

**SAMPLE QUESTIONNAIRE COVER LETTER  
LETTER HEAD**

**FOR OFFICIAL USE ONLY**

SUBJECT: Request for Past Performance Evaluation

TO:

The Washington Metropolitan Area Transit Authority (WMATA and/or the Authority) is in the process of selecting a contractor for an Indefinite Delivery / Indefinite Quantity contract. The contract consists of providing for the supply, installation, and configuration of electronic security and safety devices and components.

One of the considerations in proposal evaluation is the verification of the past and present performance on contracts, which reflect the contractor's ability to perform on the proposed effort.

The areas of interest are summarized in the enclosed questionnaire. (As discussed in our initial phone contact with your office, the Authority's schedule is extremely tight and we need our written response to be forwarded to WMATA not later than 2:00 pm 26 October 2011.

To assist you in preparing your response and expediting your reply, the questionnaire may be filled out by hand and "faxed" to (202) 962-6120, William Geroux, Attention: RFP FQ-12058. You may also email your responses to [wgeroux@wmata.com](mailto:wgeroux@wmata.com). Please contact Mr. William Geroux at (202) 962-2467 prior to transmission or if you have any questions. Your completed questionnaire will become a part of the official record.

Your help is greatly appreciated and your proposed response will be one of the keys to the successful and timely completion of this requirement.

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Signature

**PAST PERFORMANCE QUESTIONNAIRE  
FOR  
SUPPLY AND INSTALLATION OF ELECTRONIC SECURITY AND SAFETY  
DEVICES**

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- I. **CONTRACT INFORMATION:** Complete the following information on the contractor that provided or is currently providing services for your company.

a. Contractor (Company/Name): \_\_\_\_\_

b. Contractor Address/Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX/EMAIL COMPLETED SURVEY FORM TO:

William J. Geroux  
Attention: RFP FQ-12035  
Fax: (202) 962-6120  
Email: [wgeroux@wmata.com](mailto:wgeroux@wmata.com)

1. Contract Number: \_\_\_\_\_

2. Period of Performance: \_\_\_\_\_

3. Services Provided (Explain, in some detail, the type of services provided by the contractor. Identify any performance history the contractor has providing operation and management of a facility or function within your company.

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4. Total Contract Amount: \_\_\_\_\_

- II. **RESPONDENT IDENTIFICATION:** Complete the following information on your company. You may be contacted for additional information pertaining to the past or present performance of the contractor identified in section I above. (The following information will assist in the analysis of the data. Information will be kept confidential)

- a. Name: \_\_\_\_\_
- b. Position & Title: \_\_\_\_\_
- c. Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_
- d. Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. Relationship & time involved with Program/Contract: \_\_\_\_\_
- f. Date you completed this questionnaire: \_\_\_\_\_

**III. CONTRACTOR RATING:** In this section of the questionnaire you are asked to rate the contractor. Please indicate the rating that best applies. If you wish to elaborate on your answer, please provide comments on the lines provided after each question. If more space is needed, continue your comments on a separate sheet of paper and attach it to this questionnaire prior to submittal to the Washington Metropolitan Area Transit Authority. You are asked to provide frank, concise, comments regarding your overall assessment of the contractor's performance on the contract identified. You are urged to supplement your own knowledge of the contractor's performance with the judgment of others in your organization. The following definitions are applicable rating levels of the contractor's performance on the identified program.

**DEFINITION**

**PERFORMANCE LEVELS**

1. **EXCEPTIONAL/HIGH CONFIDENCE.** Performance met all contract requirements and exceeded **many** to the government's benefit. **Problems**, if any, **were negligible** and were resolved in a timely, highly effective manner.
2. **VERY GOOD/SIGNIFICANT CONFIDENCE.** Performance met all contract requirements and exceeded **some** to the government's benefit. There were **a few minor problems** which the contractor resolved in a timely, effective manner.
3. **SATISFACTORY/CONFIDENCE.** Performance met contract requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory.
4. **NEUTRAL/UNKNOWN CONFIDENCE.** No performance record identifiable (see FAR 15.305(a)(2)(iii) and (iv) for description/guidance).
5. **MARGINAL/LITTLE CONFIDENCE.** Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.
6. **UNSATISFACTORY.** Performance did not meet most contractual requirements. There were serious problems and the contractor's corrective actions were ineffective.

1. Rate the contractor's ability to proactively recognize and resolve unanticipated difficulties.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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2. Rate the working relationship between the contractor and your company and your designated representatives. (includes inspection personnel)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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3. Rate the contractor's ability to meet specific response times and scheduled time frames for completion of specific tasks.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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4. Rate the contractor's use of available resources to accomplish tasks identified in the contract.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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5. Rate the contractor's on-site management of personnel and subcontractors.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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6. Rate the contractor's upper level management responsiveness.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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7. Rate the contractor's on-site quality control.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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8. Rate the contractor's ability to meet appropriate staffing levels with qualified personnel throughout the period for which services were (are) being provided.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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9. If Small Business/Disadvantaged Business Enterprise (DBE) subcontracting goals were not met, did the contractor demonstrate a good faith effort to meet the projected goals as identified in the approved plan.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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10. Defects on previous contracts such as, labor violations, payment withheld for services not rendered, Cure Notice, Show Cause Notice, or Letter of Concerns.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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11. Did the contractor provide accurate and complete line item cost proposals including all aspects of work required for each task?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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12. How would you rate the contractor's overall performance?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Comments:

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**IV. NARRATIVE ANSWERS:** Answers to the following question will be used to make qualitative (business judgment) assessment of contractor risk. Since performance risk analysis focuses on quality rather than on quantity of experience, the narratives are a significant factor in the risk analysis. Please provide full detail in your response to the following questions. Please use additional sheets of paper if necessary.

1. If Modification(s) were accomplished, did the contractor make satisfactory effort in controlling cost?

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2. Did the contractor's staffing ever present a problem in the receipt of goods or services under contract?

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3. Did the contractor's organizational management ever present a problem in the receipt of goods or services?

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4. Additional Comments

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE