

ATTACHMENT 9 – PAST PERFORMANCE QUESTIONNAIRE

INSTRUCTIONS: Please complete the entire form as the Government does not have the responsibility to research information.

NOTE: If you have performed any National Cemetery Administration contracts list them first.

Contractor (you) Information:

Name: _____

Address: _____

Telephone Number: _____

E-mail: _____

Contract Information:

Name of company/agency you provided service for: _____

Contract Number: _____

Type of Contract: _____

Contract Dollar Value: _____

Date of Award: _____

Status: Completed, Yes____ No____ If not completed, projected completion date_____

If not completed, why?_____

Point of Contact Information for the company/agency you serviced:

Name of the Contract Person & their position: _____

Address: _____

Telephone Number: _____

E-mail: _____

Description of Supply/Service(s) provided, location & relevancy of work:

Complexity of Product/Service, if any:

Percentage of Work completed by your company/by subcontractor:

Provide information on problems encountered during performance of this contract and your corrective actions, (if applicable):

(End of Section)