PAST PERFORMANCE QUESTIONNAIRE

Offerors are required to send the attached Past Performance Questionnaire (pages PPQ-2 through PPQ-5) to a ***minimum of three*** Federal Government clients for whom it has performed similar services in the past three years. If no Federal Government clients, then State and Local Government, then private concerns.

Completed Past Performance Questionnaires must be sent directly to the Contracting Officer by the individuals who completed the forms. They are not to be submitted with your technical proposal.

OMB Control Number 9000-0142

PAST PERFORMANCE QUESTIONNAIRE

Solicitation No.: 140R1026R0001

Solicitation Title: Leavenworth SWISP Phase II Pipe Rehabilitation

Contractor Being Evaluated: _____

Submitting Proposal as *(select one)* ☐ Prime Contractor ☐ Subcontractor

If submitting as Subcontractor, your prime contractor is _____

I. Background

The purpose of this questionnaire is to obtain past performance information relative to contracts that have previously be completed or are currently being performed by the contractor identified above. The company is a potential source for performing a Firm Fixed Price contract.

II. Instructions

Please complete the questionnaire based on the following guidance:

A. Handwritten responses are sufficient.

B. Please provide comments for all questions in which an Unsatisfactory, Marginal or Satisfactory rating is given and as appropriate for all other answers. Space for your comments is provided in each area. If more space is needed, attach additional sheets to the end of the questionnaire and reference the respective question.

C. You are urged to supplement your own knowledge of the contractor's performance with the judgment of others in your organization. In addition to completing the attached questionnaire for the program, we solicit your comments on other similar programs for which your office has contract with the contractor.

D. PLEASE SUBMIT YOUR COMPLETED QUESTIONNAIRE DIRECTLY TO:

U.S. DEPARTMENT OF THE INTERIOR
ATTN: LANCE FLEMING
EMAIL – lance_fleming@ios.doi.gov

YOUR ASSISTANCE IN EVALUATING THE CONTRACTOR'S PAST PERFORMANCE IS APPRECIATED. OUR GOAL IS TO SELECT THE BEST VALUE TO THE GOVERNMENT. YOUR PAST PERFORMANCE EVALUATION IS A CONSIDERATION IN DETERMINING THE BEST VALUE.

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III. Program Identification:

Evaluator, please complete

A. Contractor being evaluated: _____
B. Federal Agency/Owner: _____
C. Contract Number: _____
D. Estimated Contract Amount: _____
E. Period of Performance: _____
F. Describe Product Acquired: _____
G. Contract Type: _____

IV. Past Performance Evaluation

1. Did the contractor provide a Safety Plan? ☐ Yes ☐ No

For the following questions indicate, based on the description below, the contractor's performance on the identified program in the assessment area. Assessments should reflect only contractor liable performance. The following is a definition of the scoring levels:

SUPERIOR The contractor's performance meets the contractual requirements and exceeds many requirements.

GOOD The contractor's performance meets contractual requirements and exceeds some requirements.

SATISFACTORY No problems exist or only minor problems for which solutions are in hand.

POOR Problem exist for which there is doubt whether the identified solution is adequate but the problem appears to be within the contractor's ability to solve.

UNSATISFACTORY Serious problems exist which may be outside the contractor's ability to solve . The contractor is in danger of being able to satisfy contractual requirements and timely recovery is not likely.

NOT APPLICABLE Unable to provide a score.

Select the word or phrase corresponding to your rating

2. Overall Performance in providing and performing the contract requirements in accordance with the specifications, including adherence to safety control measures and quality controls?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____
_____
_____

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3. Did contractor provide material submittals in a timely manner?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____

4. How well did the contractor's on-site management/superintendent control overall quality?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____

5. How well did the contractor manage any customer complaints in regards to timeliness of response, the quality of management, quality of the accountability of complaints, and the quality of reporting of complaints?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____

6. How well did the contractor adhere to the contract schedule?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____

7. How well did the contractor manage subcontractors?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____

8. How well did the contractor comply with the contract terms and conditions?

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory ☐ Not Applicable

Comments: _____

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9. Were any cure or delinquency notices issued? If so, please explain

Comments: _____
_____
_____

10. Were there any modifications? If so, please provide a brief description

Comments: _____
_____
_____

11. Overall evaluation of the contractor

☐ Superior ☐ Good ☐ Satisfactory ☐ Poor ☐ Unsatisfactory

Comments: _____
_____
_____

Click or circle the most applicable answer

Knowing what I know about this contractor,

☐ I would enter into another contract with this contractor

☐ I might enter into another contract with this contractor

☐ I would not enter into another contract with this contractor

V. Respondent Information:

The following information will assist in the analysis of the data and will be kept confidential.

A. Name of Evaluator: _____
B. Agency/Organization: _____
C. Address: _____
D. Phone/Fax: _____
E. Position Title/Grade: _____
F. Length of Time on Program/Contract: _____
G. Date Questionnaire Completed: _____

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