



**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        |
|--|-----------------------|------------------|-----------------|
| <b>1. Which OFF20 Category/ies did you utilize? Please indicate</b>  |                       |                  |                 |
| • 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<br>5 Points | Good<br>3 Points | Poor<br>1 Point |
| <b>2. How would you rate your satisfaction with:</b>   |                       |                  |                 |
| • 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.**

**Operational Services Division  
One Ashburton Place  
10<sup>th</sup> Floor, Room #1017  
Boston, MA. 02108-1552  
Attn: Robert Guerard,  
PTL Office, Recreational and Educational  
Equipment, Supplies & Services**