Past Performance Questionnaire

Instructions:

* *Sections I and II to be completed by the Offeror/Major Subcontractor and provided to the assessor (Government, Local/State Government; and/or Private Entities, personnel that had experience with the Offeror/Major Subcontractor on a previous relevant contract). The assessor, in turn, to verify Sections I through III, complete the questionnaire, and submit to the DCPS Contracting Office. The Offeror should also submit with its proposal (by the closing date of the Solicitation) copies of Sections I and II of all questionnaires as provided to assessors.*
* *Section II to be validated by the assessor. If any information is incorrect herein, please annotate and provide the correct information accordingly.*
* *Sections III through VII to be completed in their entirety by the assessor.*

*Message to the assessor: Your feedback is requested by DCPS to assist with establishing the performance history for the Contractor named below. In efforts to expedite receipt of the requested information, the Contracting Office respectfully requests that you do not mail hard copies. Instead, please e-mail the completed questionnaire(s) to:* *zahra.hashmi@k12.dc.gov**.*

**I. Solicitation Data**

|  |  |
| --- | --- |
| Solicitation Number | GAGA-2022-R-0385 |
| Project/Requirement | Food Services Management Company (FSMC) |
| Customer/Agency | DCPS, Food and Nutrition Services (FNS) |
| Project/Requirement Description | Provide food services to DCPS  |

**II. Current or Historical Contract Information**

***Assessor:*** *The performance data submitted by the Offeror is* *[ ]*  correct *or* [ ]  incorrect.

|  |  |  |
| --- | --- | --- |
| CONTRACTOR NAME & ADDRESS: | Contract No |  |
| **Type of Contract** |  |
|  | *Initial* | *Final* |
| Contract Value |  |  |
| **Period of Performance/Delivery Schedule** |  |  |
| **Project/Requirement Description** |  |
| *Please select from the following as it applies to this contract:* |
| Contracting Role | [ ]  PRIME | [ ]  SUBCONTRACTOR |
| **Termination History** | [ ]  Convenience | [ ]  Default | [ ]  N/A |

**III. Assessor Information**

|  |  |
| --- | --- |
| Assessor Name |  |
| **Title** |  |
| **Phone Number/Email Address** |  |
| *Identify your role in the contract award or administration and the period of your involvement.* |
| ✓ | Role | Period of Involvement |
|  | Procuring Contracting Officer (PCO) |  |
|  | Administrative Contracting Officer (ACO) |  |
|  | Contract Specialist |  |
|  | Contracting Officer’s Representative (COR)  |  |
|  | Technical Project Lead/Project Officer |  |
|  | Other: |  |

# IV. Evaluation Definitions

# The following definitions should be used in your assessment of Contractor performance.

|  |  |
| --- | --- |
| EXCEPTIONAL | Performance EXCEEDS MOST contractual requirements to the Government’s benefit. The performance of areas being assessed was accomplished with few minor issues or concerns.  |
| VERY GOOD | Performance EXCEEDS SOME contractual requirements to the Government’s benefit. The performance of areas being assessed was accomplished with few minor issues or concerns, for which the Contractor’s corrective actions were highly effective. |
| SATISFACTORY | Performance MEETS contractual requirements. The performance of the areas being assessed contains minor issues or concerns, for which corrective actions taken by the Contractor were effective. |
| MARGINAL | Performance MEETS SOME contractual requirements. The performance of the areas being assessed includes significant problems, issues, or concerns for which corrective actions taken by the Contractor were only somewhat effective. |
| UNSATISFACTORY | Performance DOES NOT MEET contractual requirement. The performance of the areas being assessed includes serious problems, issues, or concerns for which the Contractor’s corrective actions were ineffective. |
| NOT APPLICABLE (N/A) | Performance information not recent or relevant as defined in the Solicitation. Unable to provide assessment. |

**V. Performance Evaluation**

1. Technical Performance:

a. What is your OVERALL assessment of the Contractor’s ability to meet the technical requirements? (Please indicate the dollar value, period of performance, and complexity of the contract).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional** | **Very Good** | **Satisfactory** | **Marginal** | **Unsatisfactory** | N/A |
| **Technical Performance** |  |  |  |  |  |  |

*Please provide rationale for the assigned rating—Elaborate on Strengths, and Weaknesses.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

b. Assess the Contractor’s technical performance in the following areas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Technical Performance** | **Exceptional** | **Very Good** | **Satisfactory** | Marginal | Unsatisfactory | **N/A** |
| Compliance of Products, Services, Documents, and Related Deliverables.  |  |  |  |  |  |  |
| Standards of Contractor capability of Performance. |  |  |  |  |  |  |
| Commitment to Customer Satisfaction and Business-Like manner. |  |  |  |  |  |  |
| Effectiveness of Project Management. |  |  |  |  |  |  |

