

PERFORMANCE EVALUATION (CONSTRUCTION)		1. CONTRACT NUMBER GS08P10JCC0009	
		2. CEC NUMBER 033621645	
INCOMPLETE-REVIEWED			
IMPORTANT: Be sure to complete Part III - Evaluation of Performance Elements on reverse.			
PART I - GENERAL CONTRACT DATA			
3. TYPE OF EVALUATION (<i>X one</i>)		4. TERMINATED FOR DEFAULT	
<input type="checkbox"/> INTERIM (<i>List percentage</i> <u>100</u> %)		<input checked="" type="checkbox"/> FINAL	
<input type="checkbox"/> AMENDED		<input type="checkbox"/>	
5. CONTRACTOR (<i>Name, Address, and ZIP Code</i>) PRO-MARK SERVICES, INC. 45 21ST AVE E STE C WEST FARGO ND 580787811 USA NAICS Code: 236220		6.a. PROCUREMENT METHOD (<i>X one</i>) <input type="checkbox"/> SEALED BID <input checked="" type="checkbox"/> NEGOTIATED (<i>Design-Build</i>)	
		b. TYPE OF CONTRACT (<i>X one</i>) <input checked="" type="checkbox"/> FIRM FIXED PRICE <input type="checkbox"/> COST REIMBURSEMENT	
		<input type="checkbox"/> OTHER (<i>Specify</i>)	
7. DESCRIPTION AND LOCATION OF WORK The Contractor shall provide design/build services to include all labor and materials to provide architectural, engineering, construction, and other related services necessary to provide alterations/improvements to the Federal Building/Post Office/Courthouse in Bismarck, North Dakota.			
8. TYPE AND PERCENT OF SUBCONTRACTING			
9. FISCAL DATA	a. AMOUNT OF BASIC CONTRACT \$150,275	b. TOTAL AMOUNT OF MODIFICATIONS \$281,843	c. LIQUIDATED DAMAGES ASSESSED \$0
10. SIGNIFICANT DATES	a. DATE OF AWARD 03/15/2010	b. ORIGINAL CONTRACT COMPLETION DATE 03/15/2011	c. REVISED CONTRACT COMPLETION DATE 10/31/2011
			d. NET AMOUNT PAID CONTRACTOR \$432,118
			d. DATE WORK ACCEPTED 03/15/2011
PART II - PERFORMANCE EVALUATION OF CONTRACTOR			
11. OVERALL RATING (<i>X appropriate block</i>)			
<input type="checkbox"/> OUTSTANDING	<input checked="" type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> MARGINAL
			<input type="checkbox"/> UNSATISFACTORY (<i>Explain in Item 20 on reverse</i>)
12. EVALUATED BY			
a. ORGANIZATION (<i>Name and Address (Include ZIP Code)</i>) GSA/PBS-MTN PLAINS SERVICE CTR		b. TELEPHONE NUMBER (<i>Include Area Code</i>) 303-236-3683	
c. NAME AND TITLE DARLENE GONZALES CONTRACTING OFFICER		d. SIGNATURE //Electronically Signed//	e. DATE 11/29/2011
13. EVALUATION REVIEWED BY			
a. ORGANIZATION (<i>Name and Address (Include ZIP Code)</i>)		b. TELEPHONE NUMBER (<i>Include Area Code</i>)	
c. NAME AND TITLE		d. SIGNATURE	e. DATE
14. AGENCY USE (<i>Distribution, etc.</i>)			

