

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

Project Number/Title: C464540

Work Order Number (if applicable): \_\_\_\_\_

Contractor: Gallegher and Burk

Date of Notice to Proceed: September 22, 2014

Date of Notice of Completion: N/A

Date of Notice of Final Completion: November 25, 2015

Contract Amount: \$1,188,239.37

Evaluator Name and Title: Phillip Fung, Supervising Civil Engineer

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                                                    | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                                                    |                               |                               |                                          |                                 |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                                              |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input type="checkbox"/>  | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                                       |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 7                       | <b>Overall, how did the Contractor rate on work performance?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## TIMELINESS

|    |                                                                                                                                                                                                                                                                             |                               |                               |                                          |                                 |                                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|--------------------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input type="checkbox"/>  | N/A<br><input checked="" type="checkbox"/> |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/>  |
| 13 | <b>Overall, how did the Contractor rate on timeliness?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b>                      | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                            |

## FINANCIAL

|    |                                                                                                                                                                                                                                                                                   | Unsatisfactory           | Marginal                 | Satisfactory                        | Outstanding                     | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p>         |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                                      |                          |                          |                                     | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                                 |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p><b>Overall, how did the Contractor rate on financial issues?</b></p> <p><b>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</b></p> <p><b>Check 0, 1, 2, or 3.</b></p> |                          |                          |                                     | 0<br><input type="checkbox"/>   | 1<br><input type="checkbox"/>             |



Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## COMMUNICATION

|     |                                                                                                                                                                                                                                                                            |                               |                               |                                          |                                 |                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                                                   |                               |                               |                                          |                                 |                                           |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                                      |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22  | <b>Overall, how did the Contractor rate on communication issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

## SAFETY

|    |                                                                                                                                                                                                                                                              | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                                               |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                                     |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | <b>Overall, how did the Contractor rate on safety issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

1. Enter Overall score from Question 7      2 X 0.25 = .50
2. Enter Overall score from Question 13      2 X 0.25 = .50
3. Enter Overall score from Question 18      2 X 0.20 = .40
4. Enter Overall score from Question 22      2 X 0.15 = .30
5. Enter Overall score from Question 28      2 X 0.15 = .30

**TOTAL SCORE** (Sum of 1 through 5): 2.0

**OVERALL RATING:** 2.0

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-



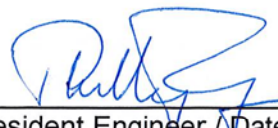
responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

\_\_\_\_\_  
Contractor / Date

 9/6/17  
\_\_\_\_\_  
Resident Engineer / Date

 9/6/17  
\_\_\_\_\_  
Supervising Civil Engineer / Date



**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

|                                     |                                                        |
|-------------------------------------|--------------------------------------------------------|
| Project Number/Title:               | <u>7th Street West Oakland Transit Village Project</u> |
| Work Order Number (if applicable):  | <u></u>                                                |
| Contractor:                         | <u>Gallagher &amp; Burk</u>                            |
| Date of Notice to Proceed:          | <u>April 26, 2010</u>                                  |
| Date of Notice of Completion:       | <u></u>                                                |
| Date of Notice of Final Completion: | <u>May 13, 2015</u>                                    |
| Contract Amount:                    | <u>\$3,817,204.54</u>                                  |
| Evaluator Name and Title:           | <u>Phillip Fung, Civil Engineer</u>                    |

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

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If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                                                    | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                                                    |                               |                               |                                          |                                 |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                                              |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input type="checkbox"/>  | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                                       |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 7                       | <b>Overall, how did the Contractor rate on work performance?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   | <input type="checkbox"/>                  |



## TIMELINESS

|    |                                                                                                                                                                                                                                                                             | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|--------------------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input type="checkbox"/>  | N/A<br><input checked="" type="checkbox"/> |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/>  |
| 13 | <b>Overall, how did the Contractor rate on timeliness?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b>                      | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                            |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## FINANCIAL

|    |                                                                                                                                                                                                                                                                                   |                               |                               |                                          |                                 |                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p>         |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p><b>Overall, how did the Contractor rate on financial issues?</b></p> <p><b>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</b></p> <p><b>Check 0, 1, 2, or 3.</b></p> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## COMMUNICATION

|     |                                                                                                                                                                                                                                                       |                               |                               |                                          |                                 |                                           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                              |                               |                               |                                          |                                 |                                           |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                            |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22  | Overall, how did the Contractor rate on communication issues?<br>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

## SAFETY

|    |                                                                                                                                                                                                                                                    | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                                     |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                              | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                                      |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                              |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                           |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | <b>Overall, how did the Contractor rate on safety issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines. Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

|                                         |          |          |            |
|-----------------------------------------|----------|----------|------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>.50</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>.50</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>.40</u> |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>.30</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>.30</u> |
| TOTAL SCORE (Sum of 1 through 5):       |          |          | <u>2.0</u> |
| OVERALL RATING:                         |          |          | <u>2.0</u> |

