

PAST PERFORMANCE QUESTIONNAIRE

Solicitation _____

A. GENERAL INFORMATION: *(to be completed by the contractor)*

Contractors Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Point of Contact (POC): _____ Title: _____

E-Mail Address: _____

Contract Number: _____ Dollar Amount \$ _____

Period of Performance: _____

Contractor performed as the: Prime Contractor Sub-contractor

Project Title and Brief Description of Work:

B. RESPONDENT INFORMATION:

Name of Respondent: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

The Contractor:

Yes No Not Applicable

1. Communicated with the government personnel to keep the project up to date
2. Provided adequate project supervision
3. Complied with all Federal and local laws
4. Corrected deficiencies in a timely manner
5. Provided timely resolution of contract discrepancies
6. Provided accurate and complete records

Date Completed: _____

Date Received: _____

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- 7. Provided timely and accurate billing
- 8. Was diligent in forecasting and controlling cost
- 9. Submitted timely and accurate invoices to appropriate party
- 10. Provided experienced managers and supervisors with the technical and administrative ability to meet the contract requirements
- 11. Did you have to issue a cure notice or show cause notice to the contractor?

If yes, state reason and resulting outcome: _____

- 12. Would you award another contract to this contractor?
If no, state reason: _____

How would you rate the contractors overall performance?

- Exceptional: Performance meets contractual requirements.
- Satisfactory: Performance meets contractual requirements. Contractor performance had minor problems but was corrected by the contractor efficiently.
- Marginal: Performance does not meet some contractual requirements
- Unsatisfactory: Performance does not meet most contractual requirements and recovery is not likely in a timely manner.

Additional Remarks:

Please return this completed questionnaire to:

Quiana Galloway, Contract Specialist
Department of the Interior, Bureau of Indian Affairs
12220 Sunrise Valley Drive, #4032
Reston, Virginia 20191
E-Mail: Quiana.Galloway@bia.gov
Fax: 703-390-6333

Date Completed: _____
Date Received: _____