

## FSS Past Performance Questionnaire

**1. NAME OF FIRM/AGENCY PROVIDING FEEDBACK:** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_  
**PERIOD OF PERFORMANCE:** \_\_\_\_\_ **CONTRACT TYPE (if applicable):** \_\_\_\_\_  
**CONTRACT AWARD DATE:** \_\_\_\_\_ **CONTRACT COMPLETION DATE:** \_\_\_\_\_  
**AWARDED VALUE:** \_\_\_\_\_ **CURRENT CONTRACT DOLLAR VALUE:** \_\_\_\_\_

**2. NAME OF ASSESSING OFFICIAL:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
**ASSOCIATION WITH FIRM BEING RATED (including role):** \_\_\_\_\_  
**CONTRACT OR ORDER NUMBER (if applicable):** \_\_\_\_\_

**3. ASSESS THE FOLLOWING AREAS:** (Check the appropriate box for each assessment category)

Assessment Categories	Unsatisfactory	Marginal	Satisfactory	Very Good	Exceptional	N/A
<b>a. QUALITY OF PRODUCT OR SERVICE</b>						
<b>b. SCHEDULE</b>						
<b>c. COST CONTROL</b>						
<b>d. BUSINESS RELATIONS</b>						
<b>e. MANAGEMENT OF KEY PERSONNEL</b>						
<b>f. RELIABILITY</b>						
<b>g. CUSTOMER SUPPORT</b>						
<b>h. OVERALL PERFORMANCE</b>						
<b>i. OTHER AREAS:</b>						
(1)						
(2)						

**4 ADDITIONAL COMMENTS:**