



**DEPARTMENT OF THE ARMY  
U.S ARMY CONTRACTING COMMAND – NEW JERSEY  
PICATINNY ARSENAL, NEW JERSEY 07806-5000**

REPLY TO ATTENTION OF  
CCNJ-MC

1 August 2022

**SUBJECT:** Offeror Past Performance Assessment in Support of Request for Proposal (RFP) Number W15QKN-22-R-0057 – Special Ammunition & Weapon Systems (SAWS) and Non-North Atlantic Treaty Alliance (NATO) Standard Ammunition.

Dear Sir/Ma'am;

The U.S. Army Contracting Command New Jersey (ACC-NJ) is currently conducting a competitive source selection to evaluate Offerors on the subject RFP. As part of this evaluation, we have requested that the Offerors provide information about their past performance on recent and relevant federal, state, or local government or commercial contracts as compared to the North American Industry Classification System (NAICS) 332993. You have been identified as the point of contact cited on the enclosure.

Your assessment of their performance is extremely valuable to our evaluation. Please complete the enclosure and return to Army Contracting Command – New Jersey (CCNJ) at 10 Phipps Road, Picatinny Arsenal, New Jersey, 07806, no later than fifteen (15) days after receipt of request. Submit your completed questionnaire to [jennifer.m.rustwick.civ@army.mil](mailto:jennifer.m.rustwick.civ@army.mil) and [timothy.j.cassidy12.civ@army.mil](mailto:timothy.j.cassidy12.civ@army.mil).

Your cooperation is greatly appreciated. Questions may be directed to the undersigned at 973-724-6812 or [jennifer.m.rustwick.civ@army.mil](mailto:jennifer.m.rustwick.civ@army.mil).

Sincerely,

8/1/2022

**X** Jennifer M. Rustwick

Jennifer M. Rustwick  
Contracting Officer, CCNJ-MC  
Signed by: RUSTWICK.JENNIFER.MARY.1396059980

## PAST PERFORMANCE EVALUATION QUESTIONNAIRE FORM

Contractor: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Subcontract No. (if applicable): \_\_\_\_\_

POC: \_\_\_\_\_ Title: \_\_\_\_\_

(Name) (E.G. PCO/ACO/TM)

\_\_\_\_\_  
(Agency, Telephone No., E-mail Address & Fax Number)

Please provide your candid responses. The information that you provide will be used in the awarding of federal contracts. Therefore, it is important that your information be as factual, accurate and complete as possible to preclude the need for follow-up by the evaluators. If you do not have knowledge of or experience with the company in question, please forward this Questionnaire to the person who does and/or notify the Contracting Officer, Renee Prendergast at jennifer.m.rustwick.civ@army.mil. Please return the completed Questionnaire to the Contracting Officer identified in the cover letter within the stated timeframe.

### Rating Definitions:

**Substantial Confidence:** Performance meets contractual requirements and exceeds many requirements that benefit the end user. Work was accomplished with few, if any, minor problems for which corrective actions taken by the contractor were highly effective. The Offeror has been highly successfully in performing the required effort.

**Satisfactory Confidence:** Performance meets contractual requirements and exceeds some requirements that benefit the end user. Work was accomplished with some minor problems for which corrective actions taken by the contractor were effective. The Offeror has successfully performed the required effort.

**Limited Confidence:** Performance does not meet some contractual requirements. Serious problems with contractor performance were experienced for which the contractor has either not yet identified corrective actions or the corrective actions taken appear only marginally effective. The Offeror has had little success performing the required effort.

**No Confidence:** Performance does not meet most contractual requirements. Serious problems with contractor performance were experienced for which the corrective actions were ineffective. The Offeror has not successfully performed the required effort.

### PART I. (To be completed by the Offeror)

<b>A. CONTRACT IDENTIFICATION</b>
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Contractor/Company Name/Division:

Address:

Program Identification/Title:

Contract Number:

Contract Type:

Prime Contractor Name (if different from the contractor name cited above):

Contract Award Date:

Forecasted or Actual Contract Completion Date:

Nature of the Contractual Effort or Items Purchased:

Total Contract Value:

<b>B. IDENTIFICATION OF OFFEROR'S REPRESENTATIVE</b>
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Name:

Title:

Date:

Telephone Number:

Address:

E-mail Address:

**PART II. EVALUATION (To be completed by Point of Contact – Respondent)**

**\*Note: rationale is required for each response.**

<b>A. Compliance of Products, Services, Documents, and Related Deliverables to Specification Requirements and Standards of Good Workmanship</b>
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- ☐ Substantial Confidence
- ☐ Satisfactory Confidence
- ☐ Limited Confidence
- ☐ No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>B. Effectiveness of Project Management (to include use and control of subcontractors).</b>
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- ☐ Substantial Confidence
- ☐ Satisfactory Confidence
- ☐ Limited Confidence
- ☐ No Confidence

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>C. Timeliness of Performance for Services and Product Deliverables.</b>
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- ☐ Substantial Confidence
- ☐ Satisfactory Confidence
- ☐ Limited Confidence
- ☐ No Confidence

Rationale: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Effectiveness in Forecasting and Controlling Estimated Costs *(Use this Question on Cost Reimbursement Type Contracts Only)*.**

- ☐ Substantial Confidence
- ☐ Satisfactory Confidence
- ☐ Limited Confidence
- ☐ No Confidence

Rationale: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. Commitment to Customer Satisfaction and Business-like Concern for its Customers' Interest**

- ☐ Substantial Confidence
- ☐ Satisfactory Confidence
- ☐ Limited Confidence
- ☐ No Confidence

Rationale: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. General Comments. Provide any other relevant performance information.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**G. Other Information Sources. Please provide the following information:**

Are you aware of other relevant past efforts by this company?  
 If yes, please provide the name and telephone number of a point of contact:

Point of Contact (Name): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

<b>H. Respondent Identification. Please provide the following information:</b>
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Organization:

Name:

Title:

Date:

Telephone Number

Address:

E-mail Address:

### **PART III. RETURN INFORMATION**

Please return this completed Questionnaire via e-mail to the Contracting Officer identified in the cover letter.

Thank you for your assistance.

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Signature

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Date

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Typed or Printed Name