

## Performance Assessment Report

Interim
  Final
  Addendum
 Period Report: From: \_\_\_\_\_ To: \_\_\_\_\_

### SECTION I

<p><b>1a. Contractor</b>                  Division:                  Street 1:                  Street 2:                  Street 3:                  City:                  State:                  Zip:                  Country:                  Place of Performance  <b>1b. CAGE:</b>  <b>1c. DUNS:</b></p>	<p><b>2a. Contract Number:</b>  <b>2b. Modification Number</b>  <b>2c. Del/Task Order No:</b>  <b>2d. Life Cycle Value: \$</b>                  (Base + Options)  <b>2e. Current Value: \$</b>  <b>3a. Award Date</b>  <b>3b. Completion Date:</b></p>
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### SECTION II

<p><b>4a. Contractor POC</b></p> <p style="text-align: center;">Last                      First                      MI</p> <p>Name:                  Position/Title:                  MACOM:                  Street 1:                  Street 2:                  Street 3:                  City:                  State:                  Zip:                  Country:                  Comm:                  DSN:                  Fax Comm:                  Fax DSN:                  Intl. :                  Intl Fax:                  Email:</p>	<p><b>4b. Gov't Contract Specialist/Administrator</b></p> <p style="text-align: center;">Last                      First                      MI</p>
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**Section III**

5. Method of Contract:

- Sealed Bid                       Negotiated

6. Type of Contract:

- |                                 |                              |                               |                                     |                                    |
|---------------------------------|------------------------------|-------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> FFP    | <input type="checkbox"/> FPR | <input type="checkbox"/> CC   | <input type="checkbox"/> CPFF       | <input type="checkbox"/> Rqmts     |
| <input type="checkbox"/> FP-EPA | <input type="checkbox"/> T&M | <input type="checkbox"/> CPIF | <input type="checkbox"/> Labor Hour | <input type="checkbox"/> Agreement |
| <input type="checkbox"/> FPI    | <input type="checkbox"/> CS  | <input type="checkbox"/> CPAF | <input type="checkbox"/> ID/IQ      | <input type="checkbox"/> Letter    |

7. Socio-economic Program:

- |                               |                            |                                |                            |
|-------------------------------|----------------------------|--------------------------------|----------------------------|
| <input type="radio"/> SBSA    | <input type="radio"/> W/O  | <input type="radio"/> Hub Zone | <input type="radio"/> None |
| <input type="radio"/> HBCU/MI | <input type="radio"/> SBIR | <input type="radio"/> SDBSA    |                            |

8. Competition:

- |   |   |
|---|---|
| <input type="radio"/> Competed Action               | <input type="radio"/> Follow on to Completed Action |
| <input type="radio"/> Not Available for Competition | <input type="radio"/> Not Competed                  |

9. Type of Supply/Service:

- Commercial               Non-Developmental Item               Non-Commercial

**SECTION IV**

10. Business Sector:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Space            | <input type="radio"/> Ground Vehicles    | <input type="radio"/> Information Technology |
| <input type="radio"/> Ordnance         | <input type="radio"/> Shipbuilding       | <input type="radio"/> Science & Technology   |
| <input type="radio"/> Aircraft         | <input type="radio"/> Other Systems      | <input type="radio"/> Services               |
| <input type="radio"/> Training Systems | <input type="radio"/> Operations Support |  |

11.a FSCs:

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11.b NAICS:

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12. Description of Requirement:

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13. Sub-Contractors:

Name:  
Street1:  
Street2:  
Street3:  
City:  
State: Zip:  
Country:  
Description:

Name:  
Street1:  
Street2:  
Street3:  
City:  
State: Zip:  
Country:  
Description:

Name:  
Street1:  
Street2:  
Street3:  
City:  
State: Zip:  
Country:  
Description:

**Ratings:**

The following rating standards were used to evaluate the contractor's performance. The following ratings apply to all items in Section V.

- Ratings**  
 Exceptional (Dark Blue)  
 Very Good (Purple)  
 Satisfactory (Green)  
 Marginal (Yellow)  
 Unsatisfactory (Red)

**SECTION V (All Business Sectors other than Systems)**

**14.**

**a. Quality of Product/Service**

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**b. Schedule**

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**c. Cost Control**

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**d. Business Relations**

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**e. Management of Key Personnel**

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**f. Other (Optional)**

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**SECTION VI**

**15. Evaluator(s):**

	Last	First	MI	
Name:				Date Approved by Evaluator:
Element:				
Commercial:				DSN:
FAX Comm:				FAX DSN:
International:				Int FAX Comm:
E-Mail Address:				
	Last	First	MI	
Name:				Date Approved by Evaluator:
Element:				
Commercial:				DSN:
FAX Comm:				FAX DSN:
International:				Int FAX Comm:
E-Mail Address:				
	Last	First	MI	
Name:				Date Approved by Evaluator:
Element:				
Commercial:				DSN:
FAX Comm:				FAX DSN:
International:				Int FAX Comm:
E-Mail Address:				

**16. Contracting Officer/Program Manager:**

	Last	First	MI	
				Date Approved by KO/PM:
For Official Use Only – To be used for deliberative source selection purposes within the Executive Branch and for source selection and other deliberative purposes within DOD				

Name:

Commercial:  
 FAX Comm:  
 International:  
 E-Mail Address:

DSN:  
 FAX DSN:  
 Int FAX Comm:

**17. Contractor Review:**

	Last	First	MI	Position/Title
Name:				
Date PAR Sent To Contractor:				Date of Receipt of Contractor Response:
Date Contractor Received PAR:				
Commercial:				DSN:
FAX Comm:				FAX DSN:
International:				Int FAX Comm:
E-Mail Address:				
Comments provided?	Yes	No		If YES, Indicate Number of Pages Attached ( )

**18. Reviewing Official:**

	Last	First	MI	
Name:				Date Referred:
Commercial:				DSN:
FAX Comm:				FAX DSN:
International:				Int FAX Comm:
E-Mail Address:				
Reviewing Official Comments, if applicable: ( )			Number of pages	Date of Resolution:

**19. Source Selection Availability.**

Date of Final Review: \_\_\_\_\_ Date PAR entered into PPIMS: \_\_\_\_\_