

## PERFORMANCE QUESTIONNAIRE

Your assistance is requested in support of a source selection

Please complete this Questionnaire and email Contracting Officer at:  
 joni.l.haynes@faa.gov

### TO BE COMPLETED BY OFFEROR

1. CONTRACTOR NAME & ADDRESS:

2. CONTRACT NO:

3. CONTRACT INITIATION DATE:

4. COMPLETION DATE:

5. TOTAL CONTRACT VALUE:

6. TYPE OF CONTRACT: (Fixed Price, GMP, FPI, etc.)

7. DESCRIPTION OF CONTRACT REQUIREMENTS:

### TO BE COMPLETED BY EVALUATING ORGANIZATION REPRESENTATIVE

8. EVALUATION: a. EVALUATOR'S NAME, POSITION (Project Manager/ COR/ Other) AND ORGANIZATION:

b. EVALUATOR'S PHONE NUMBER:

c. MONTHS PERFORMANCE MONITORED BY EVALUATOR:

Please circle the response code for each topic (A – G) that best reflects your experience with this contractor.

EX = Exceptional

S = Satisfactory

US = Unsatisfactory

VG = Very Good

MG = Marginal

N/O = Not Observed

**A. Quality of Products and Services** – Assess the contractor's conformance to contract requirements, specifications, and standards of good workmanship (e.g., technical, professional, environmental, or safety and health standards).

EX

VG

S

MG

US

N/O

**B. Performance** – Assess the contractor's performance as the General Contractor or Architect/Engineer (as appropriate) for the project.

EX

VG

S

MG

US

N/O

**C. Technical Requirements** – Assess the contractor's ability to fulfill the technical requirements of the contract.

EX

VG

S

MG

US

N/O

**D. Schedule** – Assess the timeliness of contractor against the schedule of activities.

EX

VG

S

MG

US

N/O

**E. Cost Control** – Assess the contractor's ability to manage the contract budget and control costs.

EX

VG

S

MG

US

N/O

**F. Customer Satisfaction** – Assess the contractor's responsiveness to customer concerns and "user friendliness"

EX

VG

S

MG

US

N/O

**G. Overall Assessment.**

EX

VG

S

MG

US

N/O

Comments: