

PAST PERFORMANCE REPORT FORM
Solicitation N00189-15-T-0307

Complete and return NLT the solicitation closing date to:

Fleet Logistics Center Norfolk (FLCN)
Contracting Department,
Attn: David Biggs, Code 240.1
Phone: (757) 443-1140
Email: David.A.Biggs@navy.mil

On behalf of :

Company's Name: _____
POC/Title/Position: _____
Email Address: _____
Contract/Purchase Order No.: _____
Contract Amount: _____
Contract Type: _____
Period of Performance: _____
Business Address: _____

Phone Number: _____

NOTE: DO NOT RETURN TO THE CONTRACTOR WHO ORIGINATED THIS REQUEST

The completion of this questionnaire is requested from your agency/company in order for the U.S. Naval Supply System (NAVSUP) Fleet Logistics Center Norfolk (FLCN) to evaluate the aforementioned contractor's past performance on previous contracts and efforts as it relates to the probability of successful accomplishment of the work required by the Government, relative to the award of a contract.

Completed by :

Command/Company's Name: _____
POC/Title/Position: _____
Email Address: _____
Address: _____

Phone Number: _____

Source Selection Information – See FAR 2.101 and 3.104

PAST PERFORMANCE QUALITY RATING TABLE

Quality:

1. Quality/Meeting Contract Requirements: The offeror's demonstrated history of delivering courier services that met or exceeded the requirements of the contract.

a. How would you describe your level of customer satisfaction?

b. Were there instances of late or missed deliveries? (If yes, explain)

c. Did the contractor engage in effective and/or innovative work applications that were beneficial to the Government?

2. Quality/Timeliness.

a. Did the Contractor meet/comply with performance schedules?

b. Rate the timeliness of submission of requested information, reports and invoicing.

3. Quality/Contractor Responsiveness. The offeror's demonstrated ability to:

a. respond to customer concerns

b. isolate and resolve problems

- the number and severity of problems
 - the effectiveness of corrective actions taken.
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c. Contractor's cost control. Did the contractor deliver at the agreed-to price/cost? Describe the reasons for changes to contract value (e.g., scope changes, overrun/under-run, Government-imposed schedule changes, etc.)

4. Additional Observations/Information

a. Identify the contractor's overall strengths and weaknesses.

b. Given hindsight, are you satisfied that the contract was awarded to this contractor? Would you be pleased to have this contractor perform work for you again? Why?

Source Selection Information – See FAR 2.101 and 3.104

c. Are you aware of any other contracted efforts performed by this contractor similar in nature to this contract? Please identify contract/program and point of contact.

d. Is there anyone else we should send this questionnaire to? Please identify by name, organization, and phone number.

(If more comment space needed, please attach additional pages.)