

PRESENT/PAST PERFORMANCE QUESTIONNAIRE – RFP SPE4A2-15-R-0002

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF:

Name/Signature and Role Relative to Contract (e.g. Buyer, Program Manager): _____

Agency or Business: _____

Address: _____

Telephone No. _____

FAX No. _____

Return your completed questionnaire either electronically or by mail to:

Defense Supply Center Richmond
ATTN: DSCR-ARCJ, Jodi Beard
8000 Jefferson Davis Highway
Richmond, VA 23297
Phone: (804) 279-2762
Email: jodi.beard@dla.mil.

NOTICE: WHEN COMPLETED, THIS QUESTIONNAIRE WILL BE CONSIDERED SENSITIVE AND SHALL NOT BE RELEASED TO THE OFFEROR.

PART I. SPECIFIC PROGRAM INFORMATION.

Contractor/Business: _____

CAGE Code: _____

Program Title and Brief Description:

Role in the Program/Work Performed As: Prime Subcontractor Vendor/Supplier

Contract Number: _____ Number of Years?: Basic: _____ Option: _____

Contract Type(s): List all applicable contract types, i.e. Firm-Fixed-Price, Time & Materials, Cost, etc. _____

PART II. GENERAL PROGRAM INFORMATION.

Period of Performance:

1. Original Schedule (assuming all options exercised): Beginning Date _____ through _____
2. Current Schedule (assuming all options exercised): Beginning Date _____ through _____
3. Reason for difference (if applicable) _____

Contract Dollar Value:

1. Original MAX Contract \$ Value (assuming all options are exercised): _____
2. Current MAX \$ Value (assuming all options exercised): _____
3. Primary Causes of Changes: _____

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NOTE: In Part III, should your response be other than “satisfactory,” please provide supporting documentation in “Additional Remarks” on page 3.

PART III. PERFORMANCE ASSESSMENTS. *Example only – follow RFP Section M*

Please check the appropriate rating for each of the following questions (see definitions on page 4):

U= Unknown Confidence NC= No Confidence LC=Limited Confidence SC= Satisfactory Confidence SUC= Substantial Confidence

| | U | NC | LC | SC | SUC |
|---|---|----|----|----|-----|
| 1. Extent to which Company’s products and/or services met the specification /performance requirements: | | | | | |
| 2. Configuration Management (first product delivered same as last): | | | | | |
| 3. Quality of Completed Product: | | | | | |
| 4. Overall management of subcontracting efforts: | | | | | |
| 5. Quality of Technical Manuals or Commercial Manuals: | | | | | |
| 6. Customer’s Satisfaction with warranty response times and corrective actions: | | | | | |
| 7. Adequate Number of Dedicated Resources For Your Program: | | | | | |
| 8. Timely recognition and notification of administrative, engineering, production, problems affecting the program: | | | | | |
| 9. Company performed independently without significant customer direction/oversight? | | | | | |
| 10. Monitoring of Program Schedules and Critical Milestones: | | | | | |
| 11. Completed Work on Time: | | | | | |
| 12. Company demonstrated positive responsiveness to unscheduled requirements or contract changes: | | | | | |
| 13. Ability of Company to contain cost or price performance in terms of initial reasonableness, actual experience or control of exigencies. | | | | | |
| 14. Satisfaction with implementation plan and achievement of steady state operations after contract award. | | | | | |
| 15. Identification of risk areas and addressing problems with solutions | | | | | |
| 16. Collection and tracking of performance information | | | | | |
| 17. Establishment of quality program | | | | | |
| 18. Demonstrated managerial and technical capability to perform requirements | | | | | |
| 19. Identification of improvements that enhance mission accomplishments | | | | | |
| 20. Overall Confidence | | | | | |

21. Has action been initiated to cancel or terminate the contract for default? If yes, explain.

22. Have there been any disputes/claims relative to the contract? If yes, explain.

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23. Describe the contractor's or company's strong and/or weak points identified as a result of technical performance and any technical performance risk identified during the life of the contract.

24. If given a choice, would you award to this contractor again? If not, please explain.

25. Do you feel you "got what you paid for" ? Please explain.

26. Additional Remarks.

ASSESSMENT RATING SYSTEM

Please do not include this page when returning the completed questionnaire.

| Performance Confidence Assessments | |
|---|---|
| Rating | Description |
| Substantial Confidence | Based on the offeror's recent/relevant performance record, the Government has a high expectation that the offeror will successfully perform the required effort. |
| Satisfactory Confidence | Based on the offeror's recent/relevant performance record, the Government has a reasonable expectation that the offeror will successfully perform the required effort. |
| Limited Confidence | Based on the offeror's recent/relevant performance record, the Government has a low expectation that the offeror will successfully perform the required effort. |
| No Confidence | Based on the offeror's recent/relevant performance record, the Government has no expectation that the offeror will be able to successfully perform the required effort. |
| Unknown Confidence (Neutral) | No recent/relevant performance record is available or the offeror's performance record is so sparse that no meaningful confidence assessment rating can be reasonably assigned. |

NOTICE TO QUESTIONNAIRE RESPONDENTS: **Please do not include this page when returning the completed questionnaire.**