

**PAST PERFORMANCE QUESTIONNAIRE
(ATTACHMENT 3)**

PART I: Background Information

Name of Contractor/Firm (Subject of the Questionnaire):	
Date:	
Company Name (Past Performance Reference):	
Company Phone Number:	
Point Of Contract (POC) & Title (Person providing feedback):	
Contract Number:	
Contract Value:	
Performance Period:	
Commodity/Product(s) Provided:	

PART II: Past Performance Ratings

Check the appropriate response to each question. Describe the reason for your selection in the comments.

Quality of Products

1. How would you rate the overall quality of the delivered products/services?	Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>
2. How was the contractor's overall <u>compliance</u> with the terms and conditions of your agreement/contract?	Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>

Comments:

Timeliness/Schedule

1. How would you rate the overall timeliness of the company's deliveries?	Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>
2. Rate the contractor's effectiveness in adhering to any performance schedules.	Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>

Comments:

Business Relations

1. How would you rate the company's effectiveness in establishing and maintaining a positive working relationship with your company (customer service)?	Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>
2. Rate the contractor's response in correcting any concerns, issues, or problems that appeared during the performance of the requirement (problem resolution efforts).	Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/>

Comments:

Overall Performance

1. Were you satisfied with the overall performance of the Contractor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If given a choice, would you consider the contractor for this service again? If no, please explain why.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Please provide any additional comments you feel would be pertinent regarding the past performance of this company:	

Thank you for taking the time to complete this questionnaire. Please return the completed questionnaire to Heather Jarratt via email at heather.jarratt@deca.mil. Any questions regarding this form may be directed to Heather Jarratt at (804) 734-8000 ext. 86302.

EVALUATOR NAME: _____ TITLE: _____