RFP# NNG17611358R

Proposing Entity:

EXHIBIT 1

PRIME OFFEROR

SUMMARY OF REPRESENTATIVE TASK ORDERS (RTO) ESTIMATED COST PLUS FIXED FEE

REPRESENTATIVE TASK ORDER NUMBER	TOTAL PRIME AND SIGNIFICANT SUBCONTRACTOR DIRECT LABOR HOURS	ESTIMATED COST	FIXED FEE	TOTAL ESTIMATED COST PLUS FIXED FEE
TOTAL				

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity

EXHIBIT 2

PRIME OFFEROR

REPRESENTATIVE TASK ORDER (RTO) ELEMENTS OF COST SUMMARY

RTO No. , Contract Year , WBS Level

Elements of Cost	Month***	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	TOTAL
Direct Labor (DL) Hours													
Prime Onsite DL Hours *(Derived from* ***Exhibit 2A*** *)*													
Prime Offsite DL Hours *(Derived from* ***Exhibit 2A*** *)*													
Total Prime Direct Labor Hours													
Significant Subcontractor Onsite DL Hours*:													
(List total hours separately by company)													
Subtotal Significant Subcontractors Onsite Direct Labor Hours													
Significant Subcontractor Offsite DL Hours*:													
(List total hours separately by company)													
Subtotal Significant Subcontractor Offsite Direct Labor Hours													
Total Significant Subcontractors Direct Labor Hours													
TOTAL PRIME AND SIGNIFICANT SUBCONTRACTORS DIRECT LABOR HOURS													
Direct Labor Costs													
Prime Onsite DL Costs *(Derived from* ***Exhibit 2A*** *)*													
Prime Offsite DL Costs *(Derived from* ***Exhibit 2A*** *)*													
TOTAL PRIME DIRECT LABOR COSTS													
Overhead													
Onsite													
Offsite													
TOTAL OVERHEAD COSTS													
Other Direct Costs (ODCs)													
Significant Subcontracts (list separately by company)**													
Other Subcontracts													
Material													
Travel													
Other (Specify)													
TOTAL ODCs													
SUBTOTAL COST													
G&A COSTS													
TOTAL ESTIMATED COST													
FIXED FEE PERCENTAGE													
FIXED FEE AMOUNT													
TOTAL COST PLUS FIXED FEE													

***Significant Subcontractor (As defined in Provision L.15) - Insert Direct Labor Hours Only**

****List each significant subcontractor separately by company - Insert Total Cost and Fees**

*****Adjust the number of month columns to match RTO period of performance**

Offerors may adjust elements of cost to be consistent with your current accounting system.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 2A

DIRECT LABOR HOURS, DIRECT LABOR RATES AND DIRECT LABOR COSTS DETAIL

RTO No. , Contract Year , and WBS Level

Elements of Cost	Labor Type (E or NE)	Month*	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	TOTAL
DIRECT LABOR (DL) HOURS														
Onsite DL Hours:														
(List by Individual DL Category)														
Subtotal Onsite DL Hours														
Offsite DL Hours:														
(List by Individual DL Category)														
Subtotal Offsite DL Hours														
TOTAL DIRECT LABOR HOURS														
DIRECT LABOR HOURLY RATES**														
Onsite DL Rates:														
(List by Individual DL Category)														
Offsite DL Rates:														
(List by Individual DL Category)														
DIRECT LABOR COSTS														
Onsite DL Costs:														
(List by Individual DL Category)														
Subtotal Onsite DLCosts														
Offsite DL Costs:														
(List by Individual DL Category)														
Subtotal Offsite DL Costs														
TOTAL DIRECT LABOR COSTS														

***Adjust the number of month columns to match RTO period of performance**

****Rates must match the DL Hourly Rates included in the Contract Attachment entitled, "IDIQ Direct Labor Rates, Indirect Rates, and Fee Matrices."**

