

Contractor Performance Customer Input Sheet/ Questionnaire

Solicitation Number: N4215823Q0027

1. Please complete this questionnaire. Handwritten responses are sufficient. If you need more space than that provided, please attach additional pages or write on the back. Responses will be treated as source selection sensitive information. *This form is available in electronic format (MS Word) or as "hard copy."* Completed questionnaires may be emailed to:

Norfolk Naval Shipyard Contracting Department
ATTN: Shakir Shinaba, Lead Contract Specialist
Code 431
Phone: Commercial (757) 396-1662
Email: shakir.o.shinaba.civ@us.navy.mil

2. Explanation of codes:

CODE	PERFORMANCE LEVEL
HA	HIGHLY ACCEPTABLE – Superior accomplishment of contract requirements and very high customer satisfaction. Very Low Performance Risk. Based on the offeror's performance record, very little doubt exists that the offeror will successfully perform the required effort.
A	ACCEPTABLE - Fully-compliant accomplishment of contract requirements and positive customer satisfaction. Low Performance Risk: Based on the offeror's performance record, minimal (but perhaps some) doubt exists that the offeror will successfully perform the required effort.
M	MARGINAL - Minimal or weak accomplishment of contract requirements and low level of customer satisfaction. High Performance Risk. Based on the offeror's performance record, significant doubt exists that the offeror will successfully perform the required effort.
U	UNACCEPTABLE - Failure to properly accomplish contract requirements and failure to satisfy customer. Very High Performance Risk. Based on the offeror's performance record, it appears unlikely that the offeror will successfully perform the required effort.
N	NOT APPLICABLE - Unable to provide a score. Performance in this area not applicable to effort assessed.

3. Please complete the following identifying information and past performance assessment:

- a. Contractor: _____
- b. Contract number: _____
- c. Period of Performance: _____
- d. Negotiated price or cost at award: _____

e. Current estimated contract dollar amount: _____

f. Dollar value of work actually performed to date: _____

g. Describe product/ service acquired: _____

4. Assessment Elements. Circle the appropriate letter for each item on the questionnaire (or if forwarding electronic copy via e-mail, “bold” the appropriate letter) and provide supporting narrative.

(1) Quality/Meeting Contract Requirements: The offeror’s demonstrated history of delivering products and services that met or exceeded the requirements of the contract.

- How would you describe your level of customer satisfaction?

HA A M U N

- Were there instances of rework and/or deficiency reports? (If yes, explain)

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- Did the contractor engage in effective and/or innovative work applications that were beneficial to the Government?

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(2) Quality/Timeliness.

- Did the Contractor meet/comply with performance schedules?

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- Rate the timeliness of submission of requested information, reports and invoicing.

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(3) Quality/Contractor Responsiveness. The offeror's demonstrated ability to:

- respond to customer concerns

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- isolate and resolve problems
 - the number and severity of problems,
 - the effectiveness of corrective actions taken.

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- Contractor's cost control. Did the contractor deliver at the agreed-to price/cost? Describe the reasons for changes to contract value (e.g., scope changes, overrun/underrun, Government-imposed schedule changes, etc.)

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5. Additional Observations/Information

- Identify the contractor's overall strengths and weaknesses.
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- Given hindsight, are you satisfied that that the contract was awarded to the right contractor? Would you be pleased to have this contractor perform work for you again? Why?
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- Are you aware of any other contracted efforts performed by this contractor similar in nature to this contract? Please identify contract/program and point of contact.

- Is there anyone else we should send this questionnaire to? Please identify by name, organization, and phone number.

6. Socioeconomic Past Performance.

Did the contractor meet (or exceed) applicable goals for utilization of small, small disadvantaged, woman-owned small business concerns, historically black colleges and universities and minority institutions?

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7. Please provide the name, title, address, and phone number of the person completing this questionnaire.

Phone _____ FAX _____

Thank you for your assistance in this source selection. If you have any questions, please call Shakir Shinaba at Commercial (757)396-1662 or Email: shakir.o.shinaba.civ@us.navy.mil.