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-



responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

\_\_\_\_\_  
Contractor / Date

 12/10/15  
\_\_\_\_\_  
Resident Engineer / Date

 12/10/15  
\_\_\_\_\_  
Supervising Civil Engineer / Date

^  
For

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

|                                     |                                              |
|-------------------------------------|----------------------------------------------|
| Project Number/Title:               | 1005309 Oakland Local Streets                |
| Work Order Number (if applicable):  | Task Order No. 3                             |
| Contractor:                         | Gallagher & Burk, Inc.                       |
| Date of Notice to Proceed:          | 9/28/2020                                    |
| Date of Notice of Completion:       | 12/19/2022                                   |
| Date of Notice of Final Completion: | 12/19/2022                                   |
| Contract Amount:                    | \$3,241,739.31                               |
| Evaluator Name and Title:           | Jacqueline Buenrostro, Assistant Engineer II |

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                      |                                                                                                                                                                         |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding<br/>(3 points)</b>    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory<br/>(2 points)</b>   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal<br/>(1 point)</b>        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory<br/>(0 points)</b> | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                               | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                               | Not Applicable                            |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                               |                               |                               |                                          |                                           |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.              | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                         |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                  |                               |                               |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 7                       | Overall, how did the Contractor rate on work performance?<br>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |

# TIMELINESS

|    |                                                                                                                                                                                                                                                                             | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|---------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |                                 |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     | <input type="checkbox"/>      |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            | N/A<br><input type="checkbox"/> |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |                                 |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |                                 |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |                                 |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        | <input type="checkbox"/>      |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |                                 |
| 13 | Overall, how did the Contractor rate on timeliness?<br>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines. Check 0, 1, 2, or 3.                                              | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              | <input type="checkbox"/>                  |                                 |

# **FINANCIAL**

|    |                                                                                                                                                                                                                                                            | Unsatisfactory           | Marginal                 | Satisfactory                        | Outstanding                     | Not Applicable                            |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?<br><br>Number of Claims: _____<br>Claim amounts: \$ _____<br>Settlement amount: \$ _____ |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                               |                          |                          |                                     | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                          |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | Overall, how did the Contractor rate on financial issues?<br>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.<br>Check 0, 1, 2, or 3.              |                          |                          |                                     | 0<br><input type="checkbox"/>   | 1<br><input type="checkbox"/>             |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## COMMUNICATION

|     |                                                                                                                                                                                                                                                       |                               |                               |                                          |                                 |                                           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                              |                               |                               |                                          |                                 |                                           |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                            |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22  | Overall, how did the Contractor rate on communication issues?<br>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |



## SAFETY

|    |                                                                                                                                                                                                                                      | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                       |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                             |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | Overall, how did the Contractor rate on safety issues?<br>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines. Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

|                                         |          |          |             |
|-----------------------------------------|----------|----------|-------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>0.40</u> |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>0.30</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>0.30</u> |

**TOTAL SCORE** (Sum of 1 through 5): 2

**OVERALL RATING:** Satisfactory

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-

responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

 1/9/23  
\_\_\_\_\_  
Contractor / Date

 12/21/22  
\_\_\_\_\_  
Resident Engineer / Date

 Dec 21, 2022  
\_\_\_\_\_  
Supervising Civil Engineer / Date

**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.

**City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

Project Number/Title: C427720 Citywide Preventive Maintenance Resurfacing)

Work Order Number (if applicable): \_\_\_\_\_

Contractor: Gallagher and Burk

Date of Notice to Proceed: 2/21/2017

Date of Notice of Substantial Completion: N/A

Date of Notice of Final Completion: 6/7/2018

Contract Amount: \$4,938,404.63

Evaluator Name and Title: Joseph Fermanian, Resident Engineer

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                  |                                                                                                                                                                         |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding (3 points)</b>    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory (2 points)</b>   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal (1 point)</b>        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory (0 points)</b> | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                               | Unsatisfactory                | Marginal                      | Satisfactory                        | Outstanding                               | Not Applicable                  |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------------|-------------------------------------------|---------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                               |                               |                               |                                     |                                           |                                 |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       | <input type="checkbox"/>        |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.              | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       | <input type="checkbox"/>        |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       | <input type="checkbox"/>        |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                         |                               |                               | Yes<br><input type="checkbox"/>     | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/> |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/>        |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/>        |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                  |                               |                               | Yes<br><input type="checkbox"/>     | No<br><input checked="" type="checkbox"/> |                                 |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/>        |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       | <input type="checkbox"/>        |
| 7                       | Overall, how did the Contractor rate on work performance?<br>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input type="checkbox"/>       | 3<br><input checked="" type="checkbox"/>  |                                 |



Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

### TIMELINESS

|    |                                                                                                                                                                                                                                                                             |                               |                               |                                 |                                           |                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------------------|-------------------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>        | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                  |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>       |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>        | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                  |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>        | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                  |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                 | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 13 | Overall, how did the Contractor rate on timeliness?<br>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines. Check 0, 1, 2, or 3.                                              | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input type="checkbox"/>   | 3<br><input checked="" type="checkbox"/>  |                                           |



Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## FINANCIAL

|    |                                                                                                                                                                                                                                                                           |                                       |                                       |                                                  |                                                                                           |                          |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                          | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                                                       | <input type="checkbox"/> |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p> |                                       |                                       |                                                  | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input checked="" type="checkbox"/></p> |                          |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                              | <input type="checkbox"/>              | <input type="checkbox"/>              | <input checked="" type="checkbox"/>              | <input type="checkbox"/>                                                                  | <input type="checkbox"/> |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                         |                                       |                                       |                                                  | <p>Yes<br/><input type="checkbox"/></p> <p>No<br/><input checked="" type="checkbox"/></p> |                          |
| 18 | <p>Overall, how did the Contractor rate on financial issues?</p> <p>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</p> <p>Check 0, 1, 2, or 3.</p>              | <p>0<br/><input type="checkbox"/></p> | <p>1<br/><input type="checkbox"/></p> | <p>2<br/><input checked="" type="checkbox"/></p> | <p>3<br/><input type="checkbox"/></p>                                                     |                          |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

### COMMUNICATION

|     |                                                                                                                                                                                                                                                       |                               |                               |                               |                                          |                                           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                              |                               |                               |                               |                                          |                                           |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                 |                               |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                            |                               |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> |
| 22  | Overall, how did the Contractor rate on communication issues?<br>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input type="checkbox"/> | 3<br><input checked="" type="checkbox"/> |                                           |

## SAFETY

|    |                                                                                                                                                                                                                                         | Unsatisfactory                | Marginal                      | Satisfactory                  | Outstanding                                | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                          |                               |                               |                               | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                           |                               |                               |                               | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                   |                               |                               |                               | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                |                               |                               |                               | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | Overall, how did the Contractor rate on safety issues?<br>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input type="checkbox"/> | 3<br><input checked="" type="checkbox"/>   |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

1. Enter Overall score from Question 7      3 X 0.25 = 0.75
2. Enter Overall score from Question 13      3 X 0.25 = 0.75
3. Enter Overall score from Question 18      2 X 0.20 = 0.4
4. Enter Overall score from Question 22      3 X 0.15 = 0.45
5. Enter Overall score from Question 28      3 X 0.15 = 0.45

**TOTAL SCORE** (Sum of 1 through 5): 2.8

**OVERALL RATING:** Outstanding

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

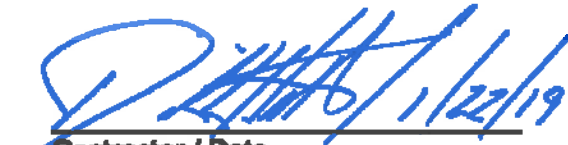
Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-responsible for any

bids they submit for future City of Oakland projects within three years of the date of the last unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

  
Contractor / Date

  
Resident Engineer / Date

  
Supervisor / Date

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

|                                     |                           |
|-------------------------------------|---------------------------|
| Project Number/Title:               | 1004419 - Citywide Paving |
| Work Order Number (if applicable):  | Task Order No. 1          |
| Contractor:                         | Gallagher & Burk, Inc.    |
| Date of Notice to Proceed:          | 05/13/2021                |
| Date of Notice of Completion:       | 04/27/2023                |
| Date of Notice of Final Completion: | 04/27/2023                |
| Contract Amount:                    | \$8,389,022.31            |
| Evaluator Name and Title:           | Wei Xie, Civil Engineer   |

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                                                    | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                               | Not Applicable                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                                                    |                               |                               |                                          |                                           |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                                              |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                                       |                               |                               |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 7                       | <b>Overall, how did the Contractor rate on work performance?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |



|                   |                                                                                                                                                                                                                                                                             | Unsatisfactory                | Marginal                      | Satisfactory                               | Outstanding                     | Not Applicable                            |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------------------------------------------|---------------------------------|-------------------------------------------|
| <b>TIMELINESS</b> |                                                                                                                                                                                                                                                                             |                               |                               |                                            |                                 |                                           |
| 8                 | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 9                 | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>  | N/A<br><input type="checkbox"/>           |
| 9a                | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 10                | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 11                | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 12                | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                            | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 13                | <b>Overall, how did the Contractor rate on timeliness?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b>                      | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/>   | 3<br><input type="checkbox"/>   |                                           |

## FINANCIAL

|    |                                                                                                                                                                                                                                                                                   | Unsatisfactory           | Marginal                 | Satisfactory                        | Outstanding                     | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p>         |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                                      |                          |                          |                                     | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                                 |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p><b>Overall, how did the Contractor rate on financial issues?</b></p> <p><b>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</b></p> <p><b>Check 0, 1, 2, or 3.</b></p> |                          |                          |                                     | 0<br><input type="checkbox"/>   | 1<br><input type="checkbox"/>             |

|                      |                                                                                                                                                                                                                                                                            | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                            |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| <b>COMMUNICATION</b> |                                                                                                                                                                                                                                                                            |                               |                               |                                          |                                 |                                           |
| 19                   | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20                   | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                                                   |                               |                               |                                          |                                 |                                           |
| 20a                  | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b                  | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c                  | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d                  | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                                      |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21                   | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22                   | <b>Overall, how did the Contractor rate on communication issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

