



ECS III-Forms



Award Date: 12/21/2000
Expiration Date: 12/20/2010
Contact: 1-888-773-6542

Prime Contractor Past Performance Evaluation Report

| | | | | |
|--|-----------------------|-----------------------|---------|---------------|
| FINAL REPORT | INTERIM REPORT | <i>(Check one)</i> | | |
| REPORTING PERIOD: <i>(from: mm/dd/yy)</i> | | <i>(To: mm/dd/yy)</i> | | |
| NIH CONTRACTING Team <i>(Check One)</i> | | CIO-SP2 <i>i</i> | ECS III | IW2 <i>nd</i> |
| NIH CONTRACT NUMBER | | | | |

NITAAC CIO-SP2, ECS III, or IW2 ORDER

ORDER AUTHORIZATION NUMBER: _____

CUSTOMER INFORMATION:

Agency Name:
Address:

PRIME CONTRACTOR INFORMATION:

Name:
Address:

ORDER AWARD DATE: *(mm/dd/yy)*

ORDER EXPIRATION DATE: *(mm/dd/yy)*

ORDER VALUE: \$

ORDER TITLE *(Description of Requirements)*

| |
|--|
| |
| |
| |

| |
|--|
| |
| |

RATINGS

Summarize contractor performance and *circle* the number that corresponds to the rating for each rating category.

Using the rating guideline, assign each area a rating of 0 (unsatisfactory), 1 (poor), 2 (fair), 3 (good), 4 (excellent), or 5 (outstanding). Provide a brief narrative (500 characters or less) for each of the categories to support the rating assigned. The categories are: quality of product or service, cost control, timeliness of performance, and business relations.

At this time comments are limited to 500 characters.

QUALITY OF PRODUCT OR SERVICE

Rating:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Comments:

COST CONTROL

Rating:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Comments:

TIMELINESS OF PERFORMANCE

Rating:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Comments:

BUSINESS RELATIONS

Rating:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

Comments:

SUBCONTRACTS

Are subcontracts involved? (Check One)

| | |
|-----|----|
| YES | NO |
|-----|----|

Comments (Please comment on those subcontractors that have provided a significant contribution to overall contract performance.)

KEY PERSONNEL

PROJECT MANAGER (Name):

Comments:

KEY PERSON (Name):

Comments:

KEY PERSON (Name):

Comments:

CUSTOMER SATISFACTION

Is/was the contractor committed to customer satisfaction? *(Check One)*

| | |
|-----|----|
| YES | NO |
|-----|----|

If this is the Final Report: *(Check One)*

Would you recommend selection of this firm again?

| | |
|-----|----|
| YES | NO |
|-----|----|

Comments:

PROJECT OFFICER/COTR:

| | | |
|------------------|-------------------|-----------|
| | | |
| Last Name | First Name | MI |

| | |
|-------------------|-------------------------|
| SIGNATURE: | Date: (mm/dd/yy) |
| Phone: () | FAX: () |

Internet Address:

CONTRACTING OFFICER/Accountable Management Official (AMO) CONCURRENCE:

| | |
|------------------------|-------------------------------|
| <i>(Initial)</i> _____ | <i>Date: (mm/dd/yy)</i> _____ |
|------------------------|-------------------------------|

CONTRACTOR'S REPRESENTATIVE: (Title)

| | | |
|--------------------|---------------------|-------------|
| <i>(Last Name)</i> | <i>(First Name)</i> | <i>(MI)</i> |
| | | |

| | |
|------------|-------------------------|
| SIGNATURE: | Date: <i>(mm/dd/yy)</i> |
| Phone: () | FAX: () |

Internet Address:

SUMMARY RATINGS:

QUALITY: _____ COST CONTROL: _____

TIMELINESS OF PERFORMANCE: _____ BUSINESS RELATIONS: _____

CONTRACTING OFFICER/AMO : Title

| | | |
|--------------------|---------------------|-------------|
| <i>(Last Name)</i> | <i>(First Name)</i> | <i>(MI)</i> |
| | | |

| | |
|------------|-------------------------|
| SIGNATURE: | Date: <i>(mm/dd/yy)</i> |
| Phone: () | FAX: () |

Internet Address:

CONTRACTOR'S REVIEW:

Were comments, rebuttal, or additional information provided? *(Check One)*

| | |
|-----|----|
| YES | NO |
|-----|----|

(If yes: They are on file in): _____

(Location) _____ *(Phone)* _____

Attached ____ *(Check if attached)*

AGENCY REVIEW:

Were contractor comments reviewed at a level above the contracting officer/AMO? (Check One)

| | |
|-----|----|
| YES | NO |
|-----|----|

(If yes: They are on file in): _____

(Location) _____ (Phone)

Attached _____ (Check if attached)

NATIONAL INSTITUTES OF HEALTH
CONTRACTOR PERFORMANCE REPORT INSTRUCTIONS

1. ***Check the appropriate block to indicate the type of report (Interim, Final). The final evaluation of the contractor's performance must satisfy the reporting requirement stipulated in the FAR. and Health and Human Services Acquisition Regulations***
 2. ***Indicate the period covered by the report.***
 3. ***Identify the customer office. Identify the location of the customer***
 4. ***Identify the contract number of the contract being evaluated and the Task Order or Delivery Order Authorization Number.***
 5. ***List the name and address of the contractor.***
 6. ***Enter TIN and SIC***
 7. ***Indicate the order award date and order expiration date.***
 8. ***State the order value, including any option amounts.***
 9. ***Provide a brief description of the work being performed under the order (the title of the order).***
-
-

RATINGS

Using the rating guideline, assign each area a rating of 0 (unsatisfactory), 1 (poor), 2 (fair), 3 (good), 4 (excellent), or 5 (outstanding). Provide a brief narrative (500 characters or less) for each of the categories to support the rating assigned. The categories are: quality of product or service, cost control, timeliness of performance, and business relations.

