
PAST PERFORMANCE QUESTIONNAIRE

PART I (TO BE COMPLETED BY OFFEROR REQUESTING THE REFERENCE)

A. OFFEROR INFORMATION

Offeror Name: _____

Offeror Address: _____

B. CONTRACT IDENTIFICATION

Project Title: _____

Contract Number: _____

Agency/Customer: _____

Agency/Customer POC Name: _____

Agency/Customer POC Email Address _____

Contract/Order/Subcontract/Other: _____

Contract Type: _____

Contract Purpose (e.g., Service, Supply, Development/First Article, R&D)? _____

Contract Award Date: _____

Period of Performance _____

Total Contract Value: _____

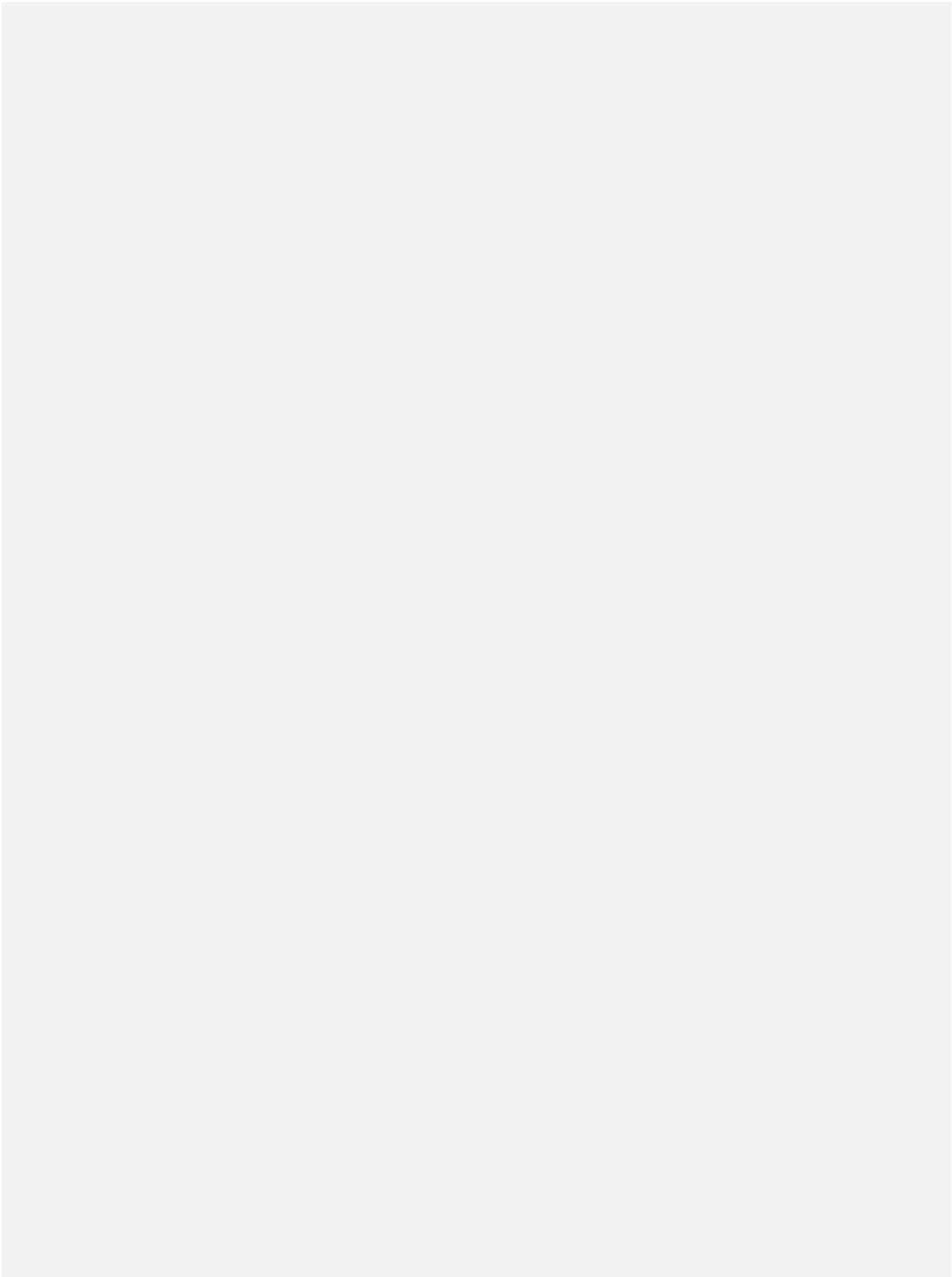
Value of Offeror's Share _____

Was the Offeror a Prime Contractor? _____ **Yes** _____ **No**

Was the Offeror a Sub Contractor? _____ **Yes** _____ **No**

Competitive Award? _____ **Yes** _____ **No**

Program Title and nature of the effort (i.e., describe the scope of the effort, the type of tasks involved, labor skills used, and products/support delivered).



PART II (TO BE COMPLETED BY RESPONDENT)

Please answer each of the following questions with a rating that is based on objective measurable performance indicators to the maximum extent possible. Commentary to support very high or very low rating should be noted on page 5.

Assign each area a rating of, 4 (Outstanding), 3 (Good), 2 (Satisfactory), and 1 (Unsatisfactory). Use the attached Rating Guidelines which is provided as Exhibit 1 as guidance in making these evaluations. Circle the appropriate rating.

A. IDENTIFICATION OF RESPONDENT

Name: _____

Title: _____

Telephone Number: _____

Address: _____

Email: _____

B. EVALUATION

QUALITY OF SERVICE:

#	Category	Rating				
		1	2	3	4	N/A
1	Compliance with contract requirements					
2	Accuracy of reports					
3	Level of knowledge, experience, and training of personnel					
4	Capability of personnel to perform required services					
5	Effectiveness of personnel in performing required services					
6	Overall quality of service					

TIMELINESS OF PERFORMANCE:

#	Category	Rating				
		1	2	3	4	N/A
1	Reliability					
2	Responsive to technical direction					
3	Meets contract delivery schedules and/or task deadlines					

COST CONTROL:

#	Category	Rating				
		1	2	3	4	N/A
1	Current, accurate and complete billings					
2	Relationship of negotiated costs to actuals					
3	Cost effectiveness					

PROGRAM MANAGEMENT:

#	Category	Rating				
		1	2	3	4	N/A
1	Adequate and complete management plan					
2	Specific management team dedicated to this project					
3	Indications that the provided team had experience in subcontractor management and surveillance					
4	Process, or metrics, for the evaluation of their own overall management performance					

CUSTOMER RELATIONSHIP:

#	Category	Rating				
		1	2	3	4	N/A
1	Effective management, including subcontracts					
2	Reasonable/cooperative behavior					
3	Responsive to contract requirements					
4	Notification of problems					
5	Flexibility					
6	Proactive vs. reactive					

OVERALL CUSTOMER SATISFACTION:

#	Category	Response	
		Yes	No
1	The contractor is committed to customer satisfaction:		
	a. Contractor Management Personnel		
	b. Contractor Onsite Facility Personnel		

ADDITIONAL COMMENTS: