REVISED

Attachment F
Project Reference Questionnaire
References should correspond to those listed under Tab C, "a"

Offerors: Complete the top section of this questionnaire and supply to each of your references to complete.

Past Performance Survey of:
  (Name of Offeror): _____

  (Name of Project Manager(s): _____

Instructions: References will complete the following section about the Offeror and return this form directly to Phoenix Mesa Gateway Airport. Please email the completed form to Marian Whilden at mwhilden@gatewayairport.com no later than April 8, 2024. Thank you for your time and effort in assisting the Airport in this important endeavor.

The Phoenix Mesa Gateway Airport is collecting past performance information on firms and their key personnel. The information will be used to assist the Airport in the selection of a firm for FBO Consulting Services.
The firm listed above has listed you as a client for which they have previously performed work for. We would appreciate you taking the time to complete this survey.

Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the firm/individual again) and 1 representing that you were very unsatisfied (and would never hire the firm/individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge in a particular area, please leave it blank.

Reference Firm Name: _____   Date/Year of Project: _____

Reference Phone: _____   Reference Email: _____

Project Description: _____

NO	CRITERIA	UNIT	RATING
1.	Ability to meet customer expectations	(1-10)	_____
2.	Ability to maintain project schedule (completed on time or early)	(1-10)	_____
3.	Ability to manage project costs (minimal change orders)	(1-10)	_____
4.	Ability to identify and minimize the owner's risk	(1-10)	_____
5.	Ability to increase value	(1-10)	_____
6.	Coordination of activities and documentation	(1-10)	_____
7.	Accessibility and communication	(1-10)	_____
8.	Leadership ability (minimize the need of owner direction)	(1-10)	_____
9.	Your comfort level in hiring the firm/individual again based on performance	(1-10)	_____
10.	Overall customer satisfaction	(1-10)	_____

Comments: _____

_____

_____   _____   _____
Name   Signature   Date

Revised 3/18/24