**PAST PERFORMANCE QUESTIONNAIRE**

INSTRUCTIONS: Offeror to complete Sections A and B and transmit questionnaire to reference.

Reference to complete Sections C and D and transmit back to Contracting Officer listed in section E.

1. **Contractor Information**

|  |  |
| --- | --- |
| **Company Name** | Company |
| **Street Address** | Address |
| **City** | City |
| **State** | State |
| **Zip Code** | XXXXX |
| **DUNS Number** | XXXXXXX |
| **Point of Contact** | Name, Email, Phone |

1. **Contract Information**

|  |  |
| --- | --- |
| **Project Title** | Title |
| **Contract Number** | XXXXXXXXXX |
| **Contract Type** | Firm Fixed Price / Time & Materials / Cost Reimbursable / Other |
| **Awarded Contract Price** | $X,XXX,XXX |
| **Current / Final Price** | $X,XXX,XXX |
| **Contract Award Date** | XX/XX/XXXX |
| **Contract Completion Date** | XX/XX/XXXX |
| **Period of Performance** | XX/XX/XXX – XX/XX/XXX |
| **Project Location** | Park or Street address, City, State |
| **Client / Owner** | Company |
| **Brief description of the contract & work effort:** | Scope of work description |

1. **Reference:**

|  |  |
| --- | --- |
| **Name** | First, Last |
| **Position / Title** | Title |
| **Organization** | Agency or Company |
| **Phone Number** | XXX-XXX-XXXX |
| **Email Address** | Email |
| **Signature** | Signature |
| **Date** | XX/XX/XXXX |

1. **Evaluation**

|  |  |
| --- | --- |
| **Rating** | **Definition** |
| Exceptional | Performance met contractual requirements and exceeded ***many*** to the owner’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 met contractual requirements and exceeded ***some*** to the owner’s benefit. The element being assessed was accomplished with ***some minor problems*** for which corrective actions taken by the contractor were ***effective.*** |
| Satisfactory | Performance met contractual requirements. The element being assessed contains ***some minor problems*** for which corrective actions taken by the contractor appearor were ***satisfactory.*** |
| Marginal | Performance ***did 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.*** |

|  |  |  |
| --- | --- | --- |
| **Evaluation Area** | | **Rating** |
| **Quality** | |  |
| Quality of workmanship (including subcontractors)? | | Choose an item. |
| Quality of and adherence to quality control plan? | | Choose an item. |
| Quality of informational and technical submittals? | | Choose an item. |
| **Overall Quality Rating** | | **Choose an item.** |
| **Comments** (Please provide comments supporting the above ratings. Comments supporting ratings of excellent, marginal, & unsatisfactory are especially helpful.): | | |
|  | | |
| **Schedule (& Time Management)** | |  |
| Met project schedule milestones? | | Choose an item. |
| Responded to owner requests in a timely manner? | | Choose an item. |
| Informational and technical submittals submitted timely? | | Choose an item. |
| Promptly addressed scheduling issues? | | Choose an item. |
| **Overall Schedule (& Time Management) Rating** | | **Choose an item.** |
| **Comments** (Please provide comments supporting the above ratings. Comments supporting ratings of excellent, marginal, & unsatisfactory are especially helpful.): | | |
|  | | |
| **Cost Control** | |  |
| Addressed differing & unforeseen site conditions so as to minimize additional costs? | | Choose an item. |
| Provided fair and reasonable pricing for contract modifications? | | Choose an item. |
| Submitted accurate and complete invoices? | | Choose an item. |
| Promptly paid subcontractors and suppliers? | | Choose an item. |
| **Overall Cost Control Rating** | | **Choose an item.** |
| **Comments** (Please provide comments supporting the above ratings. Comments supporting ratings of excellent, marginal, & unsatisfactory are especially helpful.): | | |
|  | | |
| **Management** | |  |
| General oversight by project manager and superintendent? | | Choose an item. |
| Coordination with and control of subcontractors? | | Choose an item. |
| Avoidance of accidents & safety violations? | | Choose an item. |
| Addressed location factors (especially remote locations)? | | Choose an item. |
| Maintained good working relationship with owner representatives? | | Choose an item. |
| Demonstrated flexibility, innovativeness and cooperation in resolving potential problems? | | Choose an item. |
| **Overall Management Rating** | | **Choose an item.** |
| **Comments** (Please provide comments supporting the above ratings. Comments supporting ratings of excellent, marginal, & unsatisfactory are especially helpful.): | | |
|  | | |
| **Small Business Subcontracting (& Labor Standards)** | |  |
| Met regulatory and contractual labor standards? | | Choose an item. |
| Successfully contracted with small and socio-economically disadvantaged businesses? | | Choose an item. |
| Quality and adherence to applicable subcontracting plans? | | Choose an item. |
| **Overall Small Business Subcontracting (& Labor Standards) Rating** | | **Choose an item.** |
| **Comments** (Please provide comments supporting the above ratings. Comments supporting ratings of excellent, marginal, & unsatisfactory are especially helpful.): | | |
|  | | |
| **Regulatory Compliance** | |  |
| Met building and life safety codes? | | Choose an item. |
| **Overall Regulatory Compliance Rating** | | **Choose an item.** |
| **Overall Recommendation:** | | |
| Given what I know today about the contractor's ability to perform in accordance with the contract’s most significant requirements, I would recommend them for similar contracts: | Choose an item. | |
| **Overall Comments:** | | |
|  | | |

1. **Return:**

|  |  |
| --- | --- |
| **Return by** | Time / Date |
| **Name** | Kris O’Neil |
| **Title** | Contract Specialist |
| **Organization** | National Park Service – Office Servicing Regions 6, 7, & 8 |
| **Email** | Kris\_ONeil@nps.gov |