



Department of Interior  
Past Performance Questionnaire (PPQ)

U.S. Department of the Interior, Interior Business Center is considering award to the contractor that provided you this document. We appreciate your comments regarding this company's past performance.

**Firm Information**

Project Title:

Location:

Description:

Company Name:

Contract Number:

Start Date:

Completion Date:

Initial Amount:

Final Amount:

**Evaluator**

Evaluator Name:

Company/Agency Name:

Address:

POC Email:

Position Held or Function in Relation to Project:

**Ratings Overview**

Rating: If the rating is Marginal or Unacceptable, please provide additional information in the appropriate block or in the remarks section of this form.

|     |               |                                                                                                                                          |
|-----|---------------|------------------------------------------------------------------------------------------------------------------------------------------|
| "O" | Outstanding   | Performance greatly exceeded the contract requirements.                                                                                  |
| "A" | Above Average | Performance exceeded the contract requirements.                                                                                          |
| "S" | Satisfactory  | Performance met the contract requirements.                                                                                               |
| "M" | Marginal      | Performance met the minimum contract requirements but Some material aspects of the contractor's performance were less than satisfactory. |
| "U" | Unacceptable  | Performance was poor and/or did not satisfy contract requirements.                                                                       |

**Questionnaire**

Please select the appropriate rating and provide supporting information for the following questions.

|                                                                                      |                                                  |                                                  |                                                  |                                                  |                                                  |
|--------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 1. The relationship between the company and client's/customer's contract team:       | <div>O</div> <div><input type="checkbox"/></div> | <div>A</div> <div><input type="checkbox"/></div> | <div>S</div> <div><input type="checkbox"/></div> | <div>M</div> <div><input type="checkbox"/></div> | <div>U</div> <div><input type="checkbox"/></div> |
| 2. Overall corporate management, integrity, reasonableness, and cooperative conduct: | <div>O</div> <div><input type="checkbox"/></div> | <div>A</div> <div><input type="checkbox"/></div> | <div>S</div> <div><input type="checkbox"/></div> | <div>M</div> <div><input type="checkbox"/></div> | <div>U</div> <div><input type="checkbox"/></div> |

|                                                                                                                                                                                    |                                                  |                                                  |                                                  |                                                  |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 3. Quality control:                                                                                                                                                                | <div>O</div> <div><input type="checkbox"/></div> | <div>A</div> <div><input type="checkbox"/></div> | <div>S</div> <div><input type="checkbox"/></div> | <div>M</div> <div><input type="checkbox"/></div> | <div>U</div> <div><input type="checkbox"/></div> |
| 4. Ability to meet the performance schedule:                                                                                                                                       | <div>O</div> <div><input type="checkbox"/></div> | <div>A</div> <div><input type="checkbox"/></div> | <div>S</div> <div><input type="checkbox"/></div> | <div>M</div> <div><input type="checkbox"/></div> | <div>U</div> <div><input type="checkbox"/></div> |
| 5. Have any cure notices, show cause letters, letter of reprimand, suspension of payment, or termination been issued? If yes, please explain in comments.                          | <div>Yes</div> <div><input type="radio"/></div>  |                                                  |                                                  | <div>No</div> <div><input type="radio"/></div>   |                                                  |
| 6. Would you award another contract to the company being evaluated? If no, please explain in comments.                                                                             | <div>Yes</div> <div><input type="radio"/></div>  |                                                  |                                                  | <div>No</div> <div><input type="radio"/></div>   |                                                  |
| 7. Was the customer satisfied with the final product and services? If no, please explain in comments.                                                                              | <div>Yes</div> <div><input type="radio"/></div>  |                                                  |                                                  | <div>No</div> <div><input type="radio"/></div>   |                                                  |
| 8. Has the firm being evaluated been provided an opportunity to discuss or respond to any negative comments or performance ratings? If so, please include the results in comments. | <div>Yes</div> <div><input type="radio"/></div>  |                                                  |                                                  | <div>No</div> <div><input type="radio"/></div>   |                                                  |
| 9. Overall Rating:                                                                                                                                                                 | <div>O</div> <div><input type="checkbox"/></div> | <div>A</div> <div><input type="checkbox"/></div> | <div>S</div> <div><input type="checkbox"/></div> | <div>M</div> <div><input type="checkbox"/></div> | <div>U</div> <div><input type="checkbox"/></div> |
| 10. Comments (can attach additional pages if needed):                                                                                                                              |                                                  |                                                  |                                                  |                                                  |                                                  |

|                  |
|------------------|
| <b>Signature</b> |
| <br><br><br>     |

Please return the signed questionnaire to the person that requested it or to the Contracting Officer, Ericka Graham at [ericka\\_graham@ibc.doi.gov](mailto:ericka_graham@ibc.doi.gov). Please notify the requestor when the form has been submitted.