

FOR OFFICIAL USE ONLY
SOURCE SELECTION INFORMATION

ATTACHMENT 0002

PAST PERFORMANCE EVALUATION QUESTIONNAIRE FORM

Contractor: _____ Contract No.: _____

Subcontract No. (if applicable): _____

POC: _____ Title: _____

(Name) (E.G. PCO/ACO/TM)

(Agency, Telephone No., & E-mail Address)

The following questions pertain to the Contractor's record of past (within the past four years) and current performance. The information that you provide will be used in the awarding of a federal contract. Therefore, it is important that our information be as factual and accurate as possible. Please provide examples and/or explanations (use additional pages if necessary). The following adjectival ratings shall be used in your response.

Exceptional: Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being evaluated 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 contractual performance of the element or sub-element being evaluated was accomplished with some minor problems for which corrective actions taken by the contractor were effective.

Satisfactory: Performance meets contractual requirements. The contractual performance of the element or sub-element 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 contractual performance of the element or sub-element being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractors proposed actions appear only marginally effective or were not fully implemented.

Unsatisfactory: Performance does not meet most contractual requirements, and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.

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PART I. (To be completed by the Offeror)

A. CONTRACT IDENTIFICATION

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:

B. IDENTIFICATION OF OFFEROR'S REPRESENTATIVE

Name:

Title:

Date:

Telephone Number:

Address:

E-mail Address:

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

A. Quality

- Exceptional (**Explanation must be provided in Comments field below**)
 - Very Good
 - Satisfactory
 - Marginal (**Explanation must be provided in Comments field below**)
 - Unsatisfactory (**Explanation must be provided in Comments field below**)
- Comments:

B. Schedule

- Exceptional (**Explanation must be provided in Comments field below**)
 - Very Good
 - Satisfactory
 - Marginal (**Explanation must be provided in Comments field below**)
 - Unsatisfactory (**Explanation must be provided in Comments field below**)
- Comments:

C. Cost Control

- Exceptional (**Explanation must be provided in Comments field below**)
 - Very Good
 - Satisfactory
 - Marginal (**Explanation must be provided in Comments field below**)
 - Unsatisfactory (**Explanation must be provided in Comments field below**)
- Comments:

D. Management

- Exceptional (**Explanation must be provided in Comments field below**)
 - Very Good
 - Satisfactory
 - Marginal (**Explanation must be provided in Comments field below**)
 - Unsatisfactory (**Explanation must be provided in Comments field below**)
- Comments:

E. Small Business Subcontracting

- Exceptional (**Explanation must be provided in Comments field below**)
- Very Good
- Satisfactory
- Marginal (**Explanation must be provided in Comments field below**)

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- Unsatisfactory (**Explanation must be provided in Comments field below**)
Comments:

F. Regulatory Compliance

- Exceptional (**Explanation must be provided in Comments field below**)
- Very Good
- Satisfactory
- Marginal (**Explanation must be provided in Comments field below**)
- Unsatisfactory (**Explanation must be provided in Comments field below**)
Comments:

G. General Comments. Provide any other relevant performance information.

H. 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:

I. Government Respondent Identification. Please provide the following information:

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

J. NAICS Alignment:

Please identify the NAICS Code that best aligns with this PPQ:
NAICS:

PART III. RETURN INFORMATION

Please return this completed questionnaire via e-mail to the Contracting Officer identified in the cover letter.

Thank you for your assistance.

Signature

Date

Typed or Printed Name