## SAFETY

|    |                                                                                                                                                                                                                                                              | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                                               |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                                     |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | <b>Overall, how did the Contractor rate on safety issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

|                                         |          |          |             |
|-----------------------------------------|----------|----------|-------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>0.40</u> |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>0.30</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>0.30</u> |

**TOTAL SCORE** (Sum of 1 through 5): 2

**OVERALL RATING:** Satisfactory

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-

responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

\_\_\_\_\_  
Contractor / Date

 08/19/2024  
\_\_\_\_\_  
Resident Engineer / Date

\_\_\_\_\_  
Supervising Civil Engineer / Date

**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.



**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

Project Number/Title: C376410 - VARIOUS STREETS AND ROADS REHABILITATION

Work Order Number (if applicable): \_\_\_\_\_

Contractor: GALLAGHER & BURK, INC.

Date of Notice to Proceed: MARCH 1, 2010

Date of Notice of Completion: JANUARY 20, 2012

Date of Notice of Final Completion: JANUARY 20, 2012

Contract Amount: \$3,412,248.58

Evaluator Name and Title: WAI WONG, CONSTRUCTION COORDINATOR

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                               | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                               | Not Applicable                            |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                               |                               |                               |                                          |                                           |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.              | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                           | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                         |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>       |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                  |                               |                               |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                  | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 7                       | Overall, how did the Contractor rate on work performance?<br>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |

# **TIMELINESS**

|    |                                                                                                                                                                                                                                                                             | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|--------------------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input type="checkbox"/>  | N/A<br><input checked="" type="checkbox"/> |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                   |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/>  |
| 13 | Overall, how did the Contractor rate on timeliness?<br>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.<br>Check 0, 1, 2, or 3.                                           | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                            |

# **FINANCIAL**

|    |                                                                                                                                                                                                                                                                           | Unsatisfactory           | Marginal                 | Satisfactory                        | Outstanding                     | Not Applicable                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p> |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                              |                          |                          |                                     | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                         |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p>Overall, how did the Contractor rate on financial issues?</p> <p>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</p> <p>Check 0, 1, 2, or 3.</p>              |                          |                          |                                     | 0<br><input type="checkbox"/>   | 1<br><input type="checkbox"/>             |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

### COMMUNICATION

|     |                                                                                                                                                                                                                                                       |                               |                               |                                          |                                 |                                           |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                              |                               |                               |                                          |                                 |                                           |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                            |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22  | Overall, how did the Contractor rate on communication issues?<br>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

# SAFETY

|    |                                                                                                                                                                                                                                         | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                          |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                           |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                   |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | Overall, how did the Contractor rate on safety issues?<br>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

- |                                         |          |          |            |
|-----------------------------------------|----------|----------|------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>0.5</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>0.5</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>0.4</u> |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>0.3</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>0.3</u> |

TOTAL SCORE (Sum of 1 through 5): 2.0

OVERALL RATING: SATISFACTORY

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

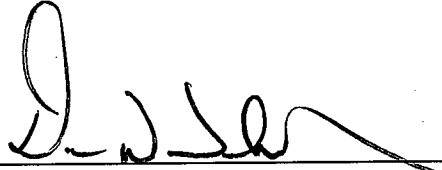
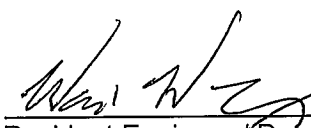
Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-

responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

 9/11/12  9/12/2012  
Contractor / Date Resident Engineer / Date

 09/12/12  
Supervising Civil Engineer / Date



**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

Project Number/Title: C476510

Work Order Number (if applicable): \_\_\_\_\_

Contractor: Gallagher & Burk, Inc.

Date of Notice to Proceed: May 23rd, 2016

Date of Notice of Completion: August 9th, 2018

Date of Notice of Final Completion: August 31st, 2018

Contract Amount: \$3,719,719.00

Evaluator Name and Title: Alan Chan, Resident Engineer

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                                                    | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                               | Not Applicable                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                                                    |                               |                               |                                          |                                           |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                                              |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>       |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                                       |                               |                               |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 7                       | <b>Overall, how did the Contractor rate on work performance?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## TIMELINESS

|    |                                                                                                                                                                                                                                                                             |                               |                               |                                          |                                           |                                           |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>                 | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>       |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 13 | <b>Overall, how did the Contractor rate on timeliness?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b>                      | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |

## FINANCIAL

|    |                                                                                                                                                                                                                                                                                                                          | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                                                                         | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: <u>0</u></p> <p>Claim amounts: \$ <u>                    </u></p> <p>Settlement amount: \$ <u>                    </u></p> |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p><b>Overall, how did the Contractor rate on financial issues?</b></p> <p><b>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</b></p> <p><b>Check 0, 1, 2, or 3.</b></p>                                        | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

