## Contract Performance Customer Questionnaire

1. Please complete this questionnaire. Handwritten responses are sufficient. If you need more space than that provided, please attach additional pages or write on the back. Responses will be treated as source selection sensitive information and will be sent directly to the Contract Specialist. This information is not to be released to the offeror. Completed questionnaires may be emailed to:

CNIC Millington, ATTN: POC, Stephanie Blakey
5720 Integrity Drive, Bldg. 457
Millington, TN 38055
Phone: (901) 305-9934 | Email: stephanie.a.blakey.naf@us.navy.mil

2. Please complete:

| Company/Contractor ***Requesting*** Reference | |
|---|---|
| Company/Contractor Name | |
| Point of Contact Name | |
| Phone # | |
| E-mail address | |
| Fax Number | |

| Agency/Company Name ***Providing*** Reference | |
|---|---|
| Agency/Company Name | |
| Point of Contact Name | |
| POC E-mail / Phone # | |
| Period of Performance | |
| Supply/Service Provided | |

### PAST PERFORMANCE RATING GUIDELINES

Summarize Contractor Performance in each of the rating areas. Assign each area a rating of Unsatisfactory, Poor, Fair, Good, or Excellent. Use the following instructions as guidance in making these evaluations. Note: There is no corresponding guidance for "Customer Satisfaction". Please use the comments area on the preceding form to justify the rating given "Customer Satisfaction."

**N/A - NOT APPLICABLE - Unable to provide a score. Performance in this area not applicable to effort assessed.**

| **Ratings** | **Quality of Service**<br>-Compliance w/contract requirements<br>-Technical excellence<br>-Within budget<br>-Relationship of negotiated costs to actual | **Timeliness of Delivery**<br>-Met interim milestones<br>-Reliable<br>-Delivery Schedule achieved | **Overall Customer Satisfaction**<br>-Effective Mgmt<br>-Businesslike correspondence<br>-Responsive to contract reqmnts<br>-Prompt notification of problems<br>-Reasonable/cooperative<br>-Flexible<br>-Pro-active |
|---|---|---|---|
| **Unsatisfactory** | Nonconformances are comprising the achievement of contract reqmnts | Delays are compromising achievement of contract reqmts | Response is not effective |
| **Poor** | Nonconformances require major agency resources to ensure achievement of contract reqmnts | Delays require major agency resources to ensure achievement of contract reqmnts | Response is marginally effective |
| **Fair** | Nonconformances require minor agency resources to ensure achievement of contract reqmnts | Delays require minor agency resources to ensure achievement of contract reqmnts | Response is somewhat effective |
| **Good** | Nonconformances do not impact achievement of contract reqmnts | Delays do not impact achievement of contract reqmnts | Response is usually effective |
| **Excellent** | There are no quality problems | There are no delays | Response is effective |
| | | | |

| PAST PERFORMANCE QUESTIONNAIRE | |
|---|---|
| 1. Company/Contractor Being Referenced: | 2. Solicitation/Contract Number: |
| 3. Address: | 4. Contract Type:<br>☐ Firm Fixed Price<br>☐ Cost Reimbursement<br>☐ Other (Please Specify) |
| 5. Agency/Company Completing Reference: | 6. Agency/Company POC, Phone & Fax: |
| 7. Period of Performance: | 8. Overall Contract Value: $ |
| 9. Title of Contract: | |
| 10. Description of Contract Service: | |
| 11. Complexity of Work: Difficult: ☐ Routine: ☐ | |

***NOTE: Please use adjectival ratings from attached sheet.***

| **12. Evaluation Factor** | **13. Rating** | **13. Comments** (Attach additional sheets, if necessary.) |
|---|---|---|
| a. Quality of Service | | |
| b. Timeliness of Delivery | | |
| c. Overall Customer Satisfaction | | |

| 15. Would you select this company/contractor again? Please explain. (Attach additional sheet if necessary.) | |
|---|---|
| 16. Name & Date: | 17. Title: |