



Past Performance Questionnaire (PPQ) Form Attachment 0006



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.

Part I: General Information

Contractor:	
Contract Number:	
Subcontract Number (if applicable):	
POC:	
POC Title:	
Agency, Phone Number & Email Address:	

Part II: Contract Identification (to be completed by the Offeror)

Contract Identification

Contractor/Company Name/Division:	
Address:	
Program Identification/Title:	
Contract Number:	
Prime Contractor Name:	
Contract Award Date:	
Forecasted or Actual Contract Completion Date:	
Nature of the Contractual Effort or Items Purchased:	

Identification of Offerors Representative

Name:	
Title:	
Date:	
Phone Number:	
Address:	
Email:	

Part III: Evaluation (to be completed by Government POC - Respondent)

Quality

Exceptional <small>Must provide explanation below</small>	Very Good	Satisfactory	Marginal <small>Must provide explanation below</small>	Unsatisfactory <small>Must provide explanation below</small>
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Comments:	
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Schedule

Exceptional <small>Must provide explanation below</small>	Very Good	Satisfactory	Marginal <small>Must provide explanation below</small>	Unsatisfactory <small>Must provide explanation below</small>
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Comments:	
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Cost Control

Exceptional <small>Must provide explanation below</small>	Very Good	Satisfactory	Marginal <small>Must provide explanation below</small>	Unsatisfactory <small>Must provide explanation below</small>
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Comments:	
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Management

Exceptional <small>Must provide explanation below</small>	Very Good	Satisfactory	Marginal <small>Must provide explanation below</small>	Unsatisfactory <small>Must provide explanation below</small>
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Comments:	
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Small Business Subcontracting

Exceptional <small>Must provide explanation below</small>	Very Good	Satisfactory	Marginal <small>Must provide explanation below</small>	Unsatisfactory <small>Must provide explanation below</small>
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Comments:	
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Regulatory Compliance

Exceptional <small>Must provide explanation below</small>	Very Good	Satisfactory	Marginal <small>Must provide explanation below</small>	Unsatisfactory <small>Must provide explanation below</small>
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Comments:	
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Government Respondent Identification

Name:	
Title:	
Date:	
Phone Number:	
Address:	
Email:	

NAICS Alignment

NAICS Best Aligned with this PPQ:	
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Retention Rate

Retention Rate: Enter Formula	
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Part IV: Return Information

Name Printed:	
Date:	
Signature:	