Past Performance Questionnaire

1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK:_____
PROJECT NAME: _____
PERIOD OF PERFORMANCE:_____CONTRACT TYPE (if applicable):_____
CONTRACT AWARD DATE:_____CONTRACT COMPLETION DATE:_____
AWARDED VALUE:_____CURRENT CONTRACT DOLLAR VALUE:_____

2. NAME OF ASSESSING OFFICIAL:_____
EMAIL:_____PHONE NUMBER:_____
ASSOCIATION WITH FIRM BEING RATED (including role):_____
CONTRACT OR ORDER NUMBER (if applicable):_____

3. **ASSESS THE FOLLOWING AREAS**: (Check the appropriate box for each assessment category)

Assessment Categories		Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
a. QUALITY OF PRODUCT OR SERVICE							
b. SCHEDULE							
c. COST CONTROL							
d. BUSINESS RELATIONS							
e. MANAGEMENT OF KEY PERSONNEL							
f. RELIABILITY							
g. CUSTOMER SUPPORT							
h. OVERALL PERFORMANCE							
i. OTHER AREAS:							
(1)							
(2)							

4 **ADDITIONAL COMMENTS:**