

## PAST PERFORMANCE INFORMATION QUESTIONNAIRE

If this form is used you must provide all relevant contract information that pertains to the Past Performance Information Submission of Section L & M of the solicitation. If more room is required, you may use the space at the bottom of the second page or continue on a separate sheet. This sheet must be provided on each relevant contract.

1. RELEVANT CONTRACT NUMBER \_\_\_\_\_ Award Date \_\_\_\_\_

Relevant Contractor's Name:  
Cage Number:

2. Contracting Activity: (Government or Commercial)  
(Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Relevant Contract Dollar Value:

4. Points of Contact: Must be points of contact for relevant contract number, not offeror's personnel.

a. Procuring Contracting Officer

(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

b. Current Admin Contracting Officer

(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

c. Gov't Quality Assurance Rep (QAR)

(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

d. Industrial Specialist

(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

e. Other (Private Firm, Company President or other POC)

(name) \_\_\_\_\_  
(email) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(FAX) \_\_\_\_\_

5. Description of Relevant Item:

- a. Item: \_\_\_\_\_
- b. Part Number: \_\_\_\_\_
- c. NSN: \_\_\_\_\_

6. The following is the contractor's description of the work performed under this contract.

Please comment on the accuracy of the information and detail any disagreements.

**The offeror should provide a complete description of relevancy for the work performed on relevant contract.**

7. Was the contract terminated or cancelled (in whole or part)? YES or NO If yes, why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Were there any instances where quality or schedule requirements were not met? If so, please explain. If not, please state "none".

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Were there any problems concerning the contractor's adherence to contract delivery schedules? If not, please state "none". (Schedule)

**Delivery Data:**

- a. Original Delivery Schedule: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- b. Revised Delivery Schedule: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- (i) State reason for revision of schedule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. **Contract Delivery Status:** Please check proper description

On Time                       Delinquent                       Product  
Delivered and Paper Delay  
 Government Caused       Contractor Caused       Other/Explain

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d. **Contract Delivery Delinquency Age Status:** Please check proper description

15-30 Days Delinquent       31-60 Days Delinquent  
 61-90 Days Delinquent       Over 90 Days

Delinquent

10. Were there any problems encountered in the performance of the contract, conforming to specifications and standards of quality and good workmanship that negatively impacted the customer? If so, please describe. In addition, list the Quality Deficiency Report (QDR) number (if applicable) and describe the deficiency, include a description of corrective actions implemented as a result of the problem encountered. (Technical)

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