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

EXHIBIT 2B

SIGNIFICANT SUBCONTRACTOR
REPRESENTATIVE TASK ORDER (RTO) SUMMARY

RTO No. _____, Contract Year _____, and WBS Level _____

Elements of Cost	Month*	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	TOTAL
Direct Labor (DL) Hours:													
Onsite DL Hours *(Derived from* ***Exhibit 2A*** *)*													
Offsite DL Hours *(Derived from* ***Exhibit 2A*** *)*													
TOTAL DIRECT LABOR HOURS													
Direct Labor Costs:													
Onsite DL Costs *(Derived from* ***Exhibit 2A*** *)*													
Offsite DL Costs *(Derived from* ***Exhibit 2A*** *)*													
TOTAL DIRECT LABOR COSTS													
Overhead:													
Onsite													
Offsite													
TOTAL OVERHEAD COSTS													
Other Direct Costs (ODCs):													
Other Subcontracts													
Material													
Travel													
Other (Specify)													
TOTAL ODCs													
SUBTOTAL COST													
G&A COSTS													
TOTAL ESTIMATED COST													
[*Sub Specify Type -* FEE or PROFIT] PERCENTAGE													
[*Sub Specify Type -* FEE or PROFIT] AMOUNT													
TOTAL COST PLUS [*Sub Specify Type -* FEE or PROFIT]													

***Adjust the number of month columns to match RTO period of performance**

Offerors may adjust elements of cost to be consistent with your current accounting system.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 3

RTO SOURCE OF PERSONNEL CHART

RTO No._____

Total Number of Staff	Labor Category/Position Title	Labor Category Code*	Personnel Available Within Company	Personnel to be Obtained from Incumbent	Outside Hired Staff
TOTAL					

*Code each Labor Cateogry: S=SALARIED; H=HOURLY; U=UNION; E=EXEMPT; NE=NON-EXEMPT DOL/WD DETERMINATION; I=INCUMBENT; SU=SUBCONTRACTOR

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 4

SUMMARY OF INDIRECT RATES

	Overhead Onsite Rate	Overhead Offsite Rate	G&A Expense Rate	Other (Identify)** Rate
Contract Year 1				
*Portion of Contractor FY From:_____to_____				
*Portion of Contractor FY From:_____to_____				
Contract Year 1 Composite* **				
Contract Year 2				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 2 Composite* **				
Contract Year 3				
*Portion of Contractor FY From:_____to_____				
*Portion of Contractor FY From: to				
Contract Year 3 Composite* **				
Contract Year 4				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From:_____to_____				
Contract Year 4 Composite* **				
Contract Year 5				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 5 Composite* **				
Contract Year 6				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 6 Composite* **				
BASE OF APPLICATION - INDIRECT RATE APPLIED AGAINST (Specify Base)** **				

*Explain Basis of Allocation of Contractor FY Rates to Obtain Contract Year Rates

**If Multiple "Other" Indirect Rates - Add additional columns and specify each individually

***Prime Offeror Contract Year Composite Rates must match the indirect rates included in the Contract Attachment entitled, "IDIQ Direct Labor Rates, Indirect Rates, and Fee Matrices."

****Explaination of Base of Application

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 5

SUMMARY OF RECURRING OTHER DIRECT COSTS (ODCs) / COST ESTIMATING RELATIONSHIPS (CERs)

	Specify ODC** Percentage/Rate/Amount***	Specify ODC** Percentage/Rate/Amount***	Specify ODC** Percentage/Rate/Amount***	Specify ODC** Percentage/Rate/Amount***
Contract Year 1				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From:_____to_____				
Contract Year 1 Composite**				
Contract Year 2				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 2 Composite**				
Contract Year 3				
*Portion of Contractor FY From:_____to_____				
*Portion of Contractor FY From:_____to_____				
Contract Year 3 Composite**				
Contract Year 4				
*Portion of Contractor FY From: to				
*Portion of Contractor FY From: to				
Contract Year 4 Composite**				
Contract Year 5				
*Portion of Contractor FY From:_____to_____				
*Portion of Contractor FY From:_____to_____				
Contract Year 5 Composite**				
Contract Year 6				
*Portion of Contractor FY From:_____to_____				
*Portion of Contractor FY From:_____to_____				
Contract Year 6 Composite**				
BASE OF APPLICATION - PECENTAGE/RATE/AMOUNT APPLIED AGAINST (Specific Base):***				

*Explain Basis of Allocation of Contractor FY Rates to Obtain Contract Year Rates

**Type/Name of Recurring ODCs or CERs (i.e. Computer Usage, Program Management, Administrative Support, Depreciation, etc.)

***Specify ODC as either a Percentage (%), Rate, and/or Dollar amount ($)

****Prime Offeror Contract Year Composite Percentage/Rate/Dollar Amount must match what is included in the Contract Attachment entitled, "IDIQ Direct Labor Rates, Indirect Rates, and Fee Matrices."

*****Explaination of Base of Application

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 6A

OVERHEAD (Composition of Burden Pool)

Overhead or Service Center Pool = _____

(Specify Type of Overhead Burden, e.g. Labor, Onsite, Offsite, Engineering, Procurement, Service Center(s), etc. - See Section L - Cost Volume Instructions)

OFFEROR'S FISCAL YEAR BEGINS AND ENDS

Cost Elements within the Overhead Burden Pool	Contractor Fiscal Year Prior Yr 3**	Contractor Fiscal Year Prior Yr 2**	Contractor Fiscal Year Prior Yr 1**	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____
Total Overhead Pool Expenses									
Base of Distribution (identify) Dollars:									
Existing Base									
Forecasted Base*									
Contractor FY Rate (%)									
Conversion of Contractor FY Overhead Rate to Contract Year (CY) Rate				CY 1	CY 2	CY 3	CY 4	CY 5	CY 6
Proposed Overhead Bid Rate by CY									

If more than one Overhead Pool is proposed, submit a separate Exhibit for each Pool.

*Provide details of the forecasted base.

**If 8(a) Unpopulated Joint Venture (JV), provide actual expenses for both entities that comprise the JV.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR **[ ] Significant Subcontractor**

EXHIBIT 6B

GENERAL AND ADMINISTRATIVE (G&A) (Composition of Burden Pool)

OFFEROR'S FISCAL YEAR BEGINS _____ AND ENDS _____

Cost Elements within the Overhead Burden Pool	Contractor Fiscal Year Prior Yr 3**	Contractor Fiscal Year Prior Yr 2**	Contractor Fiscal Year Prior Yr 1**	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____	Contractor Fiscal Year _____
Labor:									
Labor Related Cost:									
B&P									
IR&D									
Corporate Allocations:									
Other (Specify):									
Total G&A Pool Expenses									
Base of Distribution (identify) Dollars:									
Existing Base									
Forecasted Base*									
Contractor FY Rate (%)									
Conversion of Contractor FY G&A Rate to Contract Year (CY) Rate				**CY 1**	**CY 2**	**CY 3**	**CY 4**	**CY 5**	**CY 6**
Proposed G&A Bid Rate by CY									

If more than one G&A Pool is proposed, submit a separate Exhibit for each Pool.

***Provide details of the forecasted base.**

****If 8(a) Unpopulated Joint Venture (JV), provide actual expenses for both entities that comprise the JV.**

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 7

OTHER SUBCONTRACTS

RTO NO.	WBS(s)	SUBCONTRACTOR	DESCRIPTION OF EFFORT	TYPE OF CONTRACT	PRIME PROPOSED SUB HOURS	PRIME PROPOSED SUB PRICE
TOTAL						

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 8

MATERIAL BY RTO

RTO No. ____

CONTRACT YEAR	WBS	NOMENCLATURE	PART NUMBER	QUANTITY REQUIRED	UNIT PRICE	TOTAL PRICE
TOTAL						

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 9

TRAVEL BY RTO

RTO No. _____

CONTRACT YEAR	WBS	ORGIN/DESTINATION	PURPOSE	# OF TRIPS	# OF PEOPLE	# OF DAYS	PER DIEM	AIRFARE	CAR RENTAL	MISC EXPENSE	TOTAL
TOTAL											

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 10

OTHER DIRECT COSTS (ODC) BY RTO

RTO No. _____

CONTRACT YEAR	WBS	DESCRIPTION	QUANTITY REQUIRED	UNIT PRICE	TOTAL PRICE
TOTAL					

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR **[ ] Significant Subcontractor**

