

PAST PERFORMANCE QUESTIONNAIRE
Control Number: DE-SOL-0003552

The Department of Energy, National Nuclear Security Administration is interested in your assessment of the named company's performance on your contract for the purpose of utilizing this information to evaluate the contractor's probability of successfully performing a federal government requirement that is currently being advertised. The contractor should have provided you with a copy of a completed Corporate Experience & Performance Self-Assessment Form for your contract so that you may more readily identify the contract in question and verify the accuracy of information provided therein.

I. CONTRACT INFORMATION

1. This questionnaire relates to work performed by (Name of Contractor/Company/Division):

at (name and location of contract): _____

2. Contract Number: _____

3. Is the information provided by the contractor in the attached Corporate Experience & Performance Self-Assessment Form accurate and correct to the best of your knowledge?

Yes___ No___

If "No," why not?

4. Contract Value:

	<u>Initial Amount</u>	<u>Current Amount*</u>
Estimated Cost	\$	\$
Fixed Price	\$	\$
Fee/Profit	\$	\$
Total Value	\$	\$

*Should reflect any contract value increases/decreases since initial contract award

PAST PERFORMANCE QUESTIONNAIRE (CONTINUED)

II. PAST PERFORMANCE EVALUATION

Please rate the Contractor as “Excellent” (E), “Good” (G), “Satisfactory” (S), “Unsatisfactory” (U), or “Not Applicable” (N/A) in the following areas:

A. QUALITY OF PRODUCT OR SERVICES

1. Compliance with contract terms and conditions.
Rating: _____
2. Quality of services and support provided including content and accuracy of technical, cost, or other reports.
Rating: _____

B. TIMELINESS OF PERFORMANCE

Timely completion of deliverables and/or milestones on tasks.
Rating: _____

C. COST CONTROL

1. Adherence to target costs on the contract level and at the task level.
Rating: _____
2. Cost overrun and change proposals submitted were reasonably priced and contained all appropriate supporting documentation.
Rating: _____

D. BUSINESS PRACTICES

1. Contractor’s skills in efficiently and effectively allocating and directing personnel and resources to meet customer needs.
Rating: _____
2. Contractor’s ability in developing and managing subcontracts and consulting agreements.
Rating: _____
3. Contractor’s reasonable and cooperative behavior, flexibility, as well as their responsiveness to inquiries from your organization’s technical and contract representatives.
Rating: _____

E. SAFETY AND HEALTH COMPLIANCE

Contractor demonstrates conformance with contract safety and health requirements.
Rating: _____

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F. CUSTOMER SATISFACTION

1. Were there any significant problems encountered by the Contractor? Yes ___ No ___
If yes, state the problem(s), what corrective actions were taken by the Contractor, and indicate whether you consider these corrective actions to be effective?

2. Please comment on the overall satisfaction of your organization with the contractor's performance and provide reasons for your assessment (you may attach a separate sheet if necessary).

3. Additional comments both positive and negative (please address any unfavorable ratings identified from Part II, above).

III. RESPONDENT INFORMATION

1. Name of Evaluator(s): _____
2. Position Title: _____
3. Organization Name and Mailing Address:

4. Telephone Number: _____ Fax Number: _____
5. E-mail Address: _____
6. Date Questionnaire Completed: _____

Please return the questionnaire by any method as follows:

Mailing Address: _____ Fax: (505) 284-7122 E-mail: krystal.maestas@nnsa.doe.gov

NNSA Albuquerque Complex
Attention: Krystal Maestas
P.O. Box 5400
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For questions, please contact Ms. Krystal Maestas at (505) 845-4268

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE!