

## INSTRUCTIONS

On the page below [Required Information], the Firm's name, the Project Manager's name, the contract number and the type of work being advertised has been completed. Webb County is requesting that your firm complete the remaining information to provide a contact name if questions arise regarding the past performance of the Firm and the Project Manager for a particular project. The contract amount and the type of work performed for your firm is also requested.

The Questionnaire is a separate file labeled "Past Performance Questionnaire Template". You must print out the form and complete by hand, scan electronically and email or fax to the contact information provided in the Client Reference Past Performance Evaluation cover letter. There are eleven (11) criteria for evaluation of the Project Manager (PM) and three (3) criteria for the Firm. The PM has a base score of 100 points and the Firm has a base score of 50 points.

Please include remarks if they will provide additional clarification. You may also include additional comments on the 2nd worksheet [Additional Comments (Tab 2)] to explain your comments overall or to expand on a particular criterion.

The information on the worksheets must be completed and returned by the date shown for your reference to be considered. Questionnaires submitted without the Required Information, 2<sup>nd</sup> page of this document and/or the Past Performance Questionnaire will not be considered.

Please return the worksheets to the contact person shown on the cover letter/e-mail.

Solicitation Number: Design-Build Wastewater Appurtenances

Webb County Contact: Fitzgerald G. Sanchez, P.E.

Firm Name: \_\_\_\_\_

Project Manager's Name: \_\_\_\_\_

Type of Work being solicited: \_\_\_\_\_  
\_\_\_\_\_

**Please complete the following information:**

Name of Individual completing this form: \_\_\_\_\_

Title of Individual completing this form: \_\_\_\_\_

E-Mail Address & Phone # of Individual: \_\_\_\_\_

Complete Name of Firm: \_\_\_\_\_

Mailing Address of Firm: \_\_\_\_\_

Reference Project: \_\_\_\_\_

Value of Awarded Contract: \_\_\_\_\_

Type of Work performed on Contract, check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Design Water and Wastewater      | <input type="checkbox"/> Materials Engineering/Commercial Lab Services |
| <input type="checkbox"/> Preliminary Eng./Planning        | <input type="checkbox"/> Environmental Engineering                     |
| <input type="checkbox"/> Municipal Utilities Inspection   | <input type="checkbox"/> Hydraulics & Water Supply                     |
| <input type="checkbox"/> Environmental Services           | <input type="checkbox"/> Surveying                                     |
| <input type="checkbox"/> Utility Coordination/Support     | <input type="checkbox"/> Geotechnical Services                         |
| <input type="checkbox"/> Mechanical & Electrical Controls | <input type="checkbox"/> Other: _____                                  |

Signature of Individual completing this form:  
**X**  
\_\_\_\_\_