

## ATTACHMENT 14

### PAST PERFORMANCE QUESTIONNAIRE

Please complete the following questionnaire and return via regular fax to the attention of:

**Dorothy McMillan**                      **CONTRACTING OFFICER**                      **September 11, 2015**  
 \_\_\_\_\_ by \_\_\_\_\_  
*(Name)*                                      *(Title)*                                      *(Date)*

**330 INDEPENDENCE AVENUE, SW, ROOM G640, WASHINGTON, DC 20201**  
 \_\_\_\_\_

*(Address)*

**202/260-8541**

**[Dorothy.McMillan@hhs.gov](mailto:Dorothy.McMillan@hhs.gov)**

\_\_\_\_\_  
*(Fax Number)*

\_\_\_\_\_  
*(Email)*

This survey pertains to: \_\_\_\_\_ **(VENDOR NAME)** \_\_\_\_\_

Department/Component: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Date of Survey: \_\_\_\_\_

Name of Person Completing Survey: \_\_\_\_\_

Signature of Person Completing Survey: \_\_\_\_\_

Your Company/Agency: \_\_\_\_\_

Your Role in this Contract (*circle one*):

Contracting Officer    Contract Specialist    Project Officer    Other \_\_\_\_\_

Contract Value (*including options*): \$ \_\_\_\_\_

Performance Period: \_\_\_\_\_  
*(including option periods)*

Type of Contract: \_\_\_\_\_

Approximate percentage of work being performed (or completed) by subcontractor(s): \_\_\_\_\_%

Information on subcontractor(s) (*where more than \_\_\_\_% of work was completed by the subcontractor*):

\_\_\_\_\_  
 Subcontractor                                      Program Manager                                      Phone

\_\_\_\_\_  
 Subcontractor                                      Program Manager                                      Phone

General description of products/services required under the contract: \_\_\_\_\_

### **RATINGS**

Please answer each of the following questions with a rating that is based on objective measurable performance indicators to the maximum extent possible. Commentary to support rating may be noted at the end of the questionnaire under 'additional comments'.

Assign each area a rating of 0 (Unsatisfactory), 1 (Poor), 2 (Fair), 3 (Good), 4 (Excellent) or 5 (Outstanding). Use the attached Rating Guidelines as guidance in making these evaluations. Circle the appropriate rating. If you do not have enough personal knowledge or feedback from internal customers who directly received products and services from the Contractor to make a determination on any of the performance criteria below, please circle "N/A" (not applicable /no opinion).

#### **QUALITY OF SERVICE**

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- |  |   |   |   |   |   |   |     |
|--|---|---|---|---|---|---|-----|
| 1. Compliance with contract requirements | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Accuracy of reports                   | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Effectiveness of personnel            | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Technical excellence                  | 0 | 1 | 2 | 3 | 4 | 5 | N/A |

#### **COST CONTROL**

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- |   |   |   |   |   |   |   |     |
|---|---|---|---|---|---|---|-----|
| 1. Record of forecasting and controlling target costs | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Current, accurate and complete billings            | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Relationship of negotiated costs to actuals        | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. Cost efficiencies                                  | 0 | 1 | 2 | 3 | 4 | 5 | N/A |

#### **TIMELINESS OF PERFORMANCE**

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- |                                      |   |   |   |   |   |   |     |
|--------------------------------------|---|---|---|---|---|---|-----|
| 1. Met interim milestones            | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. Reliability                       | 0 | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Responsive to technical direction | 0 | 1 | 2 | 3 | 4 | 5 | N/A |

4. Completed on time including wrap-up and contract administration  
0 1 2 3 4 5 N/A
5. Met delivery schedules  
0 1 2 3 4 5 N/A
6. Liquidated damages assessed: Yes No (*circle one*)

### **BUSINESS RELATIONS**

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1. Effective management, including subcontracts  
0 1 2 3 4 5 N/A
2. Reasonable/cooperative behavior  
0 1 2 3 4 5 N/A
3. Responsive to contract requirements  
0 1 2 3 4 5 N/A
4. Notification of problems  
0 1 2 3 4 5 N/A
5. Flexibility  
0 1 2 3 4 5 N/A
6. Pro-active vs. reactive  
0 1 2 3 4 5 N/A
7. Effective small/small disadvantaged business subcontracting program  
0 1 2 3 4 5 N/A

### **CUSTOMER SATISFACTION**

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1. The Contractor is committed to customer satisfaction.  
Yes No (*circle one*)
2. Would you recommend selection of this firm again?  
Yes No (*circle one*)

### **ADDITIONAL COMMENTS**

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### RATING GUIDELINES

|   | QUALITY OF PRODUCT OR SERVICE  | COST CONTROL  | TIMELINESS OF PERFORMANCE   | BUSINESS RELATIONS   |
|---|--|---|---|--|
| 0 – Unsatisfactory  | Contractor is not in compliance and is jeopardizing achievement of contract objectives           | Contractor is unable to manage costs effectively  | Contractor delays are jeopardizing performance of contract objectives           | Response to inquiries, technical/service/administrative issues is not effective        |
| 1 – Poor  | Major problems have been encountered   | Contractor is having major difficulty in managing costs effectively                           | Contractor is having major difficulty meeting milestones and delivery schedules | Response to inquiries, technical/service/administrative issues is marginally effective |
| 2 – Fair  | Some problems have been encountered  | Contractor is having some problems in managing costs effectively                              | Contractor is having some problems meeting milestones and delivery schedules    | Response to inquiries, technical/service/administrative issues is somewhat effective   |
| 3 – Good  | Minor inefficiencies/errors have been identified   | Contractor is usually effective in managing costs   | Contractor is usually effective in meeting milestones and delivery schedules    | Response to inquiries, technical/service/administrative issues is usually effective    |
| 4 – Excellent   | Contractor is in compliance with contract requirements and/or delivers quality products/services | Contractor is effective in managing costs and submits current, accurate and complete billings | Contractor is effective in meeting milestones and delivery schedules            | Response to inquiries, technical/service/administrative issues is effective            |
| 5 – Outstanding: The Contractor has demonstrated an outstanding performance level in any of the above four categories that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances when Contractor performance clearly exceeds the performance levels described as “Excellent”. |  |   |   |  |