

PAST PERFORMANCE REPORT

1. Contractor Name and Address: (Identify Division)	2. Contract/Order Number: _____ Contract/Order Value (Base Plus Options): _____ 3. Award Date: _____ 4. Completion Date: _____
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5. Type of Contract: (Check all that apply) --

<input type="checkbox"/> FFP	<input type="checkbox"/> T&M	<input type="checkbox"/> CPAF	<input type="checkbox"/> CPPF	<input type="checkbox"/> Bank Card
<input type="checkbox"/> ID/IQ	<input type="checkbox"/> Requirements	<input type="checkbox"/> BPA	<input type="checkbox"/> Labor Hour	<input type="checkbox"/> Simp. Acq.
<input type="checkbox"/> Sealed Bid	<input type="checkbox"/> Negotiated	<input type="checkbox"/> Competitive	<input type="checkbox"/> Sole Source	

6. Description of Requirement:

7. Ratings. Summarize contractor performance and circle in the row below each item the number which corresponds to the performance rating for each rating category. Please see below for explanation of rating scale.

Quality: Compliance with contract requirements, accuracy, appropriateness of personnel, technical excellence	Comments <input type="checkbox"/> Not Applicable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Customer Service: Satisfaction of end users, team approach with customer, positive customer feedback, courteous interactions, prompt responses	Comments <input type="checkbox"/> Not Applicable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Timeliness of Performance: Reliable, responsive, completed on time, no liquidated damages assessed	Comments <input type="checkbox"/> Not Applicable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Business Relations: Effective mgt., businesslike correspondence, flexible, prompt notification of problems, proactive, effective solutions	Comments <input type="checkbox"/> Not Applicable <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

8. Would you select this firm again? Please explain.

9. Name:	Signature:
Title:	Phone: _____ Date: _____

RATING SYSTEM	1 Unsatisfactory	2 Marginal	3 Average	4 Good	5 Excellent
	Issues compromised the achievement of requirements	Issues required major Agency resources to ensure achievement of requirements	Issues required minor Agency resources to ensure achievement of requirements	Issues did not impact achievement of requirements	No issues. Requirements were achieved within cost, on time, and in conformance with contract.