

CONTRACTOR PERFORMANCE EVALUATION SURVEY

CONTRACTOR NAME: _ CONTRACT NUMBER: _____

EVALUATION PERIOD: _ DELIVERY ORDER NO.: _____

GOVERNMENT TECHNICAL REPRESENTATIVE:

Name (print) Code Phone

Please read the statements below, indicating your relative level of agreement in the box provided:

a. QUALITY OF SERVICE:

EXCEPTIONAL VERY GOOD SATISFACTORY MARGINAL NOT
SAITISFACTORY

(1) The Contractor provided a product or service that conformed to contract requirements, specifications, and standards of good workmanship

(2) The Contractor submitted accurate reports.

(3) The Contractor utilized personnel that were appropriate to the effort performed.

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b. SCHEDULE:

(1) The tasks required under this effort were performed in a timely manner and in accordance with the period of performance of the contract.

(2) The Contractor was responsive to technical and/or contractual direction.

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NOTE: For statements indicating "Exceptional" or "Not Satisfactory," please provide a brief explanation on the NARRATIVE EXPLANATION page.

CONTRACTOR PERFORMANCE EVALUATION SURVEY (CONTINUED)

CONTRACTOR NAME: _ CONTRACT NUMBER: _____

EXCEPTIONAL VERY GOOD SATISFACTORY MARGINAL NOT
SAITISFACTORY

c.) BUSINESS RELATIONSHIPS:

- (1) The Contractor demonstrated effective management over the effort performed.
- (2) The Contractor maintained an open line of communication so that the COR and/or Technical Point of Contact were apprised of technical, cost, and schedule issues.
- (3) The Contractor presented information and correspondence in a clear, concise, and businesslike manner.
- (4) The Contractor promptly notified the Contracting Officer's Representative, Technical Point of Contact, and/or Contracting Officer in a timely manner regarding urgent issues.
- (5) The Contractor cooperated with the Government in providing flexible, proactive, and effective recommended solutions to critical program issues.
- (6) The Contractor made timely award to, and demonstrated effective management of, its subcontractors.
- (7) The Contractor demonstrated an effective small/small disadvantaged business subcontracting program.

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d.) CUSTOMER SATISFACTION:

- (1) The products/services provided adequately met the needs of the program.
- (2) The Contractor was able to perform with minimal or no direction from the COR or the Technical Point of Contact.
- (3) I am satisfied with the performance of the Contractor under this effort.

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NOTE: For statements indicating "Exceptional" or "Not Satisfactory," please provide a brief explanation on the NARRATIVE EXPLANATION page.

CONTRACTOR NAME:_____ CONTRACT NUMBER:_____

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