

Offeror: Please make copies of this form and have references submit directly to Contracting Officer, 4810 East M-28, Kenton, MI 49967, or fax to (906) 852-3618.

Attachment 2

PRESENT/PAST PERFORMANCE QUESTIONNAIRE

You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax or mail attention of: Charlotte Bofinger, Contracting Officer at (906)852-3618 by 2:00 PM (ET) on August 26, 2009. Please mark "Confidential".

SECTION A: CONTRACTOR INFORMATION

- 1) Contractor's Name and Address: _____

- 2) Point of Contact: _____
- 3) Phone #: _____
- 4) Contract Number: _____ Contract Type: _____
- 5) Project Title: _____
- 6) Period of Performance: _____
- 7) Brief Description/Scope of Services provided: _____
- 8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

Signature of Authorized Contractor Representative

Date

Printed Name and Title of Authorized Contractor Representative

SECTION B: RESPONDENT INFORMATION:

- A. Name: _____
- B. Position: _____
- C. Telephone Number: _____ Fax Number: _____
- D. Address: _____

- E. Relationship and Time Involved with Contractor: _____
- F. Date Questionnaire Completed: _____

E	A	N	M	U
Exceptional	Acceptable	No Rating	Marginal	Unacceptable

Contract Performance (Circle appropriate rating)		E	A	N	M	U
1.	Working relationship with your Company					
2.	Did the contractor provide experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements? If no, please explain.	Yes	No		N/A	
3.	Exhibited knowledge of and compliance with government (or other) regulations and industry standards	E	A	N	M	U
4.	Did the contractor provide and properly maintain operational equipment throughout the term of the contract? If no, please explain.	Yes	No		N/A	
5.	Did the contractor demonstrate the ability to hire, maintain, and replace, if necessary qualified personnel during the contract? If no, please explain.	Yes	No		N/A	
6.	Does the contractor provide timely and accurate records?	Yes	No		N/A	
7.	How well did the contractor comply with Environmental, Safety, health and security requirements	E	A	N	M	U
8.	Would you award similar contracts to this contractor (If no, Please explain in remarks)	Yes	No		N/A	
9.	Contractor's Overall Performance	E	A	N	M	U
Quality of Service/Control						
1.	Contractor's accomplishment in meeting the quality standards	E	A	N	M	U
2.	Did the contractor provide an effective quality control plan or inspection procedures to meet contract requirements? If no, please explain.	Yes	No		N/A	
3.	Overall Quality of Service/Control	E	A	N	M	U
Timeliness						
1.	Was the job/contract started and completed on time?. If not, explain	Yes	No		N/A	
2.	Did the contractor have a system or method to track progress on all work in progress?	Yes	No		N/A	

REMARKS: If additional remarks are necessary, please attach an additional sheet.