Unsatisfactory  
Marginal  
Satisfactory  
Outstanding  
Not Applicable

## COMMUNICATION

|     |                                                                                                                                                                                                                                                                            |                               |                               |                                          |                                 |                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                                                   |                               |                               |                                          |                                 |                                           |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                                      |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22  | <b>Overall, how did the Contractor rate on communication issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |

## SAFETY

|    |                                                                                                                                                                                                                                                              | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                                               |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                                     |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | <b>Overall, how did the Contractor rate on safety issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

|                                         |          |          |            |
|-----------------------------------------|----------|----------|------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>0.5</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>0.5</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>0.4</u> |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>0.3</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>0.3</u> |

**TOTAL SCORE** (Sum of 1 through 5): 2

**OVERALL RATING:** 2

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-



responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

\_\_\_\_\_  
Contractor / Date

 4/17/19  
\_\_\_\_\_  
Resident Engineer / Date

 4/18/19  
\_\_\_\_\_  
Supervising Civil Engineer / Date

**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

Project Number/Title: C388010 Various Streets and Roads Preventive Maintenance

Work Order Number (if applicable): \_\_\_\_\_

Contractor: Gallagher and Burke, Inc.

Date of Notice to Proceed: 12/20/10

Date of Notice of Completion: 8/22/13

Date of Notice of Final Completion: 8/22/13

Contract Amount: \$1,233,215.35

Evaluator Name and Title: Alan Chiang, Civil Engineer

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

# **WORK PERFORMANCE**

|    |                                                                                                                                                                                                                                               | Unsatisfactory                | Marginal                            | Satisfactory                             | Outstanding                                | Not Applicable                      |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------|
| 1  | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                           | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                   | <input type="checkbox"/>            |
| 1a | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.              | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>            |
| 2  | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                           | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>            |
| 2a | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                         |                               |                                     | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/>  | N/A<br><input type="checkbox"/>     |
| 2b | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |
| 3  | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                            | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                   | <input type="checkbox"/>            |
| 4  | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                  |                               |                                     |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>      |
| 5  | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                  | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>            |
| 6  | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>            |
| 7  | Overall, how did the Contractor rate on work performance?<br>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/>       | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                     |

# **TIMELINESS**

|    |                                                                                                                                                                                                                                                                             | Unsatisfactory                | Marginal                            | Satisfactory                             | Outstanding                               | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| 8  | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 9  | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                                     | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 9a | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>            | <input type="checkbox"/>                 | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>       |
| 10 | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 11 | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 12 | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                                     |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 13 | Overall, how did the Contractor rate on timeliness?<br>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.<br>Check 0, 1, 2, or 3.                                           | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/>       | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |

# FINANCIAL

|    |                                                                                                                                                                                                                                                                           | Unsatisfactory           | Marginal                 | Satisfactory                        | Outstanding                     | Not Applicable                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p> |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                              |                          |                          |                                     | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                         |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p>Overall, how did the Contractor rate on financial issues?</p> <p>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</p> <p>Check 0, 1, 2, or 3.</p>              |                          |                          |                                     | 0<br><input type="checkbox"/>   | 1<br><input type="checkbox"/>             |

## COMMUNICATION

|     |                                                                                                                                                                                                                                                       | Unsatisfactory                | Marginal                            | Satisfactory                             | Outstanding                                | Not Applicable                 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|------------------------------------------|--------------------------------------------|--------------------------------|
| 19  | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                       | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>       |
| 20  | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                              |                               |                                     |                                          |                                            |                                |
| 20a | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                   | <input type="checkbox"/>       |
| 20b | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                 | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>       |
| 20c | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                          | <input type="checkbox"/>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>       |
| 20d | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                 |                               |                                     |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
| 21  | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                            |                               |                                     |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
| 22  | Overall, how did the Contractor rate on communication issues?<br>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/>       | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                |

# **SAFETY**

|    |                                                                                                                                                                                                                                         | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                          |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                           |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                   |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | Overall, how did the Contractor rate on safety issues?<br>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.<br>Check 0, 1, 2, or 3. | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |



## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

|                                         |          |          |             |
|-----------------------------------------|----------|----------|-------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>0.4</u>  |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>0.30</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>0.3</u>  |

**TOTAL SCORE** (Sum of 1 through 5): 2.0

**OVERALL RATING:** 2.0

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

The Resident Engineer will transmit a copy of the Contractor Performance Evaluation to the Contractor. Overall Ratings of Outstanding or Satisfactory are final and cannot be protested or appealed. If the Overall Rating is Marginal or Unsatisfactory, the Contractor will have 10 calendar days in which they may file a protest of the rating. The Public Works Agency Assistant Director, Design & Construction Services Department, will consider a Contractor's protest and render his/her determination of the validity of the Contractor's protest. If the Overall Rating is Marginal, the Assistant Director's determination will be final and not subject to further appeal. If the Overall Rating is Unsatisfactory and the protest is denied (in whole or in part) by the Assistant Director, the Contractor may appeal the Evaluation to the City Administrator, or his/her designee. The appeal must be filed within 14 calendar days of the Assistant Director's ruling on the protest. The City Administrator, or his/her designee, will hold a hearing with the Contractor within 21 calendar days of the filing of the appeal. The decision of the City Administrator regarding the appeal will be final.

