

ATTACHMENT 3

Key Personnel Past Performance Survey

Key Personnel Being Evaluated: _____

Offeror for Which This Person is Proposed: _____

Please rate the key personnel's overall performance in each of the factors listed.
The following scale should be used in rating the performance:

- Excellent (9-10);
- Good (7-8);
- Adequate/Fair (5-6);
- Poor (3-4);
- Unsatisfactory (0-2).

Please indicate rating by marking the appropriate numerical score as it relates to the adjective rating given. Check "N/A" if the factor does not apply to the contract reference.

Evaluation Factor	10	9	8	7	6	5	4	3	2	1	0	N/A
Customer Satisfaction												
Cost Control												
Quality of Service												
Timeliness of Performance												
Business Relations												

All past performance surveys should be returned directly to DOE by the evaluators. Return no later than September 14, 2012, to Kay Brown at email address rgmseb@oro.doe.gov or mail marked "Addressee Only" to U. S. DOE, Oak Ridge Office, ATTN: Kay Brown, Procurement and Contracts Division, FM-743, P.O. Box 2001, Oak Ridge, TN 37831.

ATTACHMENT 4

Company Past Performance Survey

Firm Being Evaluated: _____

Please rate the Contractor's overall performance in each of the factors listed. The following scale should be used in rating the performance:

- Excellent (9-10);
- Good (7-8);
- Adequate/Fair (5-6);
- Poor (3-4);
- Unsatisfactory (0-2).

Please indicate rating by marking the appropriate numerical score as it relates to the adjective rating given. Check "N/A" if the factor does not apply to the contract reference.

Evaluation Factor	10	9	8	7	6	5	4	3	2	1	0	N/A
Customer Satisfaction												
Cost Control												
Quality of Service												
Timeliness of Performance												
Business Relations												

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ATTACHMENT 5

Reference Information Form

Reference No: _____ of _____

Name of Offeror: _____

Name of affiliate company contract awarded to if different than Offeror: _____

Client Name: _____

Contract #: _____

Total Contract Performance Period: _____

(Beginning date to completion date including base plus option years)

Client Point of Contact Name: _____ and

Alternate Point of Contact Name: _____

Title: _____

Telephone and Fax No.: _____

Address: _____

Contract Termination Date (if applicable): _____

Provide reason if terminated for cause: _____

Type of Contract: _____

(e.g., Cost, Cost Plus Fixed Fee, Incentive Fee, Award Fee, Fixed Price, Time & Materials, etc.)

Total Contract Value: _____

(Base plus option years)

Description of Services Related to this RFP:

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