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**U.S. Air Force Solicitation FA670323R0001, Attachment 24: Past Performance Questionnaire**

The 94th Contracting Flight, 94th Airlift Wing Dobbins Air Reserve Base, Georgia of the Air Force Reserve Command (AFRC) is in the process of competitively selecting a source for a Base Operations Support (BOS) Services program. The Contractor shall provide all personnel, supervision, equipment, tools, materials, supplies, test equipment, and other items and services necessary to accomplish Materiel Management, Ground Transportation and Vehicle Management, Traffic Management, Real Property Maintenance, and Fuels Management at Dobbins Air Reserve Base (ARB), GA.

One of the considerations in proposal evaluation is the verification of the offerors' past performance on contracts or other work efforts which reflect the offeror's ability to perform on the proposed effort. We depend on information received from organizations such as yours, which have had first-hand experience with the offeror, for the evaluation of the offeror's performance on those contracts or work efforts.

Our areas of interest regarding the offeror are summarized in the enclosed questionnaire. In order to meet the acquisition milestones, we request your written response no later than 25 days after the solicitation FA670323R0001 is posted on SAM.gov. This schedule will allow us sufficient time to analyze the data prior to the start of negotiations.

To assist you in preparing your response and expediting your reply, the questionnaire may be filled out electronically and e-mailed to [patrina.sheffield@us.af.mil](mailto:patrina.sheffield@us.af.mil), [keyonis.shack@us.af.mil](mailto:keyonis.shack@us.af.mil), and [dennis.parmar.1@us.af.mil](mailto:dennis.parmar.1@us.af.mil). Your completed questionnaire will become a part of the official Source Selection records.

Your assistance is greatly appreciated, and your prompt response will be one of the keys to the successful and timely completion of this Source Selection.

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PATRINA D. SHEFFIELD  
Procurement Contract Officer

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**Section 1: Contract Identification**

A. Contractor (Company/Division): \_\_\_\_\_

B. Contractor Cage Code: \_\_\_\_\_

C. Contract Number: \_\_\_\_\_

D. Contract Type (e.g., FFP, FPIF, CPIF, CPFF, etc.): \_\_\_\_\_

E. Program Title: \_\_\_\_\_

F. Brief Program Description: \_\_\_\_\_

G. Program Phase (e.g., Engineering & Manufacturing Development (EMD)): \_\_\_\_\_

H. Period of Performance

1. Original Schedule (assuming all options exercised):

Beginning Date \_\_\_\_\_ through \_\_\_\_\_

2. Current Schedule (assuming all options exercised):

Beginning Date \_\_\_\_\_ through \_\_\_\_\_

3. Reason for difference (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Contract Dollar Value

1. Original maximum contract dollar value (assuming all options exercised): \_\_\_\_\_

2. Current maximum contract dollar value (assuming all options exercised): \_\_\_\_\_

3. Reasons for difference between original and current contract dollar value (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J. Description of work performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K. Was this a competitively awarded contract? ☐ Yes ☐ No

L. Contractor's Role: ☐ Prime Contractor ☐ Subcontractor ☐ Key Personnel

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**Section 2: Customer or Agency Identification**

A. Customer or agency name: \_\_\_\_\_

B. Customer or agency description (if applicable): \_\_\_\_\_

C. Geographic description of services under this contract (i.e., local, nationwide, worldwide, other Commands):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3: Respondent Identification**

A. Respondent's name: \_\_\_\_\_

B. Respondent's title: \_\_\_\_\_

C. Respondent's phone number / fax number / e-mail address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Respondent's position (e.g., Program Manager, PCO/ACO, etc.): \_\_\_\_\_

E. Length of time (number of years/months) respondent worked on subject contract and description of responsibility/position/role:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Other suggested points of contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section 4: Performance Information**

In the tables below, indicate your rating for the contractor's performance by placing an "X" in the appropriate block to the right of each question. Provide supporting information for each response in the space provided. Attach additional pages if more space is needed. The performance rating scale is defined as follows:

