

PAST PERFORMANCE QUESTIONNAIRE

PART ONE: INSTRUCTIONS

The company who has provided you this form is proposing on an Internal Revenue Service (IRS) Facility Operation & Maintenance Service contract (e.g. management, operation, preventative maintenance & repair for buildings, structures, grounds, utilities and related support systems) Past performance is an important evaluation criterion for the acquisition, so input from previous customers of the offeror is very important. We would greatly appreciate you taking the time to complete this form. Note: Offerors may be debriefed on performance evaluation information obtained from references. However, the names of the individual(s) providing information will not be disclosed.

Please provide your honest assessment and return the completed form (or equivalent) directly to the IRS Contracting Officer in time for evaluation beginning on or about _____ (offeror is to insert date listed on solicitation page 1, SF33, block 9, unless proposal due date is otherwise amended):

Ms. Camille D. Pettway
Internal Revenue Service
Office of Field Procurement - Southeast Area
2888 Woodcock Blvd. Suite 300, Stop 80-N
Atlanta, GA 30341
Phone: (470) 470-6514;
Fax: (470) 470-6536; or
E-Mail: camille.pettway@irs.gov subject: "Solicitation TIRSE-15-R-00002-PP Questionnaire"

PART TWO: GENERAL INFORMATION

1. OFFEROR'S NAME AND ADDRESS

2. CUSTOMER ORGANIZATION NAME AND ADDRESS

3. CONTRACT NUMBER: _____

2a. EVALUATOR

4. ANNUAL CONTRACT VALUE (Check One):
___<\$1M; ___ \$1-10M; ___ \$10-20M; ___>\$20M

NAME: _____
TITLE: _____
PHONE NO: _____

5. CONTRACT OR ORDER AWARD DATE:

____/____/____

6. CONTRACT OR ORDER COMPLETION DATE

(Include Extensions):
____/____/____

7. CONTRACT TYPE (Check All That Apply):

- ___ Firm-Fixed Price
___ Cost-Plus/Fixed Fee
___ Cost Plus Adjustable Fee
___ Labor Hour/Time-and-Materials Other: Specify: _____

8. COMPLEXITY OF WORK

(Check One Response):
___Difficult ___Routine ___Both

PART TWO: GENERAL INFORMATION (continued)

8. a. Primary Contractor _____ Subcontractor _____

9. INDICATE GEOGRAPHIC DISTRIBUTION OF SERVICES

10. NUMBER OF USERS /LOCATIONS SERVICED BY THIS CONTRACT: ____

__ Local; __ Nationwide; __ Worldwide

- **TYPE AND EXTENT OF SUBCONTRACTING SUPPORT** (Complete this item only if subcontracting support was used by the offeror):

- **BRIEF DESCRIPTION OF YOUR CONTRACT REQUIREMENTS:**

PART THREE: OFFEROR PERFORMANCE RATING

Please rate the offeror’s performance in each of the evaluation factors/subfactors listed on the following pages. Determine the adjectival rating that most nearly represents your experience with this offeror and indicate your assessment by placing any “X” under the appropriate heading.

Evaluation factors include:

- a. QUALITY OF SERVICES
- b. OFFEROR PERSONNEL
- c. TIMELINESS OF PERFORMANCE
- d. CUSTOMER SATISFACTION

Adjectival ratings are defined as follows:

- EXCELLENT = Offeror performance exceeded customer expectations or contract requirements, and routinely provided significant or worthwhile features or benefits.
- SATISFACTORY = Offeror performance met customer expectations or contract requirements (i.e., demonstrated an acceptable understanding of the requirements, provided an acceptable management and Technical approach to tasks; and provided complete response to customer needs)
- UNSATISFACTORY = Offeror performance **DID NOT** meet customer expectations or contract requirements routinely.
- NEUTRAL = Offeror has no performance history and is not be rated favorably or unfavorably.

PART THREE: OFFEROR PERFORMANCE RATING

A. QUALITY OF SERVICE	EXCEL	GOOD	SATIS	UNSATIS	NEUTRAL
1. Contractor’s overall performance and management of contract requirements					
2. Contractor’s ability to satisfy contract technical work requirements					
3. Contractor’s process for controlling work (receiving, validating, scheduling and tracking individual contract work requests)					
4. Contractor’s Quality Control System (ability to identify and correct cause of non-conforming work or work processes)					
5. Contractor’s Safety Program (record of safe operation)					
Comments:					

B. OFFEROR PERSONNEL	EXCEL	GOOD	SATIS	UNSATIS	NEUTRAL
1. Project Manager (ability to effectively manage the contract)					
2. Supervisors (ability to supervise contract work)					
3. Contractor’s Work Staff, including Subcontractors (adequately trained; possess necessary skills; perform effectively in accordance with contract terms; etc.)					
Comments:					

C. TIMELINESS OF PERFORMANCE	EXCEL	GOOD	SATIS	UNSATIS	NEUTRAL
1. Timely contract start-up (acquired required licenses, training, administrative clearances, equipment, etc. and prepared to start performance by contract start date)					
2. Timely performance of contract work					
3. Timely performance of administrative actions (e.g. submission of required reports, records, and other data submissions)					
4. Timely payments (payroll and subcontractor payments)					
Comments:					

PART THREE: OFFEROR PERFORMANCE RATING

D. CUSTOMER SATISFACTION

EXCEL GOOD SATIS UNSATIS NEUTRAL

- 1. Contractor’s commitment for providing resources as necessary to resolve user problems and questions
- 2. Contractor’s ability to relate effectively to customer staff
- 3. Contractor’s ability to meet contract goals and objectives
- 4. Contractor’s positive and effective response to unexpected change and urgent requirements

YES NO UNCERTAIN

5. *In your judgment, does the Contractor display integrity (appearing to adhere to a code of sound moral principals, uprightness, and honesty)?*

6. **WOULD YOU CONTRACT WITH THIS CONTRACTOR AGAIN FOR SIMILAR SERVICES?**

Comments:

COMMENTS:

PART FOUR: EVALUATOR

The evaluation was performed by:

Name/Title of Evaluator: _____ Signature of Evaluator: _____ Date: _____
 Phone No. and Email Address _____

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