Past Performance Questionnaire

1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK:_____
PROJECT NAME: _____
PERIOD OF PERFORMANCE:_____CONTRACT TYPE (if applicable):_____
CONTRACT AWARD DATE:_____CONTRACT COMPLETION DATE:_____
AWARDED VALUE:_____CURRENT CONTRACT DOLLAR VALUE:_____

2. NAME OF ASSESSING OFFICIAL:_____
EMAIL:_____PHONE NUMBER:_____
ASSOCIATION WITH FIRM BEING RATED (including role):_____
CONTRACT OR ORDER NUMBER (if applicable):_____

3. **ASSESS THE FOLLOWING AREAS**: (Check the appropriate box for each assessment category)

Assessment Categories		Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
a. COMPLIANCE WITH LEASE REQUIREMENTS							
b. QUALITY OF SERVICES							
c. TIMELY DELIVERY OF SERVICES							
d. BUSINESS RELATIONS							
e. MANAGEMENT OF KEY PERSONNEL							
f. RELIABILITY							
g. CUSTOMER SUPPORT							
h. OVERALL PERFORMANCE							
i. OTHER AREAS:							
(1)							
(2)							

4 **ADDITIONAL COMMENTS:**