EXHIBIT 11

PHASE-IN PLAN PRICE

Elements of Cost	Proposed Costs
DIRECT LABOR HOURS *(Derived from* ***Exhibit 11A****)*	
DIRECT LABOR COST *(Derived from* ***Exhibit 11A****)*	
OVERHEAD	
OTHER DIRECT COSTS:	
Relocation	
Training	
Subcontracts	
Travel	
Other (detail)	
TOTAL ODCS	
SUBTOTAL COSTS	
G&A	
TOTAL COSTS	
PROFIT	
TOTAL FIRM FIXED PRICE	

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 11A

DIRECT LABOR PHASE-IN COSTS

Contract Direct Labor Categories	Hours	Proposed Rates	Proposed Costs
TOTAL PHASE-IN DIRECT LABOR HOURS AND COSTS			

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 12

PRODUCTIVE WORK YEAR CALCULATION

	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5
Total Possible Hours in Year					
Less:					
Vacation in Hours					
Holidays in Hours					
Sick Leave in Hours					
Miscellaneous in Hours					
(specifically identify)					
PRODUCTIVE WORK YEAR in Hours (Hours Actually Worked)					

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor OR [ ] Non-Significant Subcontractor

EXHIBIT 13A

FRINGE BENEFITS (FB)

(Total Compensation Plan)

Exempt Employees

Company Or Division Name:

Employer Location(s):

Effective:

Benefit Item	Total Cost of FB per Hour	Percentage AND Cost Per Hour of Employee Contribution		Percentage AND Cost Per Hour of Company Contribution		Remarks
		%	$	%	$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
Total Cost of FB						

NOTE: This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = $.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – "2 weeks after one year, 3 after seven years, and 4 after fifteen years." Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor OR [ ] Non-Significant Subcontractor

EXHIBIT 13B

FRINGE BENEFITS (FB)

(Total Compensation Plan)

Non-Exempt Employees

Company Or Division Name:

Employer Location(s):

Effective:

Benefit Item	Total Cost of FB per Hour	Percentage AND Cost Per Hour of Employee Contribution		Percentage AND Cost Per Hour of Company Contribution		Remarks
		%	$	%	$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
Total Cost of FB						

NOTE: This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = $.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – "2 weeks after one year, 3 after seven years, and 4 after fifteen years." Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR **[ ] Significant Subcontractor**

EXHIBIT 14A

Cognizant Defense Contract Audit Agency (DCAA) Office Information

DCAA Online Info http://www.dcaa.mil

Submitting Entity:		DCAA Field Audit Office (FAO):	
Company Name:		DCAA FAO:	
POC:		POC:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	
E-Mail Address:		E-Mail Address:	
Street:		Street:	
P.O.Box:		P.O.Box:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Note: The submitting entity audit point of contact (POC) and address provided above must be at a location where auditable records supporting the proposed amounts physically reside.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] **Prime Offeror** OR [ ] **Significant Subcontractor**

EXHIBIT 14B

Cognizant Defense Contract Management Agency (DCMA) Office Information

DCMA Online Info http://www.dcma.mil

Submitting Entity:		**DCMA Cognizant Office:**	
Company Name:		DCMA Office	
POC:		POC:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	
E-Mail Address:		E-Mail Address:	
Street:		Street:	
P.O.Box:		P.O.Box:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Disclosures:	**Date**	**Audit Report #**	**Status:**
Contractor Estimating System Review (CESR)			
Contractor Purchasing System Review (CPSR)			
Contractor Billing System Review			
Contractor Accounting System Review			
Contractor Disclosure Statement Accuracy			
Contractor Executive Compensa ion Review			
Contractor Property Management System			
Forward Pricing Rate Agreements			
Earned Value Management System (EVMS)			
Level of CAS applicability			
Determination of Cost Accounting Standards (CAS) applicability			

Note: The submitting entity audit point of contact (POC) and address provided above must be at a location where auditable records supporting the proposed amounts physically reside.

