

Attachment B

PAST PERFORMANCE QUESTIONNAIRE  
AND INSTRUCTIONS

## PAST PERFORMANCE QUESTIONNAIRE INSTRUCTIONS

### U.S. ARMY MEDICAL RESEARCH ACQUISITION ACTIVITY Fort Detrick, MD

The information obtained from this questionnaire will be utilized to evaluate the past and present performance of offerors submitting proposals in response to the W81XWH-10-R-0018. The information you provide will be instrumental in allowing the Government to evaluate how well the contractor performed under your contract(s).

- a. Please complete all sections of the attached questionnaire. Include your name and title, organizational address, e-mail address, telephone and fax number.
- b. Include the contractor's name and address, the title and/or description of the type of work performed, the award number, the value of the contract (including options), the award and completion date of the project and the type of award/solicitation.
- c. Use the rating scale found on the bottom left corner of the questionnaire to rate each performance element.
- d. Comments are encouraged and would be appreciated. The last page may be used if additional space is needed for comments. Clear handwritten responses are sufficient.
- e. Please FAX or e-mail your response to the Contract Specialist whose number and address is shown at the bottom right corner of the questionnaire.

Thank you for your time and participation.

YOUR NAME & TITLE	YOUR ORGANIZATIONAL ADDRESS	TEL NO. _____ FAX: _____ E-MAIL: _____
CONTRACTOR'S NAME & ADDRESS	TITLE OR DESCRIPTION OF REQUIREMENT:	CONTRACT TYPE: <input type="checkbox"/> FIXED PRICE <input type="checkbox"/> COST + FEE <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> NON-COMPETITIVE <input type="checkbox"/> SET-ASIDE <input type="checkbox"/> SEALED BID <input type="checkbox"/> NEGOTIATED
CONTRACT NUMBER:	CONTRACT VALUE (INCLUDING OPTIONS):	CONTRACT AWARD & COMPETION DATE:

PAST PERFORMANCE ELEMENT	RATING							COMMENTS
	1	2	3	4	5	6	NA	
1. Contractor demonstrated a thorough understanding of technical requirements of the contract/task.	<input type="checkbox"/>							
2. Contractor anticipated/identified and resolved problems effectively.	<input type="checkbox"/>							
3. Contractor managed and directed resources (i.e. personnel, subcontractors, equipment, etc.) effectively.	<input type="checkbox"/>							
4. Contractor provided the necessary skilled personnel to perform the required work.	<input type="checkbox"/>							
5. Contractor retained the necessary skilled personnel and maintained a low turnover rate.	<input type="checkbox"/>							
6. Contractor met scheduled contract delivery dates.	<input type="checkbox"/>							
7. Contractor provided accurate, complete and high quality deliverables.	<input type="checkbox"/>							
8. Contractor complied with the terms of the contract.	<input type="checkbox"/>							
9. Contractor was diligent in forecasting and controlling contract cost.	<input type="checkbox"/>							
10. I would hire this contractor again.	<input type="checkbox"/>							

1	0 – 25% of the time	Strongly Disagree	<b>PLEASE RETURN COMPLETED RESPONSE TO:</b> U.S. Army Medical Research Acquisition Activity ATTN: MCMR-AAA-R/ Jason Kuhns 820 Chandler Street Fort Detrick, MD 21702-5014 E-MAIL: jason.kuhns@amedd.army.mil FAX: 301-619-4084
2	26 – 40% of the time	Disagree	
3	41 – 55% of the time	Somewhat Disagree	
4	56 – 70% of the time	Somewhat Agree	
5	71 – 85% of the time	Agree	
6	86 – 100% of the time	Strongly Agree	
NA		No Knowledge of This Element	