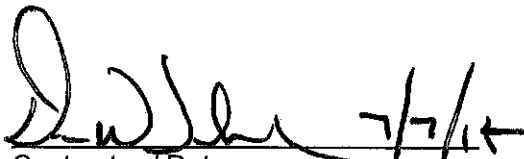
Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-

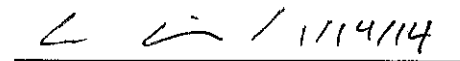
responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

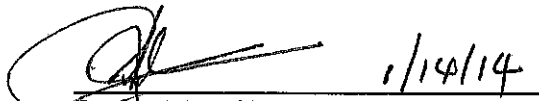
Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*

  
Contractor / Date

  
Resident Engineer / Date

  
Supervising Civil Engineer / Date

**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.

1. Microsurfacing emulsion did not meet the project specifications and this required the contractor to extend the warranty from 1 year to 3 years.
3. Extended warranty document stated above was not provided until 11/13/13 when it was originally requested on 6/6/2012.
8. Change Order work on Broadway was delayed for multiple months. Originally met with the contractor on 11/15/12 to review scope and plan to complete the work during the holiday season. City staff worked to ensure all agencies were notified so work could begin. Contractor did not begin work and did not provide a schedule for the work. City staff met with the contractor again on 5/15/13 in the field to discuss scope as work had not started.
- 20a. Despite repeated requests, the contractor did not provide a schedule for the additional concrete work on Broadway until June 2013. On Friday 6/7/13, the contractor started work without notifying the city or the nearby residents/business in advance which caused a significant public and traffic inconvenience in the downtown area. The work was scheduled to begin Saturday 6/8/13 to minimize inconvenience.

**Schedule L-2  
City of Oakland  
Public Works Agency  
CONTRACTOR PERFORMANCE EVALUATION**

|                                     |                                |
|-------------------------------------|--------------------------------|
| Project Number/Title:               | 1005310 - North Oakland Paving |
| Work Order Number (if applicable):  | Task Order No. 6               |
| Contractor:                         | Gallagher & Burk, Inc.         |
| Date of Notice to Proceed:          | 02/01/2020                     |
| Date of Notice of Completion:       | 04/14/2023                     |
| Date of Notice of Final Completion: | 04/14/2023                     |
| Contract Amount:                    | \$8,936,250.00                 |
| Evaluator Name and Title:           | Wei Xie, Civil Engineer        |

The City's Resident Engineer most familiar with the Contractor's performance must complete this evaluation and submit it to Manager, PWA Project Delivery Division, within 30 calendar days of the issuance of the Final Payment.

Whenever the Resident Engineer finds the Contractor is performing below Satisfactory for any category of the Evaluation, the Resident Engineer shall discuss the perceived performance shortfall at the periodic site meetings with the Contractor. An Interim Evaluation will be performed if at any time the Resident Engineer finds that the overall performance of a Contractor is Marginal or Unsatisfactory. An Interim Evaluation is required prior to issuance of a Final Evaluation Rating of Unsatisfactory. The Final Evaluation upon Final Completion of the project will supersede interim ratings.

The following list provides a basic set of evaluation criteria that will be applicable to all construction projects awarded by the City of Oakland that are greater than \$50,000. Narrative responses are required to support any evaluation criteria that are rated as Marginal or Unsatisfactory, and must be attached to this evaluation. If a narrative response is required, indicate before each narrative the number of the question for which the response is being provided. Any available supporting documentation to justify any Marginal or Unsatisfactory ratings must also be attached.

If a criterion is rated Marginal or Unsatisfactory and the rating is caused by the performance of a subcontractor, the narrative will note this. The narrative will also note the General Contractor's effort to improve the subcontractor's performance.

**ASSESSMENT GUIDELINES:**

|                                     |                                                                                                                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outstanding</b><br>(3 points)    | Performance among the best level of achievement the City has experienced.                                                                                               |
| <b>Satisfactory</b><br>(2 points)   | Performance met contractual requirements.                                                                                                                               |
| <b>Marginal</b><br>(1 point)        | Performance barely met the lower range of the contractual requirements or performance only met contractual requirements after extensive corrective action was taken.    |
| <b>Unsatisfactory</b><br>(0 points) | Performance did not meet contractual requirements. The contractual performance being assessed reflected serious problems for which corrective actions were ineffective. |