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG17611358R

Proposing Entity:

[ ] Prime Offeror OR [ ] Significant Subcontractor

EXHIBIT 15

SMALL BUSINESS SUBCONTRACTING PLAN GOALS

Based on IDIQ Maximum Ordering Value

BUSINESS CATEGORY	PROPOSED GOALS BASED ON IDIQ MAXIMUM ORDERING VALUE of $200M		PROPOSED GOALS BASED ON TOTAL PLANNED SUBCONTRACTS of $TBP	
	Dollar Amount*	Percentage	Dollar Amount*	Percentage
Small Disadvantaged Business Concerns				
Women-Owned Small Business Concerns				
Historically Black Colleges and Universities/Minority Serving Institutions				
HUBZone Small Business Concerns				
Veteran-Owned Small Business Concerns				
Service-Disabled Veteran-Owned Small Business Concerns				
Other Small Business Concerns				
TOTAL SMALL BUSINESS SUBCONTRACTING				
Large Business Concerns				
TOTAL SUBCONTRACTING (SMALL & LARGE BUSINESS CONCERNS)				

***Dollar Amount should be the same**

This exhibit contains Source Selection Information. See FAR 3.104.

PAST PERFORMANCE QUESTIONNAIRE INSTRUCTIONS
(Updated November, 2016)

Sections 1-3 provide for contract-related descriptive information and identification of the evaluator.

Section 4 lists the major work elements within our Statement of Work (SOW). Please provide your assessment of the "relevant experience" and "performance" associated with our SOW evidenced within the contract for which you are a reference. "**Experience**" means a contractor who has performed work in the specific SOW Element. "**Did not Perform**" means that the specific SOW element was not performed under the contract.

Section 5 evaluates the contractor's technical, schedule, and cost performance and management. (Additional pages may be used for comments if desired). It is very important to keep in mind that only performance in the ***past 7 years*** is relevant. If you cannot answer any questions, please circle "N/R" for Not Rated.

The following definitions are offered for your use in assigning a performance rating for each of the factors in Sections 5 and 6:

Very High (VH)	The Offeror's relevant past performance is of exceptional merit; indicating exemplary performance in a timely, efficient, and economical manner; very minor (if any) problems with no adverse effect on overall performance.
High (H)	The Offeror's relevant past performance demonstrates very effective performance that would be fully responsive to contract requirements with contract requirements accomplished in a timely, efficient, and economical manner for the most part with only minor problems with little identifiable effect on overall performance.
Moderate (M)	The Offeror's relevant past performance demonstrates effective performance; fully responsive to contract requirements; reportable problems, but with little identifiable effect on overall performance.
Low (L)	The Offeror's relevant past performance meets or slightly exceeds minimum acceptable standards; adequate results; reportable problems with identifiable, but not substantial, effects on overall performance.
Very Low (VL)	The Offeror's relevant past performance does not meet minimum acceptable standards in one or more areas; remedial action required in one or more areas; problems in one or more areas which, adversely affect overall performance.
N/R	Not Rated

Section 6 provides for evaluation of the contractor's management of cost and award/incentive fee history.

RETURN THIS QUESTIONNAIRE TO
BY **Bruce Tsai**.

NASA Goddard Space Flight Center
Attn: Bruce Tsai, Code 210.
Greenbelt, MD 20771
Phone: 240-684-0428 FAX: None
e-mail: Bruce.B.Tsai@nasa.gov

PAST PERFORMANCE QUESTIONNAIRE

1. Contract Information

A. Name of Company/Division Being Evaluated:_____

B. Address:_____

C. Contractor Cage Code and/or DUNS number

D. Contract Number:_____

E. Contract Type:_____

F. Period of Performance (including options): From:_____ To:_____

G. Total Contract Value:_____

H. Award Information: Competitive: Yes___ No___
Basis of Selection: Technical___ Cost/Price___
Other (specify)_____

2. Description of Contract

Briefly describe the services provided under this contract:

During the contract performance being evaluated, this firm was the:

Prime Contractor____ Significant Subcontractor ____ Team Member ____
Other (describe)_____

Does a corporate or business relationship exist between the firm being evaluated and your organization?

Yes ___ No ___. If yes, please describe: _____
_____

3. Evaluator Information

Name: _____
Title: _____
Agency/Company: _____
Address: _____
Phone: _____ Date Questionnaire Completed: _____
Role in Program/Contract: _____
Length of Involvement in this Program/ Contract: _____

This form contains Source Selection Information when completed. See FAR 3.104.

