Past Performance Questionnaire

Please complete the following questionnaire in regards to the referenced contract:

Contract #:		
Contractor:		
Period of Performance Being Assessed:		

Evaluation

Indicate the contractor's past performance for each category area by identifying with an "x" for the most appropriate rating according to the scale shown below. Provide rationale, including specific examples, as appropriate, to support your ratings in the space provided for comments for each category area. ***All positive and negative ratings must be supported by factual data with the dates positive or negative performance occurred. Also, supporting documentation must be made available upon request.*** If more space is needed, continue your comments in the "Additional Comments" section at the end of this questionnaire. It is important that the information be as factual, accurate, and complete as possible to preclude the need for follow-up by the evaluators. If there is an area that you do not have detailed knowledge then you may consult with someone in your organization that does. Use Table 1 and Table 2, along with the guidance below to answer the questions that follow.

Consider the criteria for each category area in Table 1 in the assessment.

TABLE-1 CATEGORY AREAS	
Rating	Description
Quality	Assessment based on the contractor's conformance to contract/order requirements, specifications and standards of good workmanship (e.g., commonly accepted technical, professional, environmental, or safety and health standards).
Schedule	Assessment based on the timeliness of the contractor against the completion of the contract, task orders, milestones, delivery schedules, and administrative requirements (e.g., efforts that contribute to or affect the schedule variance).
Cost Control	Assessment based on the contractor's effectiveness in forecasting, managing, and controlling contract/order cost. ***If contract is/was **Firm-Fixed Price or Firm-Fixed Price with Economic Price Adjustment, please mark "Not Rated"***
Management	Assessment based on the integration and coordination of all activity by the contractor needed to execute the contract/order, specifically the timeliness, completeness and quality of problem identification, corrective action plans, proposal submittals, the contractor's history of reasonable and cooperative behavior (to include timely identification of issues in controversy), customer satisfaction, timely award and management of subcontracts.
Utilization of Small Business	Assessment based on whether the contractor provided maximum practicable opportunity for Small Business (including Alaska Native Corporations (ANCs) and Indian Tribes) (including Small Disadvantaged Businesses (which also includes ANCs and Indian Tribes), Women Owned Small Businesses, HUBZone, Veteran Owned, Service Disabled Veteran Owned Small Business, and ANCs and Indian Tribes that are not Small Disadvantaged Businesses or Small Businesses) to participate in contract/order performance consistent with efficient performance of the contract/order. Also assessment based on compliance with all terms and conditions in the contract/order relating to Small Business participation (including FAR 52.219-8, Utilization of Small Businesses and FAR 52.219-9, Small Business Subcontracting Plan (when required).
Regulatory Compliance	Assessment based on the contractor's compliance with all terms and conditions in the contract/order relating to applicable regulations and codes.

Use the ratings in Table 2 to assess contractor performance where appropriate.

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TABLE-2 PERFORMANCE RATINGS	
Rating	Description
Exceptional	Performance meets contractual requirements and exceeds many to the Government's benefit. The element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
Very Good	Performance meets contractual requirements and exceeds some to the Government's benefit. The element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
Satisfactory	Performance meets contractual requirements. The element being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
Marginal	Performance does not meet some contractual requirements. The element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions.
Unsatisfactory	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The element being assessed contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.
NOT RATED	Not applicable or has no history.

Answer the following Questions. (Use tables 1 and 2 to select the most accurate rating for each area. *All positive and negative ratings must be supported by factual data with the dates that positive or negative performance occurred. Also, supporting documentation must be made available upon request*.)

1. Was the contractor, for the subject contract listed above, the Prime or Subcontractor	Please Select
2. Quality *(Provide rationale for rating.)*	Please Select
3. Schedule *(Provide rationale for rating.)*	Please Select
4. Cost Control *(Provide rationale for rating.)*	Please Select
5. Management *(Provide rationale for rating.)*	Please Select

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6. Utilization of Small Business *(Provide rationale for rating.)*	Please Select
7. Regulatory Compliance *(Provide rationale for rating.)*	Please Select
8. How would you rate this contractor's overall performance? *(Provide rationale for rating.)*	Please Select
9. Given what you know today about the contractor's ability to perform in accordance with this contract or order's most significant requirements, would you recommend them for similar requirements in the future? (Use the rating scale on the right → and provide rationale in Question 10.)	Please Select
10. Explain your rating above in Question 9 - Why or Why not?	

11. Provide your contact information in the event there are additional questions regarding this evaluation.

Contact Name:	
Organization Name:	
Title:	
Email:	
Phone:	
Today's Date:	
Signature:	