

**Military Community and Family Support Services
Military OneSource Program
Past Performance Questionnaire
Attachment 2A (Worklife and EAP Services)
Amendment # 0004**

This questionnaire is provided to assist the Government in the past performance evaluation of offerors participating in the solicitation of the Military Community and Family Support Services Military OneSource Program.

On behalf of the Military Departments, DoD requires a Contractor to provide services in support of the Military OneSource program. This program provides members of the Armed Forces, some 4.0 million persons ("Client") and their dependents, at locations worldwide, with a broad array of information and counseling services (known in the commercial arena as Employee Assistance and WorkLife services). Services offered by the Military OneSource program provide innovative options for addressing the challenges the military members and their dependents meet on a daily basis.

Individuals receiving this questionnaire are requested to complete it and return it directly to the Government POC listed below via e-mail. If you do not have the appropriate knowledge or experience with the contractor in question, please forward this questionnaire to the person who does.

Government POC:

Shelita Burks
Contract Specialist
Dept of Interior/ NBC Acquisition Services Directorate Herndon
381 Elden Street Suite 4000
Herndon, VA 20170
703-964-3691 FAX: 703-964-8440
Email: Shelita.Burks@aqd.nbc.gov

Deleted: It is requested that completed questionnaires be submitted directly to the Government by 20 October 2008.

PART A: CONTRACT IDENTIFICATION (to be completed by the requesting Contractor)

Contractor:
Address:
Program Identification/Title:
Contract Number:
Contract Type: () Cost Reimbursement () Fixed Price () Time and Materials () Other: _____
Prime Contractor's Name (if different from the contractor's name cited above):
Contract Award Date:
Nature of the Contractual Effort or Items Purchased:

Note: Whether identified or not, if you have any knowledge of other contracts for the identified contractor, you are requested to complete a questionnaire for each contract or subcontract similar to this effort.

PART B: PAST PERFORMANCE EVALUATION (to be completed by respondent)

Based on your knowledge of the contractor identified above, please provide your assessment of how well the contractor performed in each of the following areas.

1. Provide quality Employee Assistance and Work Life Services over the last three years.

Place a check mark:

- "E" Exceeds Contractual Requirements (**Provide Explanation Comments in the field below**)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (**Provide Explanation Comments in the field below**)

Comments:

2. Provide effectiveness of project/program management (account management) with respect to Employee Assistance and Work Life Services.

Place a check mark:

- "E" Exceeds Contractual Requirements (**Provide Explanation Comments in the field below**)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (**Provide Explanation Comments in the field below**)

Comments:

3. Adherence to contract delivery schedules, including timely submittal of documentation and reports required throughout contract performance with respect to Employee Assistance and Work Life Services.

Place a check mark:

- "E" Exceeds Contractual Requirements (**Provide Explanation Comments in the field below**)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (**Provide Explanation Comments in the field below**)

Comments:

4. Effectiveness in meeting performance standards/guarantees with respect to Employee Assistance and Work Life Services.

Place a check mark:

- "E" Exceeds Contractual Requirements (**Provide Explanation Comments in the field below**)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (**Provide Explanation Comments in the field below**)

Comments:

5. Demonstration of initiative to resolve problems that occurred during contract performance with respect to Employee Assistance and Work Life Services.

Place a check mark:

- "E" Exceeds Contractual Requirements (**Provide Explanation Comments in the field below**)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (**Provide Explanation Comments in the field below**)

Comments:

6. Demonstration of flexibility and creativity during contract performance with respect to Employee Assistance and Work Life Services.

Place a check mark:

- "E" Exceeds Contractual Requirements (**Provide Explanation Comments in the field below**)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (**Provide Explanation Comments in the field below**)

Comments:

7. Overall commitment to customer satisfaction with respect to Employee Assistance and Work Life Services.

Place a check mark:

- "E" Exceeds Contractual Requirements (Provide Explanation Comments in the field below)
- "M" Meets Contractual Requirements
- "F" Failed to Meet Contractual Requirements (Provide Explanation Comments in the field below)

Comments:

8. Based on your experience, would you award a new contract to this contractor? Please explain.

- Yes
- No

9. General Comments. Provide any other relevant performance information with respect to Employee Assistance and Work Life Services. .

10. Please provide the name and telephone number of the point of contact for any other similar work efforts performed by this contractor of which you are aware.

PART C: RESPONDENT IDENTIFICATION (to be completed by respondent)

Please provide the following information:

Organization:

Name:

Title:

Date:

Telephone:

Email Address:

PART D: RETURN INFORMATION (to be forwarded by the respondent)

Please return completed questionnaire via e-mail to Shelita.Burks@aqd.nbc.gov

Thank you for your participation.