|                         |                                                                                                                                                                                                                                                                    | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                               | Not Applicable                            |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|-------------------------------------------|-------------------------------------------|
| <b>WORK PERFORMANCE</b> |                                                                                                                                                                                                                                                                    |                               |                               |                                          |                                           |                                           |
| 1                       | Did the Contractor perform all of the work with acceptable Quality and Workmanship?                                                                                                                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 1a                      | If problems arose, did the Contractor provide solutions/coordinate with the designers and work proactively with the City to minimize impacts? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2                       | Was the work performed by the Contractor accurate and complete? If "Marginal or Unsatisfactory", explain on the attachment and provide documentation. Complete (2a) and (2b) below.                                                                                | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 2a                      | Were corrections requested? If "Yes", specify the date(s) and reason(s) for the correction(s). Provide documentation.                                                                                                                                              |                               |                               | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> | N/A<br><input type="checkbox"/>           |
| 2b                      | If corrections were requested, did the Contractor make the corrections requested? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 3                       | Was the Contractor responsive to City staff's comments and concerns regarding the work performed or the work product delivered? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                 | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 4                       | Were there other significant issues related to "Work Performance"? If Yes, explain on the attachment. Provide documentation.                                                                                                                                       |                               |                               |                                          | Yes<br><input type="checkbox"/>           | No<br><input checked="" type="checkbox"/> |
| 5                       | Did the Contractor cooperate with on-site or adjacent tenants, business owners and residents and work in such a manner as to minimize disruptions to the public. If "Marginal or Unsatisfactory", explain on the attachment.                                       | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6                       | Did the personnel assigned by the Contractor have the expertise and skills required to satisfactorily perform under the contract? If "Marginal or Unsatisfactory", explain on the attachment.                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 7                       | <b>Overall, how did the Contractor rate on work performance?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding work performance and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>             |                                           |

|                   |                                                                                                                                                                                                                                                                             | Unsatisfactory                | Marginal                      | Satisfactory                               | Outstanding                     | Not Applicable                            |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|--------------------------------------------|---------------------------------|-------------------------------------------|
| <b>TIMELINESS</b> |                                                                                                                                                                                                                                                                             |                               |                               |                                            |                                 |                                           |
| 8                 | Did the Contractor complete the work within the time required by the contract (including time extensions or amendments)? If "Marginal or Unsatisfactory", explain on the attachment why the work was not completed according to schedule. Provide documentation.            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 9                 | Was the Contractor required to provide a service in accordance with an established schedule (such as for security, maintenance, custodial, etc.)? If "No", or "N/A", go to Question #10. If "Yes", complete (9a) below.                                                     |                               |                               | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>  | N/A<br><input type="checkbox"/>           |
| 9a                | Were the services provided within the days and times scheduled? If "Marginal or Unsatisfactory", explain on the attachment and specify the dates the Contractor failed to comply with this requirement (such as tardiness, failure to report, etc.). Provide documentation. | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 10                | Did the Contractor provide timely baseline schedules and revisions to its construction schedule when changes occurred? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 11                | Did the Contractor furnish submittals in a timely manner to allow review by the City so as to not delay the work? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation.                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 12                | Were there other significant issues related to timeliness? If yes, explain on the attachment. Provide documentation.                                                                                                                                                        |                               |                               |                                            | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 13                | <b>Overall, how did the Contractor rate on timeliness?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding timeliness and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b>                      | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/>   | 3<br><input type="checkbox"/>   |                                           |

|    |                                                                                                                                                                                                                                                                                   | Unsatisfactory           | Marginal                 | Satisfactory                        | Outstanding                     | Not Applicable                            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|-------------------------------------------|
| 14 | Were the Contractor's billings accurate and reflective of the contract payment terms? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected invoices).                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 15 | <p>Were there any claims to increase the contract amount? If "Yes", list the claim amount. Were the Contractor's claims resolved in a manner reasonable to the City?</p> <p>Number of Claims: _____</p> <p>Claim amounts: \$ _____</p> <p>Settlement amount: \$ _____</p>         |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 16 | Were the Contractor's price quotes for changed or additional work reasonable? If "Marginal or Unsatisfactory", explain on the attachment. Provide documentation of occurrences and amounts (such as corrected price quotes).                                                      |                          |                          |                                     | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 17 | Were there any other significant issues related to financial issues? If Yes, explain on the attachment and provide documentation.                                                                                                                                                 |                          |                          |                                     | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 18 | <p><b>Overall, how did the Contractor rate on financial issues?</b></p> <p><b>The score for this category must be consistent with the responses to the questions given above regarding financial issues and the assessment guidelines.</b></p> <p><b>Check 0, 1, 2, or 3.</b></p> |                          |                          |                                     | 0<br><input type="checkbox"/>   | 1<br><input type="checkbox"/>             |

|                      |                                                                                                                                                                                                                                                                            | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                     | Not Applicable                            |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|---------------------------------|-------------------------------------------|
| <b>COMMUNICATION</b> |                                                                                                                                                                                                                                                                            |                               |                               |                                          |                                 |                                           |
| 19                   | Was the Contractor responsive to the City's questions, requests for proposal, etc.? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                            | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20                   | Did the Contractor communicate with City staff clearly and in a timely manner regarding:                                                                                                                                                                                   |                               |                               |                                          |                                 |                                           |
| 20a                  | Notification of any significant issues that arose? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20b                  | Staffing issues (changes, replacements, additions, etc.)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20c                  | Periodic progress reports as required by the contract (both verbal and written)? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                               | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>        | <input type="checkbox"/>                  |
| 20d                  | Were there any billing disputes? If "Yes", explain on the attachment.                                                                                                                                                                                                      |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 21                   | Were there any other significant issues related to communication issues? Explain on the attachment. Provide documentation.                                                                                                                                                 |                               |                               |                                          | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 22                   | <b>Overall, how did the Contractor rate on communication issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding communication issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>   |                                           |