SUBCONTRACTORS

Indicate whether subcontracts are/were involved. Briefly summarize (500 characters or less) the performance of any subcontractors that have major responsibilities under the contract or are required to perform a significant part of the contract requirement. This space may also be used to evaluate a prime contractor's management of a subcontractor.

KEY PERSONNEL

List the name of the project manager and the names of two other key personnel (optional). Briefly describe the performance of the key personnel listed. (500 characters or less)

CUSTOMER SATISFACTION

Check the appropriate answer to indicate whether the contractor was committed to customer satisfaction. For the final report, indicate whether you would recommend selection of the firm again.

PROJECT OFFICER/CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE/COTR SIGNATURE

The Project Officer/COTR signs this block.

CONTRACTING OFFICER/AMO CONCURRENCE

The Contracting Officer/AMO initials this block, indicating concurrence with the initial rating.

CONTRACTOR'S REPRESENTATIVE

The Contractor signs this next block indicating review of the rating.

SUMMARY RATINGS

Indicate the rating given for each of the rating categories: quality of goods or services, cost control, timeliness of performance, and business relations.

CONTRACTING OFFICER/AMO SIGNATURE

The contracting officer/AMO signs the report when all actions are completed. If changes were made to the ratings or the narrative during the rebuttal process, a copy of the report, as revised, shall be promptly furnished to the contractor.

CONTRACTOR'S REVIEW

Indicate whether the contractor submitted a rebuttal or comments. Attach a copy of the contractor's rebuttal to this report, or indicate its location, if filed separately.

AGENCY REVIEW

If the contracting officer /AMO and the contractor are unable to agree on a final rating, the matter is to be referred to an individual one level above the contracting officer/AMO. Attach a copy of the agency's decision to this report, or indicate its location, if filed separately.

**NATIONAL INSTITUTES OF HEALTH
RATING GUIDELINES**

Summarize contractor performance in each of the rating areas. Assign each area a rating of 0 (Unsatisfactory), 1 (Poor), 2 (Fair), 3 (Good), 4 (Excellent), 5 (Outstanding). Use the following instructions as guidance in making these evaluations. Ensure that this assessment is consistent with any other Agency assessments made (i.e., for payment of fee purposes).

| Criteria: | Quality of Product or Service | Cost Control | Timeliness of Performance | Business Relations |
|-----------|--|---|---|--|
| | <p>Compliance with contract requirements Accuracy of reports Effectiveness of personnel Technical excellence</p> | <p>Record of forecasting and controlling target costs Current, accurate and complete billings Relationship of negotiated costs to actuals Cost efficiencies</p> | <p>Met interim milestones Reliability Responsive to technical direction Completed on time including wrap-up and contract administration Met delivery schedules No liquidated damages assessed</p> | <p>Effective management, including subcontracts Reasonable/cooper-ative behavior Responsive to contract requirements Notification of problems Flexibility Pro-active vs reactive Effective small/small disadvantaged business subcontracting program</p> |

| | | | | |
|---------------------------|--|---|---|--|
| 0 - Unsatisfactory | Non conformances are jeopardizing the achievement of contract requirements, despite use of Agency resources | Ability to manage cost issues is jeopardizing performance of contract requirements, despite use of Agency resources | Delays are jeopardizing performance of contract requirements, despite use of Agency resources | Response to inquiries, technical/service/administrative issues is not effective |
| 1 - Poor | Overall compliance requires major Agency resources to ensure achievement of contract requirements | Ability to manage cost issues requires major Agency resources to ensure achievement of contract requirements | Delays require major Agency resources to ensure achievement of contract requirements | Response to inquiries, technical/service/administrative issues is marginally effective |
| 2 - Fair | Overall compliance requires minor Agency resources to ensure achievement of contract requirements | Ability to control cost issues requires minor Agency resources to ensure achievement of contract requirements | Delays require minor Agency resources to ensure achievement of contract requirements | Response to inquiries, technical/service/administrative issues is somewhat effective |
| 3 - Good | Overall compliance does not impact achievement of contract requirements | Management of cost issues does not impact achievement of contract requirements | Delays do not impact achievement of contract requirements | Response to inquiries, technical/service/administrative issues is usually effective |
| 4 - Excellent | There are no quality problems | There are no cost management issues | There are no delays | Response to inquiries, technical/service/administrative issues is effective |
| 5 - Outstanding | The contractor has demonstrated an outstanding performance level in any of the above four categories that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances when contractor performance clearly exceeds the performance levels described as Excellent. | | | |