



**OFF20 PERFORMANCE SURVEY
OFFICE, SCHOOL AND LIBRARY FURNITURE, ACCESSORIES AND INSTALLATION**

The Procurement Management Team (PMT) requests that you complete the brief performance survey following your utilization of the OFF20 contract. You may fold, tape and return it using the self-addressed panel provided on page two of the form or fax it to **617-727-4527**.

Your input is extremely important. This information will be used to evaluate customer satisfaction with both the Contractor's performance and the overall terms and conditions of the contract.

Name of Contractor: _____

Eligible Entity Name: _____

Eligible Entity Contact Person: _____

Phone #: _____ **Email:** _____

Please check the appropriate response for each question.

QUESTION	Yes	No	Comments
1. Which OFF20 Category/ies did you utilize? Please indicate			
• Category 1, Systems Furniture			
• Category 2, Chairs			
• Category 3, Office Furniture			
• Category 4, High Density Shelving			
• Category 5, Demountable/Movable Walls			
• Category 6, School Furniture			
• Category 7, Library Furniture			
• Category 8, Specialty Furniture and Accessories			
• Category 9, Furniture Services			
QUESTION	Excellent 5 Points	Good 3 Points	Poor 1 Point
2. How would you rate your satisfaction with:			
• Contract pricing from the selected Contractor			
• Quality of the product or service			
• Quality of product information (price brochures, price lists)			
• Quality of services (CAD/CAM, Space Planning, Estimates)			
• Delivery and installation of product or services			
• Billing & invoicing accuracy			
• Contractors ability to communicate effectively with regards to your needs in relationship to the Contractors category and product and or service award			
• Overall Contractors performance			

Thank you for your cooperation.

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