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Solicitation Name
Solicitation No.: TBD
Section X.X-X
Page 1

Past Performance - Contract/Task Order Template

GENERAL INSTRUCTIONS:

1. Reference Sections L.X.X. through L.X.X.
2. Offerors shall respond to all questions and requests.
3. This form should be completed by the offeror.
4. Offerors should complete a separate template for each of the three (3) contracts to be submitted.
5. All proposal documentation associated with this template shall be scanned documents in PDF format.
7. All file attachments shall be included in Volume 3 of the Offeror's proposal submission in accordance with the Proposal Format Table in Section L.X.
8. Offeror should submit a copy of this completed template to their listed Customer contact with the Past Performance Questionnaire.

PART I: Contract Identification

1. Contractor Information:

Contractor (Firm) Name:	<input type="text"/>	CAGE Code:	<input type="text"/>
Address:	<input type="text"/>	DUNs Number:	<input type="text"/>
Point of Contact (POC):	<input type="text"/>		
POC Phone Number:	<input type="text"/>		
POC E-mail Address:	<input type="text"/>		

2. Contract Information:

Contract Number:	<input type="text"/>	Task Order Number (If applicable):	<input type="text"/>
Work Performed as:	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub Contractor* <input type="checkbox"/> Joint Venture*	*If Sub Contractor or Joint Venture, who was the prime (Name/ Phone #):	<input type="text"/>
Percent of contract work performed:	<input type="text"/>		
What is the type of vehicle? (Check only one):	<input type="checkbox"/> CONTRACT (not a Task Order) <input type="checkbox"/> TASK ORDER UNDER A MASTER IDIQ TASK ORDER CONTRACT (FAR 16.5) <input type="checkbox"/> TASK ORDER UNDER A BLANKET PURCHASE AGREEMENT (FAR 8.4)		

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- Contract Type:
- Firm Fixed Price
 - T&M
 - Cost Reimbursement
 - Hybrid*

*If Hybrid, specify percent (%) of work under each contract type :

Contract Title:

Contract Location:

Award Date (MM/YYYY):

Total Period of Performance
(Does not include un-
exercised options):
MM/YYYY - MM/YYYY

Ultimate Completion Date
(MM/YYYY):

What is the number of FTE*
by year on this contract?

**Full Time Equivalent (FTE) is defined as working on this contract greater than or equal to 1500 hours annually.*

Award Contract Price:

If a services contract
provide 1) Annual and
2) Cumulative totals per
POP:

What is the current status
of the contract?

- Contract was completed within the past Five (5) years of the issuance of the ITO or the contract is ongoing, with at least Twelve (12) months of continuous performance prior to the issuance of the ITO
- None of the above

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PART II: Contract Reference Information

Customer Name:

Funding Agency ID
(If applicable):

Contracting Officer (or Corporate Official for Commercial Experience):

Name:

Title:

Phone Number:

E-mail Address:

Program Office Contact:: (Senior Program Official or Corporate Official for Commercial Experience):

Name:

Title:

Phone Number:

E-mail Address:

Contracting Officer's Representative: (or Corporate Official for Commercial Experience):

Name:

Title:

Phone Number:

E-mail Address:

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Part III: Contract Description

1. Contract Description: (no page limit; offeror shall use **attachment XX** for additional pages)

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2. Complexity of Work:
- High
 - Medium
 - Routine

Briefly describe the complexity of work (Please provide details such as similar equipment, requirements, conditions, etc.).

- Does the contract involve subcontracting or teaming?
- Yes*
 - No

*If Yes, provide the number of subcontractors or teaming partners involved:

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3. Small Business Utilization Description: (no page limit; offeror shall use **attachment XX** for additional pages)

A large, empty rectangular box with a thin black border, occupying the majority of the page below the text. It is intended for the offeror to provide a detailed description of small business utilization, with a note that additional pages can be used via attachment XX.

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PART IV: Contract Verification Method

Signature below by a Contracting Officer, Contracting Officer's Representative, or Corporate Official for the ordering activity constitutes acceptance of the above contract information to be accurate as ordered and received by the listed entity.

Name:

Date:

Signature: