



**DEPARTMENT OF THE ARMY  
U.S. ARMY MISSION AND INSTALLATION CONTRACTING  
COMMAND 922ND CONTRACTING BATTALION  
6923 38<sup>TH</sup> & DESERT STORM  
FORT CAMPBELL, KY 42223-5355**

**Attachment 02**

13 April 2023

SUBJECT: Offeror Past Performance Assessment in Support of Request for Proposal (RFP) W91248-23-R-0001

Dear Sir/Ma'am,

The US Army Mission and Installation Contracting Command – Fort Campbell (MICC-Fort Campbell) is currently conducting a competitive source selection to evaluate offerors on the subject RFP. As part of this evaluation, we have requested that the offerors provide information about their past performance on same or similar federal, state, or local government or commercial contracts as compared to the North American Industry Classification System [NAICS] 236220. You have been identified as the point of contact cited on the enclosure.

Your assessment of their performance is extremely valuable to our evaluation. Please complete the enclosure and return to MICC-Fort Campbell, 6923 38<sup>th</sup> Street and Desert Storm Avenue, Fort Campbell, KY 42223, no later than 15 days after receipt of request or before the due date for receipt of proposals, whichever occurs first. Submit your completed quest to [Evan.M.Rea.civ@army.mil](mailto:Evan.M.Rea.civ@army.mil) and [eric.c.boston.civ@army.mil](mailto:eric.c.boston.civ@army.mil).

Your cooperation is greatly appreciated. Questions may be directed to the undersigned at [eric.c.boston.civ@army.mil](mailto:eric.c.boston.civ@army.mil).

Sincerely,

ERIC C. BOSTON  
Contracting Officer

## Performance Assessment Questionnaire

Please provide your candid responses. ***The information that you provide will be used in the awarding of federal contracts. Therefore, it is important that your information be as factual, accurate and complete as possible to preclude the need for follow-up by the evaluators.*** If you do not have knowledge of or experience with the company in question, please forward this Questionnaire to the person who does (and/or) notify the Contracting Officer. Please return the completed Questionnaire to the Contracting Officer identified in the cover letter within the stated timeframe.

### Rating Definitions:

**Substantial Confidence:** Performance meets contractual requirements and exceeds many requirements that benefit the end user. Work was accomplished with few, if any, minor problems for which corrective actions taken by the contractor were highly effective. The offeror has been highly successfully in performing the required effort.

**Satisfactory Confidence:** Performance meets contractual requirements and exceeds some requirements that benefit the end user. Work was accomplished with some minor problems for which corrective actions taken by the contractor were effective. The offeror has successfully performed the required effort.

**Limited Confidence:** Performance does not meet some contractual requirements. Serious problems with contractor performance were experienced for which the contractor has either not yet identified corrective actions or the corrective actions taken appear only marginally effective. The offeror has had little success performing the required effort.

**No Confidence:** Performance does not meet most contractual requirements. Serious problems with contractor performance were experienced for which the corrective actions were ineffective. The offeror has not successfully performed the required effort.

### PART I. (To be completed by the Offeror)

<b>A. CONTRACT IDENTIFICATION</b>
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Contractor/Company Name/Division:

Address:

Program Identification/Title:

Contract Number:

Contract Type:

Prime Contractor Name (if different from the contractor name cited above):

Contract Award Date:

Forecasted or Actual Contract Completion Date:

Nature of the Contractual Effort or Items Purchased:

Total Contract Value:

**B. IDENTIFICATION OF OFFEROR'S REPRESENTATIVE**

Name:  
Title:  
Date:  
Telephone Number:  
Address:  
E-mail Address:

**PART II. EVALUATION (To be completed by Point of Contact – Respondent)**

**\*Note: rationale is required for each response.**

**A. Compliance of Products, Services, Documents, and Related Deliverables to Specification Requirements and Standards of Good Workmanship**

- Substantial Confidence
- Satisfactory Confidence
- Limited Confidence
- No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Effectiveness of Project Management (to include use and control of subcontractors).**

- Substantial Confidence
- Satisfactory Confidence
- Limited Confidence
- No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Timeliness of Performance for Services and Product Deliverables.**

- Substantial Confidence
- Satisfactory Confidence
- Limited Confidence
- No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Effectiveness in Forecasting and Controlling Estimated Costs (Use this Question on Cost Reimbursement Type Contracts Only).**

- Substantial Confidence
- Satisfactory Confidence
- Limited Confidence
- No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Commitment to Customer Satisfaction and Business-like Concern for its Customers' Interest**

- Substantial Confidence
- Satisfactory Confidence
- Limited Confidence
- No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. General Comments. Provide any other relevant performance information.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Other Information Sources. Please provide the following information:**

Are you aware of other relevant past efforts by this company?  
If yes, please provide the name and telephone number of a point of contact:

Point of Contact (Name): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**H. Respondent Identification. Please provide the following information:**

Organization:  
Name:  
Title:  
Date:  
Telephone Number  
Address:  
E-mail Address:

**PART III. RETURN INFORMATION**

Please return this completed Questionnaire to the individuals identified in the cover letter.

Thank you for your assistance.