

## 17. NIHPAST

### NIH PAST Performance

SUBJECT: Past Performance Evaluation of  
Contract Number 5x-3K06-x-xx  
\_\_\_\_\_  
(Contractor)  
For \_\_\_\_\_  
(Brief Description Title)

TO: \_\_\_\_\_  
Contracting Officer's Representative

FROM: \_\_\_\_\_, Contracting Officer  
\_\_\_\_\_  
Branch

Enclosed is a past performance evaluation score sheet and guide for contract 5x-3K06-x-xx, with  
(Contractor) \_\_\_\_\_, regarding their performance for the period \_\_\_\_\_  
, through \_\_\_\_\_, for \_\_\_\_\_.

Please fill out the form completely and note that the form requires comments for each evaluation factor.  
On the bottom of the last page of the form, please sign, date and print your name.

Make a copy of the form for your files and return the originally signed copy of the form by \_\_\_\_\_  
\_\_\_\_\_ to my attention at:

USDA, ARS, AFM, PPD, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Enclosure

USDA:ARS:AFM:PPD:(branch initials):(writers first initial+last name):(typist initials):(file name):(Disk  
No.):\_\_/\_\_/2000

IN REPLY

REFER TO: Contract No. 5x-3K06-x-xx

For (Brief Description Title) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

Enclosed for your review and comment is a past performance evaluation form completed by our agency for the above referenced contract. You have 30 calendar days from the date of this letter to respond. Your comments will be inserted into the NIH Past Performance System. This system is utilized by various federal government agencies to verify how potential firms have performed in the past. Failure to respond within the 30 calendar days is an acceptance of the evaluation as it reads.

After you review the evaluation, please complete the information under CONTRACTOR REPRESENTATIVE and return to:

USDA, ARS, AFM, PPD, \_\_\_\_\_

ATTN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Contracting Officer  
\_\_\_\_\_ Branch

Enclosure

USDA:ARS:AFM:PPD:(branch initials):(writers first initial+last name):(typist initials):(file name):(Disk No.):\_\_/\_\_/2000

revised: 11/03/2000

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**National Institutes of Health  
CONTRACTOR PERFORMANCE REPORT**

FINAL REPORT \_\_\_\_\_ INTERIM REPORT \_\_\_\_\_ (Check one)

REPORTING PERIOD: (from) \_\_\_\_\_ (to) \_\_\_\_\_

CONTRACTING OFFICE (ICD, Location): \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_ TASK NO: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

CONTRACT AWARD DATE: \_\_\_\_\_

CONTRACT EXPIRATION DATE: \_\_\_\_\_

TIN: \_\_\_\_\_

CONTRACT VALUE: \_\_\_\_\_ SIC: \_\_\_\_\_

TYPE OF CONTRACT: \_\_\_\_\_

DESCRIPTION OF REQUIREMENT (Title): \_\_\_\_\_

**RATINGS**

Summarize contractor performance and *circle* the number which corresponds to the rating for each rating category. (See attached Rating Guidelines) At this time comments are limited to 2000 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? YES NO** (*Circle one*)

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

## **KEY PERSONNEL**

**PROJECT MANAGER/PRINCIPAL INVESTIGATOR** (*name*):

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**Comments:**

**KEY PERSON** (*name*): \_\_\_\_\_

**Comments:**

**KEY PERSON** (*name*): \_\_\_\_\_

**Comments:**

### **CUSTOMER SATISFACTION**

**Is/was the contractor committed to customer satisfaction? YES NO** (*Circle one*)

**If this is the Final Report:**

**Would you recommend selection of this firm again? YES NO** (*Circle one*)

**Comments:**

**NIH PROJECT OFFICER** (*name*): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
(*Date*)

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Internet Address:** \_\_\_\_\_

**CONTRACTING OFFICER CONCURRENCE:** \_\_\_\_\_  
(*Initial*) (*Date*)

**CONTRACTOR'S REPRESENTATIVE** (*name*): \_\_\_\_\_

**Phone:** \_\_\_\_\_

Fax: \_\_\_\_\_

Internet Address: \_\_\_\_\_

**SUMMARY RATINGS:**

QUALITY: \_\_\_\_\_ COST CONTROL: \_\_\_\_\_

TIMELINESS OF PERFORMANCE: \_\_\_\_\_

BUSINESS RELATIONS: \_\_\_\_\_

CONTRACTING OFFICER (*name*): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Internet Address: \_\_\_\_\_

**CONTRACTOR'S REVIEW:**

Were comments, rebuttal, or additional information provided? YES NO (*Circle one*)

(*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? YES NO  
(*Circle one*)

(*If yes: They are on file in :* \_\_\_\_\_  
(*Location*) (Phone)

Attached \_\_\_\_\_ (*Check if attached*)

**NATIONAL INSTITUTES OF HEALTH  
CONTRACTOR PERFORMANCE REPORT INSTRUCTIONS**

**TOP SECTION**

1. Check the appropriate block to indicate the type of report (Interim, Final). The final evaluation of the contractor's performance will satisfy the reporting requirement stipulated in HHSAR 342.7002 (c) (2) (iv).
2. Indicate the period covered by the report.
3. List the name of the contracting officer. Identify the contracting officer's Institute and the location of the contracting office.
4. Identify the contract number of the contract being evaluated. Identify Task No. if applicable.
5. Enter EIN and SIC.
6. List the name and address of the contractor.
7. Indicate the contract award date and contract expiration date.
8. State the contract value, including any option amounts.
9. Provide a brief description of the work being performed under the contract (the title of the contract).

**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 (*2000 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 (2000 *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 principal investigator (required) and the names of two other key personnel (optional). Briefly describe the performance of the key personnel listed. (2000 *characters or less*)

### **CUSTOMER SATISFACTION**

Circle 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 SIGNATURE**

The Project Officer signs this block.

### **CONTRACTING OFFICER CONCURRENCE**

The Contracting Officer 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 SIGNATURE**

The contracting officer 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 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. Attach a copy of the agency's decision to this report, or indicate its location, if filed separately.

### **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.**

- Compliance with contract requirements**
- Accuracy of reports**
- Effectiveness of personnel**
- Technical excellence**
- Record of forecasting and controlling target costs**
- Current, accurate and complete billings**
- Relationship of negotiated costs to actuals**
- Cost efficiencies**
- Met interim milestones**
- Reliability - Responsive to technical direction**

- Completed on time including wrap-up and contract administration
- Met delivery schedules
- No liquidated damages assessed
- Effective management, including subcontracts
- Reasonable/cooperative behavior
- Responsive to contract requirements
- Notification of problems
- Flexibility
- Pro-active vs reactive
- Effective small/small disadvantaged business subcontracting program

**0 - Unsatisfactory.** Nonconformances 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."