

Attachment I

Past Performance Questionnaire

CLIENT AUTHORIZATION LETTER

Date: _____

FROM:

SUBJECT: Present/Past Performance Questionnaire for Contract (s):

We are currently responding to the NASA Glenn Research Center's Request for Proposals (RFP) NNC14ZCH015J for procurement of Test Facility Operations Maintenance and Engineering – II (TFOME-II).

NASA Glenn Research Center is placing increased emphasis in its procurements on experience and past performance as an evaluation factor. A requirement of this solicitation is that clients of firms responding to this solicitation are identified and their participation in the evaluation process is requested. In the event you are contacted for information on work we have performed, you are hereby authorized to respond to those inquiries.

Please complete the enclosed Past Performance Questionnaire and email or mail it directly to the following point of contact:

NASA Glenn Research Center
Attn: Richard W. Amiot
Mail Stop 60-1
21000 Brookpark Road
Cleveland, OH 44135
Richard.W.Amiot@nasa.gov

Please forward the completed questionnaire by **Thursday, September 11, 2014.**

We have identified Mr./Ms. _____ of your organization as the point of contact based on knowledge of our work. Your assistance is appreciated.

The information contained in the completed Past Performance Questionnaire is considered sensitive and cannot be released to us, the offeror. If you have any questions about the acquisition or the attached questionnaire, your questions must be directed back to the GRC point of contact identified above. Thank you for your cooperation.

Cordially,
(Company official)

Enclosure

ATTACHMENT I

**PAST PERFORMANCE QUESTIONNAIRE
NASA Glenn Research Center’s Request for Proposals (RFP) NNC14ZCH015J for
procurement of Test Facility Operations Maintenance and Engineering – II (TFOME-II).**

**ONCE COMPLETED, THIS DOCUMENT WILL BE CONSIDERED SOURCE SENSITIVE IN
ACCORDANCE WITH FAR 3.104**

1. The survey should be completed by the individual most knowledgeable of the contractor's day-to-day operations and overall condition of services being rendered. However, that individual is encouraged to supplement their own knowledge of the contractor's performance with the judgment of others in the organization, as applicable.
2. Handwritten responses are sufficient, but request they be legible.
3. The following descriptions should be used as guidance in providing ratings.

CODE	RATING	DESCRIPTION
E	EXCELLENT	Consistent record of exceptional past performance by the offeror and any proposed major subcontractors on work identical or very similar to the work requirements of the proposed contract. Many strengths and no weaknesses.
VG	VERY GOOD	Consistent record of successful past performance by the offeror and any proposed major subcontracts on work identical or very similar to the work requirements of the proposed contract. Strengths far outweigh any weaknesses.
G	GOOD	Successful past performance by the offeror and any proposed major subcontracts on work identical or very similar to the work requirements of the proposed contract. Strengths outweigh any weaknesses.
P	POOR	Weaknesses far outweigh strengths.
F	FAILS	Significant weaknesses with no strengths.
N	NEUTRAL	Neutral score. Assigned to Offerors with no relevant past performance.

4. Please provide explanatory narratives for as many responses as possible. These narratives need not be lengthy, just detailed. Space for narrative comments is included with the questions. If more space is needed, use the back of the survey or attach additional pages.
5. This survey relates to an on-going source selection for the services identified above. All information provided within the survey will be safeguarded against unauthorized disclosure.
6. We appreciate your time and effort in providing this vitally important information.

NNC14ZCH015J Test Facility Operations Maintenance and Engineering – II (TFOME-II).

Offeror:
Contract No.:
Period of Performance:
Total Contract Value (including option periods): \$ _____

Type of Contract: Fixed price CPFF CPIF CPAF Award term
 Competitive Noncompetitive
 Small Business Set Aside 8(a) Set Aside

If the contract involved fee:

Percentage of fixed fee and/or award fee earned	
Length of evaluation period for the earned fee	

Mark the appropriate box:

	Yes	No
Was the contractor a prime contractor		
Was the contractor a subcontractor		

Nature of contractual effort/Project Description/Technical Requirements:

Rate the contractor in the following areas, please provide comments:

1. Rate the Contractor's organizational support structure. Did it provide an adequate span of control and supervision?

E	VG	G	P	F		N

Mark appropriate box

Comments

2. Rate the Contractor's ability to react quickly and effectively to changing requirements, or contract problems.

E	VG	G	P	F		N

Mark appropriate box

Comments

3. Rate the Contractor's record in providing qualified personnel:

E	VG	G	P	F		N

Mark appropriate box

Comments

NNC14ZCH015J Test Facility Operations Maintenance and Engineering – II (TFOME-II).

4. Rate the Contractor’s ability to keep the customer fully informed of work status, problems, and/or issues as well as their cooperation to resolve such problems/issues:

E	VG	G	P	F		N

Mark appropriate box

Comments

5. Rate the Contractor’s record in complying with safety, health and environmental policies and procedures:

E	VG	G	P	F		N

Mark appropriate box

Comments

6. Rate the Contractor’s record in completing tasks/milestones/deliverables within established time schedules:

E	VG	G	P	F		N

Mark appropriate box

Comments

7. Rate the Contractor’s record in the coordination and management of its subcontractors if applicable:

E	VG	G	P	F		N

Mark appropriate box

Comments

NNC14ZCH015J Test Facility Operations Maintenance and Engineering – II (TFOME-II).

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8. Did the contractor provide effective quality control and/or inspection procedures to meet contract requirements?

E	VG	G	P	F		N

Mark appropriate box

Comments

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9. Rate the Contractor's record for submitting administrative requirements (reports, correspondence, etc.) on time and complete:

E	VG	G	P	F		N

Mark appropriate box

Comments

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10. Rate the Contractor's ability to implement a phase-in program that provided continuous workflow:

E	VG	G	P	F		N

Mark appropriate box

Comments

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11. Any cost overruns or underruns? If so, please state the amount and explain reasons for them:

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NNC14ZCH015J Test Facility Operations Maintenance and Engineering – II (TFOME-II).

12. Particular strong/weak points of contractor's performance:

13. Would you do business with the contractor again? Would you have any reservations about recommending a future contract award to this company? Please elaborate.

14. As a unit, how would you rate the complete contract performance?

E	VG	G	P	F

Mark appropriate box

15. Please provide any other information you feel is pertinent but was not covered by this questionnaire:

Respondent Information:

Signature

Date

Printed name

Organization:
Telephone No.:
Position/Title:
Length of Involvement:

It is stressed that the questionnaire must be filled out by the addressee and not by the Offeror, and that the information is forwarded directly to the individual identified below. The addressee is requested to sign the questionnaire as a validation of your assessment. **DO NOT RETURN YOUR RESPONSE TO THE CONTRACTOR THAT FORWARDED THIS QUESTIONNAIRE TO YOU.** You may submit the completed questionnaire by email or mail it directly to the address shown below by

TBD.

NASA Glenn Research Center
Attn: Richard W. Amiot
Mail Stop 60-1
21000 Brookpark Road
Cleveland, OH 44135
Richard.W.Amiot@nasa.gov

Your time and effort in providing this vitally important information are greatly appreciated. Thank you. **ONCE COMPLETED, THIS DOCUMENT WILL BE CONSIDERED SOURCE SENSITIVE IN ACCORDANCE WITH FAR 3.104**