

**International Boundary and Water Commission
United States and Mexico
United States Section**

**Past Performance Questionnaire
Solicitation No. 191BWC26R0009**

1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK: _____
PROJECT NAME: _____
PERIOD OF PERFORMANCE: _____ CONTRACT TYPE (if applicable): _____
CONTRACT AWARD DATE: _____ CONTRACT COMPLETION DATE: _____
AWARDED VALUE: _____ CURRENT CONTRACT DOLLAR VALUE: _____

2. NAME OF ASSESSING OFFICIAL: _____
EMAIL: _____ PHONE NUMBER: _____
ASSOCIATION WITH FIRM BEING RATED (including role): _____
CONTRACT OR ORDER NUMBER (if applicable): _____

3. ASSESS THE FOLLOWING AREAS: (Check the appropriate box for each assessment category)

Assessment Categories		Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
a. QUALITY OF PRODUCT OR SERVICE							
b. SCHEDULE							
c. COST CONTROL							
d. BUSINESS RELATIONS							
e. MANAGEMENT OF KEY PERSONNEL							
f. RELIABILITY							
g. CUSTOMER SUPPORT							
h. OVERALL PERFORMANCE							
i. OTHER AREAS:							
(1)							
(2)							

4 ADDITIONAL COMMENTS: