

SERVICES, INFORMATION TECHNOLOGY, AND OPERATIONS SUPPORT CPAR FORM

FOR OFFICIAL USE ONLY (When Filled In)

| CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR) - <i>(Source Selection Sensitive Information) (See FAR 3.104)</i> | | | | | | SERVICES INFORMATION TECHNOLOGY OPERATIONS SUPPORT | |
|--|-------------|-------------------------|---------------|---|-----------------------------------|---|-------|
| 1. NAME/ADDRESS OF CONTRACTOR <i>(Division)</i> | | 2. INITIAL | INTER-MEDIATE | FINAL REPORT | ADDENDUM | | |
| CAGE CODE | | DUNS+4 NUMBER | | 4a. CONTRACT AND ORDER NUMBER | | 4b. DoD BUSINESS SECTOR & SUB-SECTOR | |
| FSC OR SERVICE CODE | | SIC Code | | 5. CONTRACTING OFFICE (ORGANIZATION AND CODE) | | | |
| 6. LOCATION OF CONTRACT PERFORMANCE <i>(If not in item 1)</i> | | 7a. CONTRACTING OFFICER | | 7b. PHONE NUMBER | | | |
| | | 8. CONTRACT AWARD DATE | | 9. CONTRACT COMPLETION DATE | | | |
| | | 10. N/A | | | | | |
| | | 11. AWARDED VALUE | | | 12. CURRENT CONTRACT DOLLAR VALUE | | |
| | | 13. COMPETITIVE | | NON-COMPETITIVE | | | |
| 14. CONTRACT TYPE | | | | | | | |
| FFP | FPI | FPR | CPFF | CPIF | CPAF | MIXED | OTHER |
| 15. KEY SUBCONTRACTORS AND DESCRIPTION OF EFFORT PERFORMED | | | | | | | |
| 16. PROGRAM TITLE AND PHASE OF ACQUISITION <i>(If applicable)</i> | | | | | | | |
| 17. CONTRACT EFFORT DESCRIPTION <i>(Highlight key components, technologies and requirements; key milestone events and major modifications to contract during this period.)</i> | | | | | | | |
| CURRENT RATING | | | | | | | |
| 18. EVALUATE THE FOLLOWING AREAS | PAST Rating | Unsatisfactory | Marginal | Satisfactory | Very Good | Exceptional | N/A |
| a. QUALITY OF PRODUCT OR SERVICE | | | | | | | |
| b. SCHEDULE | | | | | | | |
| c. COST CONTROL | | | | | | | |
| d. BUSINESS RELATIONS | | | | | | | |
| e. MANAGEMENT OF KEY PERSONNEL * | | | | | | | |
| f. OTHER AREAS | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |

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* Not applicable to Operations Support

SERVICES, INFORMATION TECHNOLOGY, AND OPERATIONS SUPPORT CPAR FORM (continued)

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| 19. N/A | | |
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| | | |
| 20. ASSESSING OFFICIAL (PROGRAM MANAGER OR EQUIVALENT INDIVIDUAL RESPONSIBLE FOR PROGRAM, PROJECT, OR TASK/JOB ORDER EXECUTION) NARRATIVE (SEE PARA. 1.3) | | |
| 21. TYPE NAME AND TITLE OF ASSESSING OFFICIAL (SEE PARA. 1.3) | ORGANIZATION & CODE | PHONE NUMBER |
| SIGNATURE | DATE | |
| 22. CONTRACTOR COMMENTS (Contractor's Option) | | |
| 23. TYPE NAME AND TITLE OF CONTRACTOR REPRESENTATIVE | PHONE NUMBER | |
| SIGNATURE | DATE | |
| 24. REVIEW BY REVIEWING OFFICIAL (Comments Optional) | | |
| 25. TYPE NAME AND TITLE OF REVIEWING OFFICIAL | ORGANIZATION AND CODE | PHONE NUMBER |
| SIGNATURE | DATE | |

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