Department of Interior

Past Performance Questionnaire (PPQ)

U.S. Department of the Interior, National Park Service is considering **[Insert Company]**.
Your comments would be appreciated regarding this company's past performance.

Firm Information	
Project Title:	
Location:	
Description:	
Company Name:	Contract Number:
Start Date:	Completion Date:
Initial Amount:	Final Amount:
Evaluator	
Evaluator Name:	Company/Agency Name:
Address:	POC Email:
Position Held or Function in Relation to Project:	

Ratings Overview

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.

Questionnaire					
Please select the appropriate rating and provide supporting information for the following questions.					
1. The relationship between the company 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 company being evaluated? If not, please explain:	Yes ☐			No ☐	
7. Was the customer satisfied with the final product and services? If not, please explain:	Yes ☐			No ☐	
8. Has the firm been provided with an opportunity to discuss or respond to any negative comments or performance ratings? If so, what were the results?	Yes ☐			No ☐	
9. Overall Rating	O ☐	A ☐	S ☐	M ☐	U ☐
10. Comments					

Signatures	
Name	**Date:**