

Past Performance Questionnaire (PPQ)

SECTION A – OFFEROR INFORMATION

Offeror Name: _____

UEI Number: _____

Point of Contact (Offeror): _____

Email: _____

Phone: _____

SECTION B – CONTRACT REFERENCE #1

Contract/Order Number: _____

Contract Title / Description of Work: _____

Customer (Agency/Company): _____

Period of Performance: From _____ To _____: _____

Total Contract Value: _____

Type of Contract (FFP, T&M, Labor-Hour, IDIQ, Other): _____

Contracting Officer / POC: _____

Email: _____

Phone: _____

Relevance of Work (Check one):

☐ Very Relevant ☐ Relevant ☐ Somewhat Relevant ☐ Not Relevant

Performance Ratings (Check one per row):

Performance Area	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A
Quality of Product/Service	☐	☐	☐	☐	☐	☐
Timeliness	☐	☐	☐	☐	☐	☐
Cost Control	☐	☐	☐	☐	☐	☐
Business Relations	☐	☐	☐	☐	☐	☐
Management of Key Personnel	☐	☐	☐	☐	☐	☐
Problem Resolution	☐	☐	☐	☐	☐	☐

Narrative Comments:

Would you award to this contractor again?

☐ Yes ☐ Probably ☐ Probably Not ☐ No

Overall Performance Rating:

☐ Substantial Confidence ☐ Satisfactory Confidence ☐ Neutral Confidence ☐ Low Confidence

SECTION B – CONTRACT REFERENCE #2

Contract/Order Number: _____

Contract Title / Description of Work: _____

Customer (Agency/Company): _____

Period of Performance: From _____ To _____: _____

Total Contract Value: _____

Type of Contract (FFP, T&M, Labor-Hour, IDIQ, Other): _____

Contracting Officer / POC: _____

Email: _____

Phone: _____

Relevance of Work (Check one):

☐ Very Relevant ☐ Relevant ☐ Somewhat Relevant ☐ Not Relevant

Performance Ratings (Check one per row):

Performance Area	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A
Quality of Product/Service	☐	☐	☐	☐	☐	☐
Timeliness	☐	☐	☐	☐	☐	☐
Cost Control	☐	☐	☐	☐	☐	☐
Business Relations	☐	☐	☐	☐	☐	☐
Management of Key Personnel	☐	☐	☐	☐	☐	☐
Problem Resolution	☐	☐	☐	☐	☐	☐

Narrative Comments:

Would you award to this contractor again?

☐ Yes ☐ Probably ☐ Probably Not ☐ No

Overall Performance Rating:

☐ Substantial Confidence ☐ Satisfactory Confidence ☐ Neutral Confidence ☐ Low Confidence

SECTION B – CONTRACT REFERENCE #3

Contract/Order Number: _____

Contract Title / Description of Work: _____

Customer (Agency/Company): _____

Period of Performance: From _____ To _____: _____

Total Contract Value: _____

Type of Contract (FFP, T&M, Labor-Hour, IDIQ, Other): _____

Contracting Officer / POC: _____

Email: _____

Phone: _____

Relevance of Work (Check one):

☐ Very Relevant ☐ Relevant ☐ Somewhat Relevant ☐ Not Relevant

Performance Ratings (Check one per row):

Performance Area	Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A
Quality of Product/Service	☐	☐	☐	☐	☐	☐
Timeliness	☐	☐	☐	☐	☐	☐
Cost Control	☐	☐	☐	☐	☐	☐
Business Relations	☐	☐	☐	☐	☐	☐
Management of Key Personnel	☐	☐	☐	☐	☐	☐
Problem Resolution	☐	☐	☐	☐	☐	☐

Narrative Comments:

Would you award to this contractor again?

☐ Yes ☐ Probably ☐ Probably Not ☐ No

Overall Performance Rating:

☐ Substantial Confidence ☐ Satisfactory Confidence ☐ Neutral Confidence ☐ Low Confidence

SECTION C – VALIDATION

Name of Evaluator: _____

Title: _____

Organization: _____

Email: _____

Phone: _____

Signature: _____

Date: _____