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MAYOR'S OFFICE OF CONTRACTS
CONTRACTOR PERFORMANCE EVALUATIONS

FORM 1: SERVICES AND CONSULTANTS

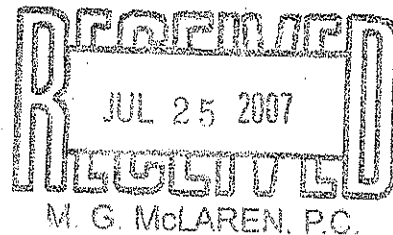
Use Form 1 to evaluate all contracts for consultants and services except for human services, auditors and construction-related services. Refer to separately printed instructions. Type or write legibly in ink.

Taxpayer and Contract Numbers

| |
|---|
| 1. EIN/SSN: 13-3172836 |
| 2. Current contract registration number: 20060016410 |
| 3. Is this a multi-year contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter original contract registration number: 20060016410 |
| 4. Agency internal number (optional) 841ESA-FSHORE001 |

General Information

| |
|---|
| 5. Contractor name: M.G. McLaren, P.C. |
| 6. Address: 100 Snake Hill Road, West Nyack, NY 10994 |
| 7. Check one <input type="checkbox"/> Not-for-profit <input checked="" type="checkbox"/> For-profit |
| 8. City agency: Department of Transportation Agency # 841 |
| Division/Bureau: Ferry Division |
| 9. Contract is: a. EDP related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Collection agency related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 10. Contract description: ESA Design, Inspection & REI for Ferry Shore Facilities |
| 11. Original contract amount (from Advice of Award) \$2,800,000.00 |
| 12. Final contract amount, if different \$ <input checked="" type="checkbox"/> NA |
| if different, explain: |



Key to responses: E=Excellent, VG=Very Good, S=Satisfactory, NI=Needs Improvement, U=Unsatisfactory, NA=Not Applicable

Contract Schedule and Timeliness of Performance

| | | |
|---|--------------------|------------------|
| 13. Original contract term | Start date 7/26/06 | End date 7/26/10 |
| 14. Final contract term | Start date 7/26/06 | End date 7/26/10 |
| If contract started or ended late, explain: | | |

| | Check one Response | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | E | VG | S | NI | U | NA |
| 15. Timeliness of deliverables and reports | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Timeliness of services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. OVERALL TIMELINESS OF PERFORMANCE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Comments: | | | | | | |

| Quality of Service | Check one Response | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | E | VG | S | NI | U | NA |
| 19. Conformance of deliverables to contract | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Quality of deliverables | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Quality of design/study | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Ability to communicate findings and recommendations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Quality of contractor's staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Cooperation with City agency staff and responsiveness to agency requests | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Quality of training and follow-up provided by contractor to City agency staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26. Provision of level, volume and frequency of services required by contract | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Technical and professional quality of services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Adequacy of physical facilities and equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 29. Were all contractually required tasks completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," explain: Awaiting completion of Task Order # 1-06 | | | | | | |

| | Check one Response | | | | | |
|--------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | E | VG | S | NI | U | NA |
| 30. OVERALL QUALITY OF SERVICE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Comments: | | | | | | |

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| Quality of Fiscal Administration | Check one Response | | | | | |
|--|-------------------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | E | VG | S | NI | U | NA |
| 32. Accuracy and timeliness of fiscal reports and invoices | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Maintenance of time sheets, logs, work records | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Are there any unresolved fiscal problems If "Yes," explain: | <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No | | | |
| 35. OVERALL QUALITY OF FISCAL ADMINISTRATION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Comments: | | | | | | |

| Overall Performance | Check one Response | | | | | |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | E | VG | S | NI | U | NA |
| Quality of Service | | | | | | |
| 37. CONTRACTOR'S OVERALL PERFORMANCE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Comments: | | | | | | |

| Contract Enforcement | | |
|--|------------------------------|--|
| 39. Did the agency terminate the contract, decide not to renew the contract, or take any other action against the contractor due to the contractor's nonperformance, poor performance, or for any other reason? Check "Yes," if action is completed or in progress, and explain: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| Agency Certification of Contractor Response | | | |
|--|---|--|--|
| 40. Completed evaluation sent to the contractor, allowing 15 days for written response | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 41. Written response received (If "No," check "NA") for next two questions | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 42. Response attached? ("No" means received but not attached) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| 43. Agency response attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| 44. If answer to 40 or 42 or 43 is "No," explain: | | | |

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Signature Certification

The foregoing evaluation represents my best judgment concerning the performance of the contractor and is based on documentation on file at the City Agency.

Earl J. Bain *Mechanical Engineer II* *212 487 8360*
Contract Manager Name (PRINT) Title (PRINT) Phone Number

[Signature] *7/20/07*
Signature Date

Reviewed by ACCO or designee (or AIS Coordinator for EDP contracts)

ACCO Name (PRINT) Title (PRINT) Phone Number

Signature Date

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