PERFORMANCE QUESTIONNAIRE

140L3626R0002: Marcott Coulee Pipeline

Your assistance is requested in support of a source selection. Please be aware that the procurement office must receive them by the response date below.

Please complete this Questionnaire and email to: **Jalvarez@blm.gov**

Response Date: Not Later Than 4 September 2026

TO BE COMPLETED BY OFFEROR

1. CONTRACTOR NAME & ADDRESS

2. CONTRACT NO.:

3. CONTRACT INITIATION DATE:

4. COMPLETION DATE:

1a: NAME OF PRIME CONTRACTOR:

5. CONTRACT VALUE (with options): $

6. TYPE OF CONTRACT (fixed price, CMP, FPI, etc.):
Fixed Price

7. DESCRIPTION OF CONTRACT REQUIREMENTS:

TO BE COMPLETED BY EVALUATING ORGANIZATION REPRESENTATIVE

8. EVALUATION:

a. Evaluator name, position (Project Manager/COR/Other) and organization:

b. Evaluator's Phone Number:

c. Months Performance Monitored by Evaluator:

Please circle response code for each topic (A-G) that best reflects your experience with this contractor.

N = Neutral O= Outstanding B = Better A = Acceptable U = Unacceptable

A. **Quality of Products and Services** - Assess the contractor's conformance to contract requirements, specifications, and standards of good workmanship (e.g., technical, professional, environmental, or safety and health standards.

☐ N ☐ O ☐ B ☐ A ☐ U

B. **Performance** - Assess the contractor's performance as the General Contractor or Architect/Engineer (as appropriate) for the project.

☐ N ☐ O ☐ B ☐ A ☐ U

C. **Technical Requirements** - Assess the contractor's ability to fulfill the technical requirements of the contract.

☐ N ☐ O ☐ B ☐ A ☐ U

D. **Schedule** - Assess the timeliness of the contractor against the schedule of activities.

☐ N ☐ O ☐ B ☐ A ☐ U

E. **Cost Control** - Assess the contractor's ability to manage the contract budget and control costs.

☐ N ☐ O ☐ B ☐ A ☐ U

F. **Customer Satisfaction** - Assess the contractor's responsiveness to customer concerns and "user friendliness".

☐ N ☐ O ☐ B ☐ A ☐ U

G. **Overall Assessment**

☐ N ☐ O ☐ B ☐ A ☐ U

General Comments: