Section L Attachment: Past Performance Questionnaire

Edwards Air Force Base is in the process of competitively selecting a source for Sound Testing in Buildings 1020 and 1040 located at EWG, Edwards Air Force Base (EAFB), California and Building 1733 located at Digital Test and Training Range-Nellis (DTTR-N), Nellis Air Force Base (NAFB), Nevada, ensuring readiness for Sensitive Compartmented Information Facility (SCIF) accreditation.

One of the considerations in proposal evaluation is the verification of the offerors' past performance on contracts or other work efforts which reflect the offeror's ability to perform on the proposed effort. We depend on information received from organizations such as yours, which have had first-hand experience with the offeror, for the evaluation of the offeror's performance on those contracts or work efforts.

Our areas of interest regarding the offeror are summarized in the enclosed questionnaire. In order to meet the acquisition milestones, we request your written response no later than COB 26 June 2026. This schedule will allow us sufficient time to analyze the data prior to the start of negotiations.

To assist you in preparing your response and expediting your reply, the questionnaire may be filled out electronically and e-mailed to Paola Diaz paola.diaz.1@us.af.mil and Karla Vazquez karla_lizette.vazquez_montes@us.af.mil. Your completed questionnaire will become a part of the official Source Selection records.

Your assistance is greatly appreciated, and your prompt response will be one of the keys to the successful and timely completion of this Source Selection.

VAZQUEZ MONTES.KARLA LIZETTE.1614778454

Digitally signed by VAZQUEZ MONTES.KARLA LIZETTE.1614778454
Date: 2026.06.15 12:57:23 -07'00'

Signature

Section L Attachment: Past Performance Questionnaire

Section 1: Contract Identification

A. Contractor (Company/Division):

B. Contractor Cage Code:

C. Contract Number:

D. Contract Type (e.g., FFP, FPIF, CPIF, CPFF, etc.):

E. Program Title:

F. Brief Program Description:

G. Program Phase (e.g., Engineering & Manufacturing Development (EMD)):

H. Period of Performance

1. Original Schedule (assuming all options exercised):
   Beginning Date _____ through _____
2. Current Schedule (assuming all options exercised):
   Beginning Date _____ through _____
3. Reason for difference (if applicable):

I. Contract Dollar Value

1. Original maximum contract dollar value (assuming all options exercised): $
2. Current maximum contract dollar value (assuming all options exercised): $
3. Reasons for difference between original and current contract dollar value (if applicable):

J. Description of work performed:

K. Was this a competitively awarded contract? ☐ Yes ☐ No

L. Contractor's Role: ☐ Prime Contractor ☐ Subcontractor ☐ Key Personnel

Section 2: Customer or Agency Identification

A. Customer or agency name:

B. Customer or agency description (if applicable):

C. Geographic description of services under this contract (i.e., local, nationwide, worldwide, other Commands):

Section 3: Respondent Identification

A. Respondent's name:

B. Respondent's title:

C. Respondent's phone number / fax number / e-mail address:

D. Respondent's position (e.g., Program Manager, PCO/ACO, etc.):

E. Length of time (number of years/months) respondent worked on subject contract and description of responsibility/position/role:

F. Other suggested points of contact:

Section 4: Performance Information

In the tables below, indicate your rating for the contractor's performance by placing an "X" in the appropriate block to the right of each question. Provide supporting information for each response in the space provided. Attach additional pages if more space is needed. The performance rating scale is defined as follows:

Code	Performance Rating
E	**EXCEPTIONAL** – Performance meets contractual requirements and exceeds many requirements to the Government's benefit. The contractual performance being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
V	**VERY GOOD –** Performance meets contractual requirements and exceeds some requirements to the Government's benefit. The contractual performance being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
S	**SATISFACTORY** – Performance meets contractual requirements. The contractual performance being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
M	**MARGINAL** – Performance does not meet some contractual requirements. The contractual performance being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor's proposed actions appear only marginally effective or were not fully implemented.
U	**UNSATISFACTORY** – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.
N/A	**NOT APPLICABLE** – Unable to provide a rating. Contract did not include performance for this aspect, performance was not observed, or information was not available. Do not know.

