

## PAST PERFORMANCE INFORMATION FORM (PPIF)

Provide the information requested in this form for each one of the present or past contracts you have identified. Provide a separate completed form for each contract identified. *Attach a separate sheet if additional space is needed.*

A. Current Offeror (Company/Division):

CAGE Code:

DUNS Number:

*(NOTE: If the company or division performing this past or present effort is different from the current Offeror, note this fact below. Refer to the "Organizational Structure Change History" you provided as part of your Past Performance Volume).*

B. Program Title:

C. Contract Specifics:

1. Complete Name of Customer:

2. Customer Address and Telephone #:

3. Contract Number or Citation:

4. Type of Contract:

5. Period of Performance:

6. Initial Contract Price/Cost and Fee:

\$

7. Final Amount Invoiced/Amount Invoiced to Date:

\$

8. Original completion date:

9. Current scheduled completion date:

10. Estimated completion date:

11. Number of contract changes:

12. Enter primary cause for contract changes below:

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D. Description of Work as Prime or Subcontractor.
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E. Describe how the work under this contract relates to the experience cited by the Offeror in its present proposal.
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F. Self-Assessment of past performance record. Provide information of any problems encountered and your corrective actions.
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G. Current Status of Contract (Choose One):			
<input type="checkbox"/>	<input type="checkbox"/>	Work Continuing – On Schedule	
<input type="checkbox"/>	<input type="checkbox"/>	Work Continuing – Behind Schedule	
<input type="checkbox"/>	<input type="checkbox"/>	Work Completed – Litigation Pending or Underway	
<input type="checkbox"/>	<input type="checkbox"/>	Work Completed – No Further Action Pending or Underway	
<input type="checkbox"/>	<input type="checkbox"/>	Work Completed – Routine Administrative Action Pending or Underway	
<input type="checkbox"/>	<input type="checkbox"/>	Work Completed – Claims Negotiations Pending or Underway	
<input type="checkbox"/>	<input type="checkbox"/>	Terminated for Convenience	
<input type="checkbox"/>	<input type="checkbox"/>	Terminated for Default	
<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain)	
H. Primary customer points of contact. <i>(For Government contracts/orders, provide current information on all three individuals. For commercial contracts, provide points of contact filling these same roles.)</i>			
	1. Program Manager and/or Site Manager	2. Procurement Contracting Officer	3. Administrative Contracting Officer
Name:			
Office:			
Address:			
Telephone:			
FAX #:			
E-Mail:			
I. Address below any technical (or other) issues about this contract considered particularly relevant to the current solicitation.			

J. Include below relevant information concerning compliance with FAR 52.219-8, Utilization of Small Business Concerns, under the cited earlier contract.

K. Subcontracting Plan Requirements.

1. Was a subcontracting plan required? \_\_\_\_\_ If YES, go to # 2.

2. Planned goal (%)		Achieved goal (%)	
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3. Explain below why any goals were not met.