

Attachment 4

Present/Past Performance Questionnaire

The 1st Special Operations Contracting Squadron at Hurlburt Field, FL is in the process of competitively selecting a source for Washer and Dryer Lease and Maintenance Services.

One of the considerations within the evaluation is the verification of the offerors' past performance on contracts or other work efforts which reflect the offeror's ability to perform on the proposed effort. The Government depends on information received from organizations such as yours, who have had first-hand experience with the offeror, to provide an evaluation of the offeror's performance on those contracts or work efforts.

The areas of interest regarding the offeror are summarized in the enclosed questionnaire. In order to meet the acquisition milestones, please provide a written response no later than **3 January 2018 at 1:00 CST**. This schedule will allow sufficient time to analyze the data.

To assist in the preparation of your response and to further expedite a reply, the questionnaire may be filled out electronically e-mailed to both of the following individuals: destinee.narak-clinkscases@us.af.mil and shataya.butler@us.af.mil. For questions, please contact Destinee Narak-Clinkscases at (850) 884-4858 or Shataya Butler at (850) 884-3266. The completed questionnaire will become part of the official evaluation records.

Your assistance is greatly appreciated and a prompt response is one of the key elements to a successful and timely completion of this evaluation.

SHATAYA BUTLER
CONTRACTING OFFICER

Section 1: Contract Identification

A. Contractor (Company/Division):

B. Contractor Cage Code:

C. Contract Number:

D. Contract Type (e.g., FFP, FPIF, CPIF, CPFF, etc.):

E. Contract Title:

F. Brief Contract Description:

G. Period of Performance:

1. Original Schedule (assuming all options exercised):

Beginning Date _____ through _____

Current Schedule (assuming all options exercised):

Beginning Date _____ through _____

2. Reason for difference (if applicable):

H. Contract Dollar Value

1. Original maximum contract dollar value (assuming all options exercised):

2. Current maximum contract dollar value (assuming all options exercised):

3. Reasons for difference between original and current contract dollar value (if applicable):

I. Description of work performed:

J. Was this a competitively awarded contract? ☐ Yes ☐ No

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K. Contractor's Role: ☐ Prime Contractor ☐ Subcontractor ☐ Key Personnel

Section 2: Respondent Identification

A. Respondent's name:

B. Respondent's title:

C. Respondent's phone/fax number/e-mail address:

D. Length of time (number of years/months) respondent worked on subject contract and description of responsibility/position/role:

Section 3: Performance Information

In the table below, indicate your rating for the contractor's performance by placing an "X" in the appropriate block to the right of each question. Provide supporting information for each response in the space provided. Attach additional pages if more space is needed. The performance rating scale is defined as follows:

<u>Code</u>	<u>Performance Rating</u>
E	EXCEPTIONAL – Performance meets contractual requirements and exceeds many requirements to the Government's benefit. The contractual performance being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
V	VERY GOOD – Performance meets contractual requirements and exceeds some requirements to the Government's benefit. The contractual performance being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
S	SATISFACTORY – Performance meets contractual requirements. The contractual performance being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
M	MARGINAL – Performance does not meet some contractual requirements. The contractual performance being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor's proposed actions appear only marginally effective or were not fully implemented.
U	UNSATISFACTORY – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual

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performance being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.

N/A **NOT APPLICABLE** – Unable to provide a rating. Contract did not include performance for this aspect, performance was not observed, or information was not available. Do not know.

THE CONTRACTOR	E	V	S	M	U	N/A
1. Provided experienced contract personnel with the technical and administrative abilities needed to meet contract requirements.						
2. Demonstrated the ability to hire, maintain, and replace, if necessary, qualified personnel during the contract period without degradation in services.						
4. Home office participated in solving significant local problems.						
5. Followed approved quality control plan.						
6. Provided effective quality control and/or inspection procedures to meet contract requirements.						
7. Corrected deficiencies in timely manner and pursuant to their quality control procedures.						
8. Provided timely resolution of contract discrepancies.						
9. Identified problems as they occurred prior to Government identification						
10. Suggested alternative approaches to problems.						
11. Displayed initiative to solve problems.						
12. Responsive to Contract changes.						
13. Effectively managed sub-contractor efforts, if applicable.						
14. Cooperated with Government personnel after award.						
15. How would you rate the contractor's overall performance on this contract?						
16. Was the contractor ever issued a cure of show cause notice under the referenced contract? Or has the decision ever been made not to exercise an option due to contractor's performance? If yes, please explain in "remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No					
17. Would you award another contract to this contractor? If not, please explain in "remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No					
18. Did the contractor provide working Washer & Dryer leased equipment? If not, please explain in "remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No					
19. Did the contractor provide duct vent cleaning services? If not, please explain in "remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No					
20. Did the contractor repair the leased equipment in an efficient time frame? If not, please explain in "remarks".	<input type="checkbox"/> Yes <input type="checkbox"/> No					
21. Did the contractor have a good transition phase at the beginning and end of the contract to include installation and	<input type="checkbox"/> Yes <input type="checkbox"/> No					

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removal of washer & dryer equipment? If not, please explain in "remarks".	
22. Has a CPARS been accomplished for this contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional remarks/comments or expand on questions above:

Respondent's Signature

Date

Thank you for your prompt response and assistance!
Please return this completed questionnaire to:

Attn: Destinee Narak-Clinkscates
 E-Mail to: destinee.narak-clinkscates@us.af.mil

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