PAST PERFORMANCE QUESTIONNAIRE

4. SOW Survey: Relevance Ratings: Please check the appropriate blocks for Relevance (Performed or Did Not Perform)

SOW ELEMENT	PERFORMED	DID NOT PERFORM
Mission Preparation Products and Reviews		
-Instrumentation Support Review		
-Range Readiness Reviews		
-Launch Readiness Reviews		
-Post Mission Summary Report		
Integrated Range Services Management		
-Operations Project Management		
Range Services		
-Maintenance and Sustainment Services		
-Range Engineering and Technology Development		
-New Systems Transition to Operations		
-Telecommunications Engineering		
-Information Technology and Range Network Engineering Services		
Ground Operations		
-Launch Site Support Plan		
-Launch Pad and Blockhouse		
-Aerospace Vehicle Processing		
-Payload Processing		
-Supplemental Ground Services		

PAST PERFORMANCE QUESTIONNAIRE

5. **General Performance Survey**

NO	PERFORMANCE QUESTIONS	PERFORMANCE RATING (Please Circle)					
	QUALITY						
1.	Quality of services and support provided	VH	H	M	L	VL	N/R
2.	Timely identification and mitigation of risks	VH	H	M	L	VL	N/R
3.	Ability to identify and correct performance deficiencies in a timely manner	VH	H	M	L	VL	N/R
4.	Demonstrated understanding and compliance with mission safety requirements	VH	H	M	L	VL	N/R
	Comment:						
	SCHEDULE						
5.	Timeliness, quality, and accuracy of schedule estimates and reporting	VH	H	M	L	VL	N/R
6.	Ability to meet/exceed schedule milestones	VH	H	M	L	VL	N/R
	Comment:						
	COST						
7.	Ability to establish realistic cost estimates and adhere to estimated costs	VH	H	M	L	VL	N/R
8.	Ability to anticipate, identify and control cost growth.	VH	H	M	L	VL	N/R
	Comment:						
	BUSINESS/MANAGEMENT						
9.	Communicating/interfacing with Government and overall responsiveness to Government requests	VH	H	M	L	VL	N/R
10.	Ability to effectively manage the contract including subcontractor performance, if applicable	VH	H	M	L	VL	N/R
11.	Ability to recruit and retain highly skilled personnel, including ability to fill key vacancies in a timely manner.	VH	H	M	L	VL	N/R
12.	Adequacy of Contractor's system(s) for processing task orders and/or changes.	VH	H	M	L	VL	N/R
13.	Ability to meet Small Business Subcontracting Plan Goals	VH	H	M	L	VL	N/R
	Comment:						

PAST PERFORMANCE QUESTIONNAIRE

Section 6:

What is the Contract Value:

	Initial Value	Current Value
Estimated Cost:	$_____	$_____
Fee:	$_____	$_____
Total Value:	$_____	$_____

What are the total contract expenditures to date (cost/fees to date based on invoices, reports, etc)?

What is the **Annual** Contract Value to Date (The current contract expenditures to date divided by the number of years of performance to date)?

For example (note, these example numbers may not relate to this specific procurement):

Assume your contract is a current five year contract, is still ongoing, and the latest cost report reflects a cost/fee of $43,500,000 through the first 2 years and 4 months (to date). In this example, current/total Contract Expenditures incurred to Date are $43,500,000 and associated period of performance for those expenditures, expressed in years, is 2.33 years.

Therefore, the Average Annual Cost/Fee Incurred to Date: $18,669,528 ($43,500,000/2.33 years)

Was there a cost overrun? ( ) Yes ( ) No
If yes, please explain:

If this was an award fee contract, what are the individual and/or average ratings of performance by your organization? Please attach any available award fee letters or database entries

Please comment on particularly strong/weak points of Contractor's performance (technical, schedule, and/or cost). If the Overall Contract Performance Rating below is less than Very High, please provide some explanation in this section on why a higher rating was not provided.

Overall Contract Performance Rating (circle one)

Very High High Moderate Low Very Low

Please add any other comments you may feel are pertinent.

_____

Rater's Signature Date