## SAFETY

|    |                                                                                                                                                                                                                                                              | Unsatisfactory                | Marginal                      | Satisfactory                             | Outstanding                                | Not Applicable                            |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------|
| 23 | Did the Contractor's staff consistently wear personal protective equipment as appropriate? If "No", explain on the attachment.                                                                                                                               |                               |                               |                                          | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            |
| 24 | Did the Contractor follow City and OSHA safety standards? If "Marginal or Unsatisfactory", explain on the attachment.                                                                                                                                        | <input type="checkbox"/>      | <input type="checkbox"/>      | <input checked="" type="checkbox"/>      | <input type="checkbox"/>                   | <input type="checkbox"/>                  |
| 25 | Was the Contractor warned or cited by OSHA for violations? If Yes, explain on the attachment.                                                                                                                                                                |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 26 | Was there an inordinate number or severity of injuries? Explain on the attachment. If Yes, explain on the attachment.                                                                                                                                        |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 27 | Was the Contractor officially warned or cited for breach of U.S. Transportation Security Administration's standards or regulations? If "Yes", explain on the attachment.                                                                                     |                               |                               |                                          | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> |
| 28 | <b>Overall, how did the Contractor rate on safety issues?</b><br><b>The score for this category must be consistent with the responses to the questions given above regarding safety issues and the assessment guidelines.</b><br><b>Check 0, 1, 2, or 3.</b> | 0<br><input type="checkbox"/> | 1<br><input type="checkbox"/> | 2<br><input checked="" type="checkbox"/> | 3<br><input type="checkbox"/>              |                                           |

## OVERALL RATING

Based on the weighting factors below, calculate the Contractor's overall score using the scores from the four categories above.

|                                         |          |          |             |
|-----------------------------------------|----------|----------|-------------|
| 1. Enter Overall score from Question 7  | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 2. Enter Overall score from Question 13 | <u>2</u> | X 0.25 = | <u>0.50</u> |
| 3. Enter Overall score from Question 18 | <u>2</u> | X 0.20 = | <u>0.40</u> |
| 4. Enter Overall score from Question 22 | <u>2</u> | X 0.15 = | <u>0.30</u> |
| 5. Enter Overall score from Question 28 | <u>2</u> | X 0.15 = | <u>0.30</u> |

**TOTAL SCORE** (Sum of 1 through 5): 2

**OVERALL RATING:** Satisfactory

Outstanding: Greater than 2.5  
Satisfactory: Greater than 1.5 & less than or equal to 2.5  
Marginal: Between 1.0 & 1.5  
Unsatisfactory: Less than 1.0

### PROCEDURE:

The Resident Engineer will prepare the Contractor Performance Evaluation and submit it to the Supervising Civil Engineer. The Supervising Civil Engineer will review the Contractor Performance Evaluation to ensure adequate documentation is included, the Resident Engineer has followed the process correctly, the Contractor Performance Evaluation has been prepared in a fair and unbiased manner, and the ratings assigned by the Resident Engineer are consistent with all other Resident Engineers using consistent performance expectations and similar rating scales.

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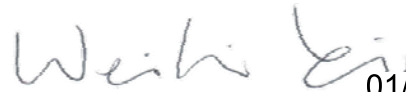
Contractors who receive an Unsatisfactory Overall Rating (i.e., Total Score less than 1.0) will be allowed the option of voluntarily refraining from bidding on any City of Oakland projects within one year from the date of the Unsatisfactory Overall Rating, or of being categorized as non-responsible for any projects the Contractor bids on for a period of one year from the date of the Unsatisfactory Overall Rating. Two Unsatisfactory Overall Ratings within any five year period will result in the Contractor being categorized by the City Administrator as non-

responsible for any bids they submit for future City of Oakland projects within three years of the date of the last Unsatisfactory overall rating.

Any Contractor that receives an Unsatisfactory Overall Rating is required to attend a meeting with the City Administrator, or his/her designee, prior to returning to bidding on City projects. The Contractor is required to demonstrate improvements made in areas deemed Unsatisfactory in prior City of Oakland contracts.

The Public Works Agency Contract Administration Section will retain the final evaluation and any response from the Contractor for a period of five years. The City shall treat the evaluation as confidential, to the extent permitted by law.

**COMMUNICATING THE EVALUATION:** *The Contractor's Performance Evaluation has been communicated to the Contractor. Signature does not signify consent or agreement.*



01/03/2023

\_\_\_\_\_  
Contractor / Date

\_\_\_\_\_  
Resident Engineer / Date

\_\_\_\_\_  
Supervising Civil Engineer / Date

**ATTACHMENT TO CONTRACTOR PERFORMANCE EVALUATION:**

Use this sheet to provide any substantiating comments to support the ratings in the Performance Evaluation. Indicate before each narrative the number of the question for which the response is being provided. Attach additional sheets if necessary.