<u>Code</u>	<u>Performance Rating</u>
<b>E</b>	<b>EXCEPTIONAL</b> – Performance meets contractual requirements and exceeds many requirements to the Government's benefit. The contractual performance being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
<b>V</b>	<b>VERY GOOD</b> – Performance meets contractual requirements and exceeds some requirements to the Government's benefit. The contractual performance being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
<b>S</b>	<b>SATISFACTORY</b> – Performance meets contractual requirements. The contractual performance being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
<b>M</b>	<b>MARGINAL</b> – Performance does not meet some contractual requirements. The contractual performance being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor's proposed actions appear only marginally effective or were not fully implemented.
<b>U</b>	<b>UNSATISFACTORY</b> – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.
<b>N/A</b>	<b>NOT APPLICABLE</b> – Unable to provide a rating. Contract did not include performance for this aspect, performance was not observed, or information was not available. Do not know.

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Technical Performance
T1. How effectively did the contractor provide Base Operations Support Services? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T2. How was the quality/integrity of technical data/report preparation efforts? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T3. How adequate/effective was the contractor's Quality Control Process to identify problems and deficiencies, assess (document deficiencies, trends, and risks), develop, and implement corrective actions, and analyze corrective action effectiveness? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T4. How well did the contractor provide qualified, certified, and licensed personnel to meet contract requirements throughout the life of the contract? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T5. Did the support services involve Materiel Management? <input type="checkbox"/> Yes <input type="checkbox"/> No
T5a. How effectively did contractor manage/issue over 35,000 warehouse items? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T5b. How effectively did contractor manage processing and issuing over 750 mobility bags? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T5c. How effectively did contractor manage processing and issuing over 250 weapons per year? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T5d. How effectively did contractor manage All equipment accounts and report delinquent account metrics to required agencies? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T6. Did the support services involve Ground Transportation and Vehicle Maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No
T6a. How well did the contractor understand and perform processes and procedures required for Ground Transportation and Vehicle Maintenance? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T6b. How effectively did the contractor manage and perform annual maintenance of a fleet of over 215 vehicles? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T6c. How effectively did the contractor manage Operator Records and Licensing for Government vehicles? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T7. Did the support services involve Traffic Management Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
T7a. How well did the contractor understand and perform processes and procedures required for Traffic Management Operations? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A

**Technical Support Information: (see Exhibit A to complete and include in packet)**

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Technical Performance
T7b. How effectively did the contractor perform an annual workload (both inbound/outbound) of over 250,000 lbs. of cargo via commercial and military airlift? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T7c. How effectively did the contractor perform an annual workload both inbound/outbound) of over 80 passengers via commercial and military airlift? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T8. Did the support services involve Real Property Maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No
T8a. How well did the contractor understand and perform processes and procedures required for Real Property Maintenance? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T8b. How well did the Contractor manage and perform inspection, testing and maintenance (ITM)? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T8c. How well did the contractor monitor, manage and prioritize the corrective maintenance program, ensuring work is performed within the specified timeframes identified in the contract? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T8d. How effectively did contractor manage and execute an annual workload associated with the operations and maintenance services of corrective maintenance for over 150 vertical facilities, 10,000 feet of airfield/runway and associated airfield lighting systems and a preventive maintenance program consisting of over 4,000 pieces of equipment/assets simultaneously? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T8e. How well did the contractor manage and maintain commercial HVAC systems, to include but not limited to air handlers, pumps, chillers, controls, and chiller plants to include specifically HVAC system monitoring, using Energy Management and Control Systems (EMCS) and controls maintenance/operations for the afore mentioned systems? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T8f. How well did contractor maintain grounds to appropriate standards? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T9. Did the support services involve Fuels Management? <input type="checkbox"/> Yes <input type="checkbox"/> No
T9a. How well did the contractor understand and perform processes in FMD data entry, data processing, and work analysis and procedures required for Fuels Maintenance of facilities, systems, vehicles, and equipment on AF forms IAW AFI 23-201? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T9b. How well did the contractor manage fuel operations which include receiving, storing, accounting for, quality control and issuing of over 1.2M gallons of fuel annually, to support 20 different types of aircraft? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
T9c. How well was the quality surveillance of ALL sampling of AV, petroleum (ground fuels), and cryogenics in Laboratory operations? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A

