

Attachment 1

NAVFAC/USACE PAST PERFORMANCE QUESTIONNAIRE (Form PPQ-0)

CONTRACT INFORMATION (Contractor to complete Blocks 1-4)

1. Contractor Information

Firm Name: CAGE Code:

Address: DUNs Number:

Phone Number:

Email Address:

Point of Contact:

Contact Phone Number:

2. Work Performed as: Prime Contractor Sub Contractor Joint Venture Other (Explain)

Percent of project work performed:

If subcontractor, who was the prime (Name/Phone #):

3. Contract Information

Contract Number:

Delivery/Task Order Number (if applicable):

Contract Type: Firm Fixed Price Cost Reimbursement Other (Please specify):

Contract Title:

Contract Location:

Award Date (mm/dd/yy):

Contract Completion Date (mm/dd/yy):

Actual Completion Date (mm/dd/yy):

Explain Differences:

Original Contract Price (Award Amount):

Final Contract Price (*to include all modifications, if applicable*):

Explain Differences:

4. Project Description:

Complexity of Work High Med Routine

How is this project relevant to project of submission? (*Please provide details such as similar equipment, requirements, conditions, etc.*)

CLIENT INFORMATION (Client to complete Blocks 5-8)

5. Client Information

Name:

Title:

Phone Number:

Email Address:

6. Describe the client's role in the project:

7. Date Questionnaire was completed (mm/dd/yy):

8. Client's Signature:

NOTE: NAVFAC REQUESTS THAT THE CLIENT COMPLETES THIS QUESTIONNAIRE AND SUBMITS DIRECTLY BACK TO THE OFFEROR. THE OFFEROR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO NAVFAC WITH THEIR PROPOSAL, AND MAY DUPLICATE THIS QUESTIONNAIRE FOR FUTURE SUBMISSION ON NAVFAC SOLICITATIONS. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT QUESTIONNAIRES DIRECTLY TO THE OFFEROR. HOWEVER, QUESTIONNAIRES MAY BE SUBMITTED DIRECTLY TO NAVFAC. PLEASE CONTACT THE OFFEROR FOR NAVFAC POC INFORMATION. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

***ADJECTIVE RATINGS AND DEFINITIONS TO BE USED TO BEST REFLECT
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE***

Past Performance Evaluation Ratings

Rating	Description
Acceptable	Based on the offeror's performance record, the Government has a reasonable expectation that the offeror will successfully perform the required effort, or the offeror's performance record is unknown. (See note below.)
Unacceptable	Based on the offeror's performance record, the Government has no reasonable expectation that the offeror will be able to successfully perform the required effort.

Contractor Information (Name): _____
 Client Information (Name): _____

TO BE COMPLETED BY CLIENT

PLEASE CIRCLE THE ADJECTIVE RATING WHICH BEST REFLECTS
 YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE.

1. QUALITY:		
a) Quality of technical data/report preparation efforts	Acceptable	Unacceptable
b) Ability to meet quality standards specified for technical performance	Acceptable	Unacceptable
c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance	Acceptable	Unacceptable
d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	Acceptable	Unacceptable
2. SCHEDULE/TIMELINESS OF PERFORMANCE:		
a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If liquidated damages were assessed or the schedule was not met, please address below)</i>	Acceptable	Unacceptable
b) Rate the contractor's use of available resources to accomplish tasks identified in the contract	Acceptable	Unacceptable
3. CUSTOMER SATISFACTION:		
a) To what extent were the end users satisfied with the project?	Acceptable	Unacceptable
b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication)	Acceptable	Unacceptable
c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	Acceptable	Unacceptable
d) Overall customer satisfaction	Acceptable	Unacceptable
4. MANAGEMENT/ PERSONNEL/LABOR		
a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and/or labor force?	Acceptable	Unacceptable
b) Ability to hire, apply, and retain a qualified workforce to this effort	Acceptable	Unacceptable
c) Government Property Control	Acceptable	Unacceptable
d) Knowledge/expertise demonstrated by contractor personnel	Acceptable	Unacceptable
e) Utilization of Small Business concerns	Acceptable	Unacceptable
f) Ability to simultaneously manage multiple projects with multiple disciplines	Acceptable	Unacceptable
g) Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to Government changes	Acceptable	Unacceptable
h) Effectiveness of overall management (including ability to effectively lead, manage and control the program)	Acceptable	Unacceptable
5. COST/FINANCIAL MANAGEMENT		
a) Ability to meet the terms and conditions within the contractually agreed price(s)?	Acceptable	Unacceptable

Contractor Information (Firm Name): _____
 Client Information (Name): _____

b) Contractor proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client	Acceptable	Unacceptable
c) If this is/was a Government cost type contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports/budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained	Acceptable	Unacceptable

variances (under runs or overruns)		
d) Is the Contractor's accounting system adequate for management and tracking of costs? <i>If no, please explain in Remarks section.</i>	Acceptable	Unacceptable
e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? <i>Indicate if show cause or cure notices were issued, or any default action in comment section below.</i>	Acceptable	Unacceptable
f) Have there been any indications that the contractor has had any financial problems? <i>If yes, please explain below.</i>	Acceptable	Unacceptable
6. SAFETY/SECURITY		
a) To what extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements regarding housekeeping, safety, correction of noted deficiencies, etc.)	Acceptable	Unacceptable
b) Contractor complied with all security requirements for the project and personnel security requirements.	Acceptable	Unacceptable
7. GENERAL		
a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues).	Acceptable	Unacceptable
b) Compliance with contractual terms/provisions (<i>explain if specific issues</i>)	Acceptable	Unacceptable
c) Would you hire or work with this firm again? (<i>If no, please explain below</i>)	Yes	No
d) In summary, provide an overall rating for the work performed by this contractor.	Acceptable	Unacceptable

Please provide responses to the questions above (*if applicable*) and/or additional remarks. Furthermore, please provide if any or other comments which may assist our office in evaluating performance (*please attach additional pages if necessary*):