*All comments are appreciated however, at a minimum, rationale must be provided for ratings of exceptional or unsatisfactory.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

c. Did the Government/Local/State or Private Entity contribute in any way to any of the technical problems identified in the above assessment? Please explain.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

2. Schedule Performance:

a. What is your OVERALL assessment of the Contractor’s ability to meet the schedule? Please indicate the value of the contract amount and complexity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional** | **Very Good** | **Satisfactory** | Marginal | Unsatisfactory | **N/A** |
| **Schedule Performance** |  |  |  |  |  |  |

*Please provide rationale for assigned rating – Elaborate on Strengths, Weaknesses.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

b. Assess the Contractor’s schedule performance in the following areas.

| **Schedule Performance** | **Exceptional** | **Very Good** | **Satisfactory** | **Marginal**  | **Unsatisfactory** | **N/A** |
| --- | --- | --- | --- | --- | --- | --- |
| Timeliness of Performance for Services and Product Deliverables.  |  |  |  |  |  |  |

*All comments are appreciated; however, at a minimum, rationale must be provided for ratings of exceptional or unsatisfactory.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

c. Did your organization contribute in any way to any of the technical problems identified in the above assessment? Please explain.

|  |
| --- |
|  |
|  |
|  |

3. Management

a. What is your OVERALL assessment of the Contractor’s management performance?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional** | **Very Good** | **Satisfactory** | **Marginal**  | **Unsatisfactory** | **N/A** |
| Management |  |  |  |  |  |  |

### Please provide rationale for assigned rating.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

b. *Assess the Contractor’s management performance in the following areas—Elaborate on Strengths and weaknesses.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Management** | **Exceptional** | **Very Good** | **Satisfactory** | **Marginal** | **Unsatisfactory** | **N/A** |
| MANAGEMENT RESPONSIVENESS—Timeliness, completeness, and quality of problem identification, proposal submittal, history of cooperative behavior, effective business relations, teamwork AND Customer satisfaction. |  |  |  |  |  |  |
| CONTRACT MANAGEMENT Understanding and timely successful performance and management of contracts and meeting contracting goals.  |  |  |  |  |  |  |
| PROGRAM MANAGEMENT—Effectiveness of integration and coordination of all activities required to execute the contract, use of resources, assignment of responsibility, internal coordination and communication, and risk management practices. |  |  |  |  |  |  |
| MANAGEMENT OF PERSONNEL—Ability to select, retain, support, and replace personnel with the experience and expertise necessary to accomplish the DCPS requirements within schedule and budget.  |  |  |  |  |  |  |

*All comments are appreciated; however, at a minimum, rationale must be provided for ratings of exceptional or unsatisfactory.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

c. Did the Government contribute in any way to any of the technical problems identified in the above assessment? Please explain.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

4. Cost Control

a. What is your OVERALL assessment of the Contractor’s ability to forecast, manage, and control costs?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional** | **Very Good** | **Satisfactory** | **Marginal** | **Unsatisfactory** | **N/A** |
| Cost Control |  |  |  |  |  |  |

##### Please provide rationale for assigned rating—Elaborate on Strengths and Weaknesses.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

b. Assess the Contractor’s cost performance in the following areas.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Management** | **Exceptional** | **Very Good** | **Satisfactory** | **Marginal** | **Unsatisfactory** | **N/A** |
| COST REPORTING—Accuracy and timeliness of the Contractor’s cost reporting data.  |  |  |  |  |  |  |
| NOTIFICATIONS—Timeliness of the Contractor’s notifications of costs.  |  |  |  |  |  |  |
| RESOLUTION OF COST PROBLEMS—Commitment to resolve cost issues.  |  |  |  |  |  |  |
| ADHERENCE TO COST TARGETS—Ability to establish and meet the realistic cost targets. |  |  |  |  |  |  |
| Knowledge and understanding of the contract costs/price, invoicing suitable for large value and complex contracts. |  |  |  |  |  |  |

*All comments are appreciated; however, at a minimum, rationale must be provided for ratings of exceptional or unsatisfactory.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**VI. Overall Rating of Contractor’s understanding, capability, and performance (technical, schedule, knowledge (supply chain management, market and industry, transportation management, warehouse), facilities and equipment, management, and cost) on contract being assessed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exceptional** | **Very Good** | **Satisfactory** | **Marginal** | **Unsatisfactory** |
|  |  |  |  |  |

**VII. General Comments:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s Signature Date

**NOTE ON RETURN INFORMATION:**

Please return this completed Questionnaire via email to the Contract Specialist, zahra.hashmi@k12.dc.gov. Thank you for your time and assistance.