Attachment 4
RFQ 140R3026Q0083

SOURCE SELECTION SENSITIVE WHEN COMPLETED
*****NOT TO BE RELEASED OUTSIDE GOVERNMENT CHANNELS*****

PAST PERFORMANCE QUESTIONNAIRE (PPQ)

U.S. Department of the Interior, Bureau of Reclamation, Lower Colorado Basin, is considering the firm listed below. Your comments would be appreciated regarding this firm's past performance.

Past Performance Information:

Name and Address of Firm Being Evaluated:_____
_____
_____

Contract No.:_____ Type of Contract: _____
Project Title:_____
Date of Award:_____ Completion Date: _____
Location:_____
Initial Amount:_____ Final Amount: _____
Description:_____
_____
_____
_____

Evaluator: (The following information will assist in the analysis of the data.)

Name of Evaluator: _____

Company/Agency Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Position Held or Function in Relation to Project: _____
_____

Rating: If the rating is Marginal or Unacceptable, please provide additional information in the appropriate block or in the remarks section of this form.

"O"	Outstanding	Performance greatly exceeded the contract requirements.
"A"	Above Average	Performance exceeded the contract requirements.
"S"	Satisfactory	Performance met the contract requirements.
"M"	Marginal	Performance met the minimum contract requirements but Some material aspects of the contractor's performance were less than satisfactory.
"U"	Unacceptable	Performance was poor and/or did not satisfy contract requirements.

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Please circle the appropriate rating and provide any supporting information/comments for the following:	
1. The relationship between the firm and client's/customer's contract team:	O A S M U
2. Overall corporate management, integrity, reasonableness and cooperative conduct:	O A S M U
3. Quality control:	O A S M U
4. Ability to meet the performance schedule:	O A S M U
5. Have any cure notices, show cause letters, letter of reprimand, suspension of payment, or termination been issued? If yes, please explain:	Yes No
6. Would you award another contract to the firm being evaluated? If no, please explain:	Yes No
7. Was the customer satisfied with the end product and services? If no, please explain:	Yes No
8. Has the firm being evaluated been provided an opportunity to discuss or respond to any negative comments or performance ratings? If so, what were the results?	Yes No
9. Additional Remarks:	
10. Overall rating for this firm:	O A S M U

_____
Print Name

_____
_____
Signature of Evaluator Date

The questionnaire should be submitted via email to larissa_bell@ios.doi.gov