

## PERFORMANCE QUESTIONNAIRE

Your assistance is requested in support of a source selection.

Please complete this Questionnaire and submit it with your proposal by the due date and time specified within the solicitation to the attention of:

Ms. Lenora Stephens, Contracting Officer

When complete, the information on this form is SOURCE SELECTION SENSITIVE INFORMATION (41 U.S.C. 423) and shall be protected accordingly.

### TO BE COMPLETED BY OFFEROR

1. CONTRACTOR NAME & ADDRESS:

2. CONTRACT NO.:

3. CONTRACT INITIATION DATE:

4. COMPLETION DATE:

5. CONTRACT VALUE (with options): \$

6. TYPE OF CONTRACT:

7. DESCRIPTION OF CONTRACT REQUIREMENTS:

Please add a continuation page if additional space necessary.

### TO BE COMPLETED BY EVALUATING ORGANIZATION REPRESENTATIVE

8. EVALUATION: a. EVALUATOR'S NAME, POSITION (Project Manager/ COR/ Other) AND ORGANIZATION:

b. EVALUATOR'S PHONE NUMBER:

c. MONTHS PERFORMANCE MONITORED BY EVALUATOR:

Please circle the response code for each topic (A – G) that best reflects your experience with this contractor.

O = Outstanding

A = Adequate

P = Poor

E = Excellent

M = Marginal

N/O = Not Observed

**A. Quality of Products and Services** – Assess the contractor's conformance to contract requirements, specifications, and standards of good workmanship (e.g., technical, professional, environmental, or safety and health standards).

O                      E                      A                      M                      P                      N/O

**B. Performance** – Assess the contractor's performance as the General Contractor or Architect/Engineer (as appropriate) for the project.

O                      E                      A                      M                      P                      N/O

**C. Schedule** – Assess the timeliness of contractor against the schedule of activities.

O                      E                      A                      M                      P                      N/O

**D. Technical Requirements** – Assess the contractor's ability to fulfill the technical requirements of the contract.

O                      E                      A                      M                      P                      N/O

**E. Cost Control** – Assess the contractor's ability to manage the contract budget and control costs.

O                      E                      A                      M                      P                      N/O

**F. Customer Satisfaction** – Assess the contractor's responsiveness to customer concerns and "user friendliness".

O                      E                      A                      M                      P                      N/O

**G. Overall Assessment.**

O                      E                      A                      M                      P                      N/O

If an Award Fee contract, what was the average Award Fee % earned?