

**PAST PERFORMANCE QUESTIONNAIRE**

**CONTRACT INFORMATION (Contractor to complete Blocks 1-4)**

**1. Contractor Information**

Firm Name:

Address:

Phone Number:

Email Address:

Point of Contact:

CAGE Code:

DUNS Number:

Contact Phone Number:

2. Work Performed as:  Prime Contractor  SubContractor  Joint Venture  Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #)

**3. Contract Information**

Contract Number:

Delivery/Task Order Number (if applicable):

Contract Type:  Firm Fixed Price  Cost Reimbursement  Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (to include all modifications, if applicable):

Explain Differences:

**4. Project Description:** Complexity of Work  High  Med  Routine

How is this project relevant to project of submission? (Please provide details such as similar equipment, requirements, conditions, etc.)

**CLIENT INFORMATION (Client to complete Blocks 5-8)**

**5. Client Information**

Name:

Title:

Phone Number:

Email Address:

**6. Describe the client's role in the project:**

**7. Date Questionnaire was completed (mm/dd/yy):**

**8. Client's Signature:**

NOTE: THE CLIENT COMPLETES THIS QUESTIONNAIRE AND SUBMITS DIRECTLY BACK TO THE OFFEROR. THE OFFEROR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO CO WITH THEIR PROPOSAL. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT QUESTIONNAIRES DIRECTLY TO THE OFFEROR. HOWEVER, QUESTIONNAIRES MAY BE SUBMITTED DIRECTLY TO CO. PLEASE CONTACT THE OFFEROR FOR CO POC INFORMATION. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

**TO BE COMPLETED BY CLIENT**

PLEASE CIRCLE THE ADJECTIVE RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE.

E = EXCEPTIONAL, G = GOOD, S = SATISFACTORY, M = MARGINAL,  
U = UNSATISFACTORY, N= neutral OR NOT APPLICABLE

<b>1. QUALITY:</b>						
a) Quality of technical data/report preparation efforts	E	G	S	M	U	N
b) Ability to meet quality standards specified for technical performance	E	G	S	M	U	N
c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance	E	G	S	M	U	N
d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	E	G	S	M	U	N
<b>2. SCHEDULE/TIMELINESS OF PERFORMANCE:</b>						
a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. (If liquidated damages were assessed or the schedule was not met, please address below)	E	G	S	M	U	N
b) Rate the contractor's use of available resources identified in the contract	E	G	S	M	U	N
<b>3. CUSTOMER SATISFACTION:</b>						
a) To what extent were the end users satisfied with the project?	E	G	S	M	U	N
b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication)	E	G	S	M	U	N
c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	E	G	S	M	U	N
d) Overall customer satisfaction	E	G	S	M	U	N
<b>4. MANAGEMENT PERSONEL/LABOR:</b>						
a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force.	E	G	S	M	U	N
b) Ability to hire, apply, and retain a qualified workforce to this effort	E	G	S	M	U	N
c) Government Property Control	E	G	S	M	U	N
d) Knowledge/expertise demonstrated by contractor personnel	E	G	S	M	U	N
e) Utilization of Small Business concerns	E	G	S	M	U	N
f) Ability to simultaneously manage multiple projects with multiple disciplines	E	G	S	M	U	N
g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes	E	G	S	M	U	N
h) Effectiveness of overall management (including ability to effectively lead, manage and control the program)	E	G	S	M	U	N

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 U = UNSATISFACTORY, N= NEUTRAL OR NOT APPLICABLE

5. COST/FINANCIAL MANAGEMENT						
a) Ability to meet the terms and conditions within the contractually agreed price(s)	E	G	S	M	U	N
b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client	E	G	S	M	U	N
c) If this is/was a Government cost type contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns)	E	G	S	M	U	N
d) Is the Contractor's accounting system adequate for management and tracking of costs? If no, please explain in Remarks section.	E	G	S	M	U	N
e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? Indicate if show cause or cure notices were issued, or any default action in comment section below.	E	G	S	M	U	N
f) Have there been any indications that the contractor has had any financial problems? If yes, please explain below.	YES			NO		
6. SAFETY/SECURITY						
a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.)	E	G	S	M	U	N
b) Contractor complied with all security requirements for the project and personnel security requirements.	E	G	S	M	U	N
7. GENERAL						
a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues).	E	G	S	M	U	N
b) Compliance with contractual terms/provisions (explain if specific issues)	E	G	S	M	U	N
c) Would you hire or work with this firm again? (If no, please explain below)	YES			NO		
d) In summary, provide an overall rating for the work performed by this contractor.	E	G	S	M	U	N

**Please provide responses to the questions above (if applicable) and/or additional remarks. Furthermore, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (attach additional pages if necessary):**
