

Exhibit A
PAST PERFORMANCE QUESTIONNAIRE
SOURCE SELECTION INFORMATION – SEE FAR 3.104
(ONCE FILLED IN)

Past Performance Questionnaire

PART 1: INSTRUCTIONS. The company who has provided your name is participating in a Request for Proposal (RFP) with US Army Corps of Engineers New Orleans District for professional diving services. We would greatly appreciate you taking the time to complete this form.

Please provide an honest assessment and immediately return to the following address or fax not later than **07 Nov 03**.

This completed form is to be provided directly to the address below:

US Army Corps of Engineers
ATTN: Gerald Sanderson (CEMVN-CT-P) Commercial: (504) 862-1099
PO Box 60267 FAX: (504) 862-2892
New Orleans, LA. 70160-0267

PART 2: GENERAL INFORMATION

a. Company's Name and Address (Contractor and/or sub being evaluated)

NOTE: offerer fill out before forwarding

2. Respondent Organization Name and Address

3. a. Evaluator's Name

Evaluator's involvement with contractor:

c. Title/Telephone Number: _____

4. Contract Number _____

5. Contract Value (Basic and Options)

Exhibit A
PAST PERFORMANCE QUESTIONNAIRE
SOURCE SELECTION INFORMATION – SEE FAR 3.104
(ONCE FILLED IN)

6. Award Date _____

7. Contract or Task Order Completion Date (Include extensions): _____

8. Contract Type: Firm Fixed Price (FFP) _____
Cost Plus Fixed Fee (CPFF) _____
Cost Plus Award Fee (CPAF) _____
Other (Please Specify) _____

Note: If an award fee contract, please provide a synopsis of available award fee pool and percentage of that pool awarded the contractor each evaluation period over the life of the contract.

Brief description of YOUR contract requirements including acreage treated, types of vegetation controlled, locations of performance and the number of annual performance days:

10. Additional data:

Approximate value of services performed under this contract

\$ _____

11. Type and extent of any subcontracting support:

Exhibit A
PAST PERFORMANCE QUESTIONNAIRE
SOURCE SELECTION INFORMATION – SEE FAR 3.104
(ONCE FILLED IN)

PART THREE: PERFORMANCE RATING. Please summarize performance in each of the rating factors. Determine the rating that most nearly represents your experience with this company and indicate your assessment by placing the appropriate rating in the space provided. Please include descriptive comments to supplement ratings provided.
Ratings are defined below and should be used as a reference in assessing performance.

Rating “E” for Exceptional – Performance meets contractual requirements and exceeds many to the Government’s benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.

Rating “G” for Very Good – Performance meets contractual requirements and exceeds some to the Government’s benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.

Rating “S” for Satisfactory – Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.

Rating “M” for Marginal – Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor’s proposed actions appear only marginally effective or were not fully implemented.

Rating “U” for Unsatisfactory – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor’s corrective action appear or were ineffective.

Rating "N/A" for Not Applicable - was not required to perform in this area.

___ 1. Preparation, use and quality of contractor’s internal Quality Control plan/program in identifying, correcting, and preventing problems.

___ 2. Were the safety rules, regulations and practices properly followed?

___ 3. How many accident/incident reports were filed for the duration of the contract?

___ 4. Was there an unusually high turnaround rate in management employees?

Exhibit A
PAST PERFORMANCE QUESTIONNAIRE
SOURCE SELECTION INFORMATION – SEE FAR 3.104
(ONCE FILLED IN)

___ 5. Did the spraying teams report on time with proper working equipment?

___ 6. Was the contractor able to consistently maintain a qualified and experienced workforce to perform necessary services?

___ 7. Did the contractor respond timely and effectively to unexpected changes and emergency requirements?

___ 8. Did the contractor respond timely and effectively in resolving poor performance problems associated with its employees?

___ 9. How would you rate contractor's adherence to contract/delivery schedules?

___ 10. Were reports & documentation submitted timely and in a professional manner?

___ 11. Prompt response to technical direction & change orders?

___ 12. Timely responses to resolving problems?

COMMENTS:

___ 13. Effectiveness of Project Manager

___ 14. Effectiveness of Management/Field Supervision with geographically separated personnel

___ 15. Recruiting, training and retention of staff maintained to service contract at required levels of performance

___ a. Recruiting, training and retention of staff considered a management problem

___ b. Recruiting, training and retention of staff considered a regional problem

PAST PERFORMANCE QUESTIONNAIRE
SOURCE SELECTION INFORMATION – SEE FAR 3.104
(ONCE FILLED IN)

___16. The problem, if any, experienced with recruiting, training and retention was in the staffing area(s) of _____?

___17. The specific issues surrounding problems experienced with recruiting, training, and retention were _____

COMMENTS:

Would you award another contract to this company? Why?

Yes

No

ADDITIONAL COMMENTS (PRO AND CON)

PART FOUR: EVALUATOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Evaluator

Date

Title of Evaluator