Attachment 2
PAST PERFORMANCE QUESTIONNAIRE (PPQ)

Defense Health Agency (DHA) Healthcare Contracting Division West is considering the Offeror listed below for a U.S. Government contract. Your comments would be appreciated regarding this firm's past performance. After completing this PPQ, you are highly encouraged to send it back to the Offeror to be submitted with their quote. However, you may return it directly to this office via email to april.l.delmendo.civ@health.mil no later than **10:00a.m. Pacific Time, Tuesday, August 25, 2026.** Your prompt response is greatly appreciated. If the referenced project is a Government project, you may forward a copy of the official performance evaluation in lieu of completing this form. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

Offeror Information	
Name of Offeror Being Evaluated:	
Address of Offeror Being Evaluated:	

Project Information	
Contract Number:	
Delivery/Task Order Number:	
Contract/Project Title:	
Location:	
Award Date:	
Completion Date:	
Contract Value:	
Offeror Performed As:	☐ Prime Contractor ☐ Sub-Contractor
Description of Work Performed:	

Evaluator Information	
Name of Evaluator:	
Government Agency/Commercial Company:	
Address:	
Phone Number:	
Email Address:	
Position Held in Relation to this Project:	

Rating: Please evaluate the past performance using only the following ratings without variation. **DO NOT RATE ON A "+" OR "-" SCALE**. If a "+" or "-" is used, the rating without the "+" or "-" will be applied. If the rating is **Marginal** or **Unacceptable**, please provide additional information in the appropriate block or in the remarks section of this form.

"E"	**Exceptional**	Performance greatly exceeded the contract requirements.
"VG"	**Very Good**	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.
"NA"	**Not Applicable**	No information or did not apply to your contract.

Please rate and provide any supporting information/comments for the following:	
1. The relationship between the Offeror and client's/customer's contract team:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
2. The Offeror's management and coordination of subcontractors:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
3. Ability/actions to hire and retain a sufficient number of qualified employees for the performance of the contract work:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
4. Overall corporate management, integrity, reasonableness, and cooperative conduct:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
5. Quality of work:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
6. Quality control:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
7. Ability to meet the performance schedule:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
8. Ability/actions to improve schedule problems, if applicable:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
9. Ability to control costs and provide the required work at a reasonable total price:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
10. Compliance with labor standards, as applicable:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA

11. Compliance with safety standards and/or number of safety related incidents, code compliance, as applicable:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
12. Ability to submit required documentation (work schedule, reports, data, etc.) in a timely manner:	☐ E ☐ VG ☐ S ☐ M ☐ U ☐ NA
13. Have any cure notices, show cause letters, letter of reprimand, suspension of payment, or termination been issued? If yes, please explain:	☐ Yes ☐ No
14. Was the contractor able to solve contract performance problems without extensive guidance from your procurement or technical personnel? If no, please explain:	☐ Yes ☐ No
15. Would you award another contract to the party being evaluated? If no, please explain:	☐ Yes ☐ No
16. Was the customer satisfied with the end product? If no, please explain:	☐ Yes ☐ No
17. 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 ☐ NA
18. Additional Remarks:	
19. Overall rating for this firm:	☐ E ☐ VG ☐ S ☐ M ☐ U
_____ Signature of Evaluator	_____ Date

PLEASE NOTE: Contractors may be advised of adverse remarks and given the opportunity to respond in accordance with Federal Acquisition Regulation (FAR) requirements. However, in accordance with FAR 15.306(e)(4), the names of individuals providing reference information about an Offeror's past performance shall not be disclosed.