APPENDIX D

Performance Assessment

Performance Assessment Questionnaire – Cover Letter

DEPARTMENT OF THE ARMY
413TH CONTRACTING SUPPORT BRIGADE
REGIONAL CONTRACTING OFFICE,
HAWAII 742 SANTOS DUMONT AVE.,
BLDG 108 SCHOFIELD BARRACKS,
HAWAII 96857

SUBJECT: Offeror Past Performance Assessment in Support of Request for Proposal (RFP) W912CN-26-R-A006.

Dear Sir/Ma'am,

The 413th Contracting Support Brigade (CSB) is currently conducting a competitive source selection to evaluate offerors on the subject RFP. As part of this evaluation, we have requested that the offerors provide information about their past performance on recent and relevant federal, state, or local government or commercial contracts as compared to the North American Industry Classification System [NAICS] 561730. You have been identified as the point of contact cited on the enclosure.

Your assessment of their performance is extremely valuable to our evaluation. Please complete the enclosure and return to the Contracting Office, no later than 15 days after receipt of request or Proposal Due Date, whichever occurs first. Submit your completed questionnaire to Nicholas Zehr at nicholas.b.zehr.civ@army.mil, Monica Napoleon at monica.l.napoleon.civ@army.mil, and Martin Celino at martin.a.celino.civ@army.mil.

Your cooperation is greatly appreciated. Questions may be directed to the undersigned at martin.a.celino.civ@army.mil.

Sincerely,

MARTIN CELINO
Contracting Officer

Performance Assessment Questionnaire

Please provide your candid responses. ***The information that you provide will be used in the awarding of federal contracts. Therefore, it is important that your information be as factual, accurate and complete as possible to preclude the need for follow-up by the evaluators.*** If you do not have knowledge of or experience with the company in question, please forward this Questionnaire to the person who does and/or notify the Contracting Officer**.** Please return the completed Questionnaire to the Contracting Officer identified in the cover letter within the stated timeframe. Questionnaire language is an internal assessment only and final rating collapses into Acceptable/Unacceptable.

Rating Definitions:

Acceptable: Performance meets contractual requirements. Work was accomplished with minor or no problems, and any corrective actions taken by the contractor were effective. The Offeror has successfully performed the required effort.

Unacceptable: Performance does not meet contractual requirements. Serious problems with contractor performance were experienced for which corrective actions were either ineffective, only marginally effective, or not yet identified. The Offeror has not successfully performed the required effort.

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:
Total Contract Value:

B. IDENTIFICATION OF OFFEROR'S REPRESENTATIVE

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

PART II. EVALUATION (To be completed by Point of Contact – Respondent)
***Note: rationale is required for each response.**

A. Compliance of Products, Services, Documents, and Related Deliverables to Specification Requirements and Standards of Good Workmanship

- ☐ Acceptable
- ☐ Unacceptable

Rationale: _____
_____
_____
_____

B. Effectiveness of Project Management (to include use and control of subcontractors).

- ☐ Acceptable
- ☐ Unacceptable

Rationale: _____
_____
_____
_____

C. Timeliness of Performance for Services and Product Deliverables.

- ☐ Acceptable
- ☐ Unacceptable

Rationale: _____
_____
_____
_____

D. Effectiveness in Forecasting and Controlling Estimated Costs *(Use this Question on Cost Reimbursement Type Contracts Only)*.

- ☐ Acceptable
- ☐ Unacceptable

Rationale: _____
_____
_____
_____

E. Commitment to Customer Satisfaction and Business-like Concern for its Customers' Interest

- ☐ Acceptable
- ☐ Unacceptable

Rationale: _____
_____
_____
_____

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

Comments: _____
_____
_____

G. 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:

Point of Contact (Name): _____
Telephone Number: _____

H. Respondent Identification. Please provide the following information:

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

PART III. RETURN INFORMATION

Please return this completed Questionnaire to the Contracting Officer identified in the cover letter.

Thank you for your assistance.