Attachment 2

PAST PERFORMANCE QUESTIONNAIRE – Glover 13 Stewardship Contract

You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and fax to attention of Ray Yelverton at (501) 321-5399 or mail directly to: USDA Forest Service, Ouachita NF, Attn: Ray Yelverton, P.O. Box 1270, Hot Springs, AR 71902. Must be received by Ray Yelverton by 4:30 P.M. local time on September 9, 2010.

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 (Please circle your response)						
1.	Working relationship with your Company.	E	A	N	M	U	
2.	Did the contractor provide experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements? (If no, please explain in Remarks)	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 in Remarks)	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 in Remarks)	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 (Please circle your response)						
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 (Please circle your response)						
1.	Was the job/contract started and completed on time? (If no, please explain in Remarks)	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.