEY WERE REPURPOSED IN PLACE OF BEING TRANSPORTED TO LANDFILL.

ORION CONSTRUCTION IS A VERY CAPABLE FIRM. THEY ARE ORGANIZED AND COMMUNICATE WELL WITH CLIENTS. EXPERIENCES FROM THEIR OWNERSHIP TO PROJECT MANAGERS AND SUPERINTENDENTS TO THEIR BILLING OFFICE STAFF HAVE ALWAYS BEEN POSITIVE. THIS WAS OUR FIRST PROJECT WITH THEM AND WE HAVE SINCE AWARDED A SECOND CONTRACT. BOTH PROJECTS HAVE MET OUR EXPECTATIONS. AS THE DIRECTOR OF PUBLIC WORKS + CAPITAL PROJECTS I NOW CONSIDER ORION CONSTRUCTION AS A PREFERRED CONTRACTOR.

REGARDS,