**Technical Support Information: (see Exhibit A to complete and include in packet)**

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<b>Program Management</b>
P1. How effective was overall contract management (including ability to effectively lead, manage, control, and deliver on-time)? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P2. How reasonable and cooperative was the contractor when dealing with program staff (including the ability to successfully resolve disagreements/disputes)? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P3. How timely and effectively did the contractor resolve contract problems without extensive customer guidance? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P4. How well did the contractor understand/comply with customer objectives and technical requirements? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P5. How successfully did the contractor respond to emergency and/or surge situations? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P6. How well did the contractor manage quality/effectiveness of subcontracted efforts? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P7. How effective was the contractor's management (including Government Furnished Property or Material)? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P8. During changing, unscheduled, urgent, and surge requirements, how well did the contractor identify and apply cross-utilization and/or contingency plans for one-deep positions? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P9. Of what benefit to the customer were contractor proposed alternative methods/processes that reduced cost, improved maintainability, or other factors? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
P10. To what degree did the contractor implement responsive/flexible processes to improve quality and timeliness of support? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A

**Program Management Supporting Information: (see Exhibit B to complete and include in packet)**

<b>Transition / Phase-in</b>
TP1. How smoothly did the contractor transition resources and personnel? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
TP2. How effective was the contractor in maintaining continuity of mission support while transitioning/phasing in resources and personnel to support other efforts? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A

**Transition/Phase-In Supporting Information: (see Exhibit B to complete and include in packet)**

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Employee Retention
E1. How effectively was the contractor able to hire/employ key personnel, qualified, certified and/or licensed workforce to this effort? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
E2. How effectively was the contractor able to retain a qualified workforce on this effort? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
E3. How effective was employee compensation towards quality of work? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A

**Employee Retention Supporting Information: (see Exhibit C to complete and include in packet)**

Cost Performance
C1. How well did the contractor control cost and deliver at the agreed-to price. Describe the reasons for changes to contract value (e.g., scope changes, Government-imposed schedule changes, etc.)? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
C2. How successfully did the contractor alert the Government of unforeseen costs before they occurred? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
C3. How sufficient and timely was the contractor's cost reporting? <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A

**Cost Performance Supporting Information: (see Exhibit C to complete and include in packet)**

**Government Contracts Only:** Was this contract partially or completely terminated for default or convenience, or are there any pending terminations?

☐ Yes      ☐ Default      ☐ Convenience      ☐ Pending Terminations      ☐ No

If yes, please explain (e.g., inability to meet cost, performance, or delivery schedules).

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**Exhibit A: Technical Support Information**

*\*Ensure to label responses accordingly, i.e. T1-T9*

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**Exhibit B: Program Management Supporting Information**

*\*Ensure to label responses accordingly, i.e. P1-P10*

**Exhibit B: Transition/Phase-In Supporting Information**

*\*Ensure to label responses accordingly, i.e. TP1-TP2*

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**Exhibit C: Employee Retention Supporting Information**

*\*Ensure to label responses accordingly, i.e. E1-E3*

**Exhibit C: Cost Performance Supporting Information**

*\*Ensure to label responses accordingly, i.e. C1-C3*

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**SECTION 5: GENERAL COMMENT**

Given what I know today about the contractor's ability to execute what they promised in their proposal, I  
[ **click and select an item** ] award to \_\_\_\_\_ today given that I had a choice.

☐ Definitely would   ☐ Probably would   ☐ Might or might not   ☐ Probably would not   ☐ Definitely would not

REMARKS:

Please provide any additional comments concerning this contractor's performance, as desired.

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

**Thank you for your prompt response and assistance!**

*Please return this completed questionnaire to:*

Ms. Patrina Sheffield  
[patrina.sheffield@us.af.mil](mailto:patrina.sheffield@us.af.mil)

Ms. Keyonis Shack  
[keyonis.shack@us.af.mil](mailto:keyonis.shack@us.af.mil)

Mr. Dennis Parmer  
[dennis.parmer.1@us.af.mil](mailto:dennis.parmer.1@us.af.mil)