

PRESENT/PAST PERFORMANCE QUESTIONNAIRE

Stewardship Project Name _____

Offeror: Please make copies of this form and have references submit directly to _____ Ranger District Office, ATTN: Contracting Officer, or fax to (906) _____.

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: Contracting Officer at (906) _____ by 2:00 PM (ET) on May 06, 2025 . Please mark "Confidential".

SECTION A: CONTRACTOR INFORMATION

1) Contractor's Name and Address: _____

2) Point of Contact: _____

3) Phone Number: _____

4) Project Name & Contract Number: _____

5) Period of Performance (Contract Time): _____

6) Brief Description/Scope of Services provided: _____

7) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire:

Signature of Authorized Contractor Representative

Date

Printed Name of Authorized Contractor Representative

SECTION B: RESPONDENT INFORMATION:

Name: _____ Position: _____

Phone No.: _____ Fax No.: _____

Address: _____

Relationship and Time Involved with Contractor: _____

Date Questionnaire Completed: _____

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A. CONTRACT PERFORMANCE		<i>Please enter an "X" in the box that applies.</i>				
		Exceptional	Acceptable	No Rating	Marginal	Unacceptable
1.	Working relationship with your company					
2.	Exhibited knowledge of and compliance with government (or other) regulations and industry standards					
3.	How well did the contractor comply with Environmental, Safety, health and security requirements					
4.	Contractor's Overall Performance					
		Yes	No	N/A		
5.	Did the contractor provide and properly maintain operational equipment throughout the term of the contract? If no, please explain.					
6.	Did the contractor demonstrate the ability to hire, maintain, and replace, if necessary qualified personnel during the contract? If no, please explain.					
7.	Does the contractor provide timely and accurate records?					
8.	Would you award similar contracts to this contractor? If no, please explain.					
B. QUALITY OF SERVICE/CONTROL						
		Exceptional	Acceptable	No Rating	Marginal	Unacceptable
1.	Contractor's accomplishment in meeting the quality standards.					
		Yes	No	N/A		
2.	Did the contractor provide an effective quality control plan or inspection procedures to meet contract requirements? If no, please explain.					
		Exceptional	Acceptable	No Rating	Marginal	Unacceptable
3.	Overall Quality of Service/Control.					
C. TIMELINESS						
		Yes	No	N/A		
1.	Was the job/contract started and completed on time? If not, please explain.					
2.	Did the contractor have a system or method to track progress on all work in progress?					

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