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Note: The following are SAMPLE questions. Past Performance evaluation teams MUST construct a simple and concise Past Performance Questionnaire, tailored to seek out key information tied to the significant aspects of the planned acquisition. Avoid questions that can be answered with a "yes" or "no" but instead include probing and direct questions to draw out the required information desired.

Technical Performance	**E**	**V**	**S**	**M**	**U**	**N/A**
T1. How well did the contractor perform acoustic testing in accordance with required standards (e.g., ICD/ICS 705)? SUPPORTING INFORMATION:						
T2. How would you rate the quality and accuracy of the contractor's sound testing results and reports? SUPPORTING INFORMATION:						
T3. How effectively did the contractor's testing methodology identify and document acoustic performance issues? SUPPORTING INFORMATION:						
T4. Did the contractor demonstrate experience working in secure facilities (e.g., SCIFs or other DoD installations)? SUPPORTING INFORMATION:						
T5. How effective were the contractor's safety procedures, especially when working within an active government facility? SUPPORTING INFORMATION:						
T6. How well did the contractor provide and manage qualified personnel with the required certifications and security clearances? SUPPORTING INFORMATION:						

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Program Management	**E**	**V**	**S**	**M**	**U**	**N/A**
P1. How effective was the contractor in managing the project schedule and meeting all deliverable deadlines? SUPPORTING INFORMATION:						
P2. How reasonable and cooperative was the contractor when dealing with program staff, especially regarding security and access protocols? SUPPORTING INFORMATION:						
P3. How timely and effectively did the contractor resolve any project-related issues or challenges without extensive customer guidance? SUPPORTING INFORMATION:						
P4. How well did the contractor understand and comply with the specific security requirements of the facility? SUPPORTING INFORMATION:						
P5. How successfully did the contractor's on-site personnel coordinate with government points of contact? SUPPORTING INFORMATION:						
P6. How well did the contractor manage any subcontracted efforts to ensure they also met all technical and security requirements? SUPPORTING INFORMATION:						

Employee Retention / Attraction	**E**	**V**	**S**	**M**	**U**	**N/A**
E1. How effectively was the contractor able to hire/apply a qualified workforce to this effort? SUPPORTING INFORMATION:						
E2. How effectively was the contractor able to retain a qualified workforce on this effort?						

Section L Attachment: Past Performance Questionnaire

Employee Retention / Attraction	**E**	**V**	**S**	**M**	**U**	**N/A**
SUPPORTING INFORMATION:						
E3. How effective was employee compensation towards quality of work? SUPPORTING INFORMATION:						

Small and Small Disadvantaged Business Participation	**E**	**V**	**S**	**M**	**U**	**N/A**
S1. If the contract included FAR 52.219-9, to what degree was the contractor able to meet or exceed small business and small disadvantaged business goals set forth in the approved subcontracting plan? SUPPORTING INFORMATION: (Please state if FAR 52.219-9 was not included in the contract)						
S2. If the contract included FAR 52.219-8, how effectively did the contractor manage small business participation to meet technical performance? SUPPORTING INFORMATION: (Please state if FAR 52.219-8 was not included in the contract)						

Government Contracts Only: Was this contract partially or completely terminated for default or convenience, or are there any pending terminations?

☐ Yes ☐ Default ☐ Convenience ☐ Pending Terminations ☐ No

If yes, please explain (e.g., inability to meet cost, performance, or delivery schedules).

SECTION 5: GENERAL COMMENT

Given what I know today about the contractor's ability to execute what he promised in his proposal, I choose an item award to him today given that I had a choice.

REMARKS:

Please provide any additional comments concerning this contractor's performance, as desired.

Section L Attachment: Past Performance Questionnaire

Respondent's Signature

Date

Thank you for your prompt response and assistance!
Please return this completed questionnaire to:

Paola Diaz
paola.diaz.1@us.af.mil

Karla Vazquez
karla_lizette.vazquez_montes@us.af.mil