

PAST PERFORMANCE QUESTIONNAIRE

Agency: Pension Benefit Guaranty Corporation
Address: Procurement Department, Suite 1090
1200 K Street, NW
Washington, DC 20005
Phone: (202) 326-4160
FAX: (202) 326-4162

I. CONTRACT INFORMATION

1. Name/Address of company being evaluated:

2. Is company listed in Question #1 the primary Contractor or a Subcontractor? _____

3. Contract Number: _____

4. Contract type:
() Fixed Price () CPAF
() Cost Reimbursement () ID/IQ
() CPFF - Completion () BOA
() CPFF - Term () Labor Hour
() CPIF () T & M
() Other: (Please specify) _____

5. Period of performance (include option years, if any):

6. Estimated annual contract amount _____

7. Brief description of services/supplies provided:

8. Type of Award: () Competitive
() Non-Competitive
() 8 (a)
() Other

9. Name and phone number of contracting officer's technical representative (COTR) or primary contact at client:

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INSTRUCTIONS

In Sections II, III, IV, and V please use the following rating schedule for evaluation of the Contractor's performance in each area listed:

1. Excellent 2. Good 3. Fair 4. Unacceptable

Please include a brief explanation for all ratings.

For each question/item under Sections II, III, IV, and V, choose the adjective that best describes the contractor's work on the project. Provide your comments on the comment lines. If a specific question/item does not pertain to your contract, write "N/A." The adjective scale is defined below:

Excellent

Contractor clearly excelled in performing the requirements of the contract.

Good

Contractor met all requirements of the contract.

Fair

Contractor substantially met all requirements of the contract.

Unacceptable

Contractor did not meet the requirements of the contract.

Please be sure to sign and date the questionnaire in Section VII.

II. OVERALL CONTRACT PERFORMANCE

Rating: Excellent Good Fair Unacceptable

Comment _____

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III. TECHNICAL PERFORMANCE

1. To what extent did the Contractor respond positively and promptly to technical direction and/or technical revisions to the contract?

Rating: Excellent Good Fair Unacceptable

Comment _____

2. To what extent did the Contractor complete work and provide deliverables on time?

Rating: Excellent Good Fair Unacceptable

Comment _____

3. To what extent were the Contractor's reports/other documentation that was submitted under the Contract accurate and complete?

Rating: Excellent Good Fair Unacceptable

Comment _____

4. To what extent did the Contractor display the ability to identify and solve technical problems that arose during contract performance in an effective and expeditious manner?

Rating: Excellent Good Fair Unacceptable

Comment _____

5. To what extent did the Contractor use effective escalation procedures when technical problems arose?

Rating: Excellent Good Fair Unacceptable

Comment _____

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IV. MANAGEMENT PERFORMANCE

1. To what extent was the Contractor able to recruit and maintain qualified and reliable personnel for the duration of the contract? Was recruitment timely? Was turnover rate low?

Rating: Excellent Good Fair Unacceptable

Comment _____

2. To what extent was the Contractor able to accurately estimate and control costs of the contract?

Rating: Excellent Good Fair Unacceptable

Comment _____

3. To what extent was the Contractor able to accurately estimate and control costs of any subcontractors?

Rating: Excellent Good Fair Unacceptable

Comment _____

4. To what extent was the Contractor able to manage the overall performance of the contract? Include items such as, planning, scheduling, monitoring, billing and reporting.

Rating: Excellent Good Fair Unacceptable

Comment _____

5. To what extent was the Contractor effective in interfacing with your staff and other contractors and in displaying a team approach to accomplish work when applicable?

Rating: Excellent Good Fair Unacceptable

Comment _____

6. To what extent did the Contractor coordinate, integrate, and provide for effective subcontractor management?

Rating: Excellent Good Fair Unacceptable

Comment _____

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V. CUSTOMER SATISFACTION

1. How would you rate the Contractor's ability to demonstrate a cooperative, business-like attitude and concern with the interests of your agency or company?

Rating: Excellent Good Fair Unacceptable

Comment _____

2. Has the Contractor ever been given a cure notice, show cause notice, suspension of progress payments, letters of direction, or other written notification of unsatisfactory performance or progress?

Yes/No _____

Comment _____

3. Have you ever terminated a contract with this Contractor, on this or any other contract?

Yes/No _____

Comment _____

4. Would you recommend the Contractor for another contract award?

Yes/No _____

Comment _____

5. Were there any other problems on the contract?

Yes/No _____

Comment _____

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VI. NARRATIVE SUMMARY

Please use the following space to add any other information not included above that you feel would be beneficial to PBGC concerning the award of this contract.

Comment _____

VII. CLIENT INFORMATION

The following information refers to the individual completing the questionnaire:

Name and Title (Printed)

Organization (Agency or Company)

Phone Number

Signature and Date

Thank you for your time and effort to help us evaluate this Contractor.

Please return the completed questionnaire via fax to (202) 326-4162 or by mail to:

Pension Benefit Guaranty Corporation
Procurement Department, Suite 1090
Attention: _____
1200 K Street, NW
Washington, DC 20005