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| **PAST PERFORMANCE QUESTIONNAIRE** | |
| **Solicitation Number:** | **Project Title:** |
|  | |
| **CONTRACT INFORMATION (Contractor to complete Blocks 1-4)** | |
| **1. Contractor Information**  Firm Name: CAGE Code:  Address: DUNs Number:  Phone Number: Email Address:  Point of Contact: Contact Phone Number: | |
| **2.** **Work Performed as**:  Prime Contractor  Sub Contractor  Joint Venture  Other  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:** | |

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| **E** | **VG** | **S** | **M** | | **U** | **N** |
| **Exceptional**  **(Outstanding)** | **Very Good**  **(Above Average)** | **Satisfactory** | **Marginal** | | **Unsatisfactory** | **Not Available** |
| Performance meets contractual requirements and exceeds many to the Government’s benefit. The contractual performance of the element or sub-element being evaluated was accomplished with few minor problems for which corrective actions taken by the Contractor were highly effective | Performance meets contractual requirements and exceeds some to the Government’s benefit. The contractual performance of the element or sub-element being evaluated was accomplished with some minor problems for which corrective actions taken by the Contractor were effective  **Section D: Performance Information:** Choose the letter on the scale that most accurately describes the contractor’s performance or situation. PLEASE PROVIDE A NARRATIVE EXPLANATION FOR ANY UNSATISFACTORY OR MARGINAL RATINGS. | Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the Contractor appear, or were, satisfactory. | Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being evaluated reflects a serious problem for which the Contractor has not yet identified corrective actions. The Contractor’s proposed actions appear only marginally effective, or were not fully implemented | | Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the Contractor’s corrective actions appear or were ineffective | No record of past performance or the record is inconclusive. |
| **1. QUALITY:** | | | |  | | |
| a) Quality of technical data/report preparation efforts | | | | E VG S M U N | | |
| a.1. Comments: | | | | | | |
| b) Ability to meet quality standards specified for technical performance | | | | E VG S M U N | | |
| b.1. Comments: | | | | | | |
| c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance | | | | E VG S M U N | | |
| c.1. Comments: | | | | | | |
| d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance) | | | | E VG S M U N | | |
| d.1. Comments: | | | | | | |
| **2. SCHEDULE/TIMELINESS OF PERFORMANCE:** | | | |  | | |
| 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 VG S M U N | | |
| 2.a.1 Comments: | | | | | | |
| b) Rate the contractor’s use of available resources to accomplish tasks identified in the contract | | | | E VG S M U N | | |
| 2.b.1. Comments: | | | | | | |
| **3. CUSTOMER SATISFACTION:** | | | |  | | |
| a) To what extent were the end users satisfied with the project? | | | | E VG S M U N | | |
| 3. a.1. Comments: | | | | | | |
| 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 VG S M U N | | |
| 3.b.1. Comments: | | | | | | |
| c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer? | | | | E VG S M U N | | |
| 3.c.1. Comments: | | | | | | |
| d) Overall customer satisfaction | | | | E VG S M U N | | |
| 3.d.1 Comments: | | | | | | |
| **4. MANAGEMENT/ PERSONNEL/LABOR** | | | |  | | |
| a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force? | | | | E VG S M U N | | |
| 4.a.1. Comments: | | | | | | |
| b) Ability to hire, apply, and retain a qualified workforce to this effort | | | | E VG S M U N | | |
| 4.b.1 Comments: | | | | | | |
| c) Government Property Control | | | | E VG S M U N | | |
| 4.c.1. Comments: | | | | | | |
| d) Knowledge/expertise demonstrated by contractor personnel | | | | E VG S M U N | | |
| 4.d.1. Comments: | | | | | | |
| e) Utilization of Small Business concerns | | | | E VG S M U N | | |
| 4.e.1. Comments: | | | | | | |
| f) Ability to simultaneously manage multiple projects with multiple disciplines | | | | E VG S M U N | | |
| 4.f.1. Comments: | | | | | | |
| g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes | | | | E VG S M U N | | |
| 4.g.1. Comments: | | | | | | |
| h) Effectiveness of overall management (including ability to effectively lead, manage and control the program) | | | | E VG S M U N | | |
| 4.h.1. Comments: | | | | | | |
| **5. COST/FINANCIAL MANAGEMENT** | | | |  | | |
| a) Ability to meet the terms and conditions within the contractually agreed price(s)? | | | | E VG S M U N | | |
| 5.a.1. Comments: | | | | | | |
| b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client | | | | E VG S M U N | | |
| 5.b.1. Comments: | | | | | | |
| 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 VG S M U N | | |
| 5.c.1. Comments: | | | | | | |
| d) Is the Contractor’s accounting system adequate for management and tracking of costs? *If no, please explain in Remarks section.* | | | | Yes No | | |
| 5.d.1. Comments: | | | | | | |
| 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.* | | | | Yes No | | |
| 5.e.1. Comments: | | | | | | |
| f) Have there been any indications that the contractor has had any financial problems? *If yes, please explain below.* | | | | Yes No | | |
| 5.f.1 Comments: | | | | | | |
| **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 VG S M U N | | |
| 6.a.1 Comments: | | | | | | |
| b) Contractor complied with all security requirements for the project and personnel security requirements. | | | | E VG S M U N | | |
| 6.b.1. Comments: | | | | | | |
| **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 VG S M U N | | |
| 7.a.1. Comments: | | | | | | |
| b) Compliance with contractual terms/provisions *(explain if specific issues)* | | | | E VG S M U N | | |
| 7.b.1. Comments: | | | | | | |
| c) Would you hire or work with this firm again? *(If no, please explain below)* | | | | Yes No | | |
| 7.c.1. Comments: | | | | | | |
| d) In summary, provide an overall rating for the work performed by this contractor. | | | | E VG S M U N | | |
| 7.d.1. Comments: | | | | | | |

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 (please attach additional pages if necessary):

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Past Performance Information provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_