Form Approved

OMB No. 0990-0379

Exp. Date 08/31/2017

## Attachment A – “Rate the Agency” Survey

**Pre-Award & Debriefing Satisfaction Survey**

Your firm submitted an offer for Solicitation No. from procurement office . Please provide us with your feedback on the acquisition process. Your answers will help us

assess our performance and identify our strengths and weaknesses. The survey should take no

# more than 10 minutes to complete. The survey will be issued after any and all debriefings have been conducted and therefore cannot impact the award decision in any way. The results from the survey will not be published or made publicly available.

Please submit your response within the next thirty days to: [insert agency contact information here].

Please rate your level of satisfaction on a scale of 1 to 5, with 5 being “Very Satisfied” and 1 being “Very Dissatisfied”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Very | | |  |  |  | Very |  |
| Satisfied | | |  |  |  | Dissatisfied |
| **Requirements Development Process - *How satisfied were you*:** | | | | | | |
| 1. | With the agency’s vendor engagement methods |  |  |  |  |  |
|  | (e.g., RFIs, draft RFP, pre-award conferences) in  fostering early communication and exchange before receipt of proposals? | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. | That the exchange offered by any industry day(s) |  |  |  |  |  |  |
|  | offered valuable information that improved your | 5 | 4 | 3 | 2 | 1 | N/A |
|  | understanding of the agency’s requirements? |  |  |  |  |  |  |
| 3. | With the agency’s understanding of your firm’s |  |  |  |  |  |  |
|  | marketplace? | 5 | 4 | 3 | 2 | 1 | N/A |
|  |  |  |  |  |  |  |  |
| 4. | With the clarity of the final requirements? | 5 | 4 | 3 | 2 | 1 | N/A |

**Solicitation Phase - *How satisfied were you*:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 | N/A |
| 5 | 4 | 3 | 2 | 1 | N/A |
| 5 | 4 | 3 | 2 | 1 | N/A |
| 5 | 4 | 3 | 2 | 1 | N/A |

|  |  |
| --- | --- |
| 5. | That the agency kept vendors informed about any  delays in the solicitation process (considering both the initial release and any subsequent delays)? |
| 6. | That the solicitation included clear proposal  submission instructions that sufficiently guided offerors or respondents in preparing proposals or responses to requests for information? |
| 7. | That the government chose an appropriate  contract type? |
| 8. | That the government chose an appropriate source  selection methodology? |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9. That the agency answered questions regarding the  solicitation in such a way that it helped you to prepare the proposal? | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. With the opportunity to propose unique and  innovative solutions (i.e., the solicitation promoted innovation)? | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. With the clarity of the solicitation’s evaluation  criteria? | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. With the amount of time the agency gave to  submit a proposal? | 5 | 4 | 3 | 2 | 1 | N/A |
| 13. That the solicitation’s evaluation criteria allowed  for the best selection among competing proposals? | 5 | 4 | 3 | 2 | 1 | N/A |
| **Award Execution and Debriefings- *How satisfied were you*:** | | | | | | |
| 14. With the agency’s resolution of issues/concerns  related to the contracting process? | 5 | 4 | 3 | 2 | 1 | N/A |
| 15. With the robustness of the agency’s debriefing  (i.e., it allowed you to understand how to improve on similar efforts in the future)? | 5 | 4 | 3 | 2 | 1 | N/A |
| **16. How satisfied were you with your overall**  **experience on this acquisition?** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| 17. Please provide any additional comments: |  | | | | | |
| 18. Are you a small business? | Yes | | | No | | |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379 . The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## Attachment B – Evaluation of the Contracting Operation

As you recently worked with the procurement office on solicitation # in making an award, please evaluate your experience.

Please rate your level of satisfaction on a scale of 1 to 5, with 5 being “Very Satisfied” and 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | being “Very Dissatisfied” |  |  |  |  |  |  |
|  | | Very Satisfied |  |  |  | Very Dissatisfied |  |
| **Planning - *How satisfied were you*:** | |  |  |  |  |  |  |
| 1. With the acquisition milestone schedule? | | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. With the procurement office’s ability to keep you  informed of any changes to the acquisition milestone schedule? | | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. With the procurement office’s assistance in the  Acquisition Plan process, which allowed you to better understand and participate in the procurement? | | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. With the procurement office’s engagement with  industry early in the acquisition process? | | 5 | 4 | 3 | 2 | 1 | N/A |
| **Communication - *How satisfied were you*:** | |  |  |  |  |  |  |
| 5. | With the procurement office’s responsiveness to |  |  |  |  |  |  |
|  | your questions (communicating in a clear, | 5 | 4 | 3 | 2 | 1 | N/A |
|  | courteous, timely, and professional manner)? |  |  |  |  |  |  |
| 6. | With the procurement office’s effectiveness in |  |  |  |  |  |  |
|  | resolving any issues or delays encountered during | 5 | 4 | 3 | 2 | 1 | N/A |
|  | the acquisition process? |  |  |  |  |  |  |
| 7. | With your understanding on how - and to whom –  you should elevate problems for resolution? | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. | With early communications describing the roles  and responsibilities of the procurement office and of your office (program office)? | 5 | 4 | 3 | 2 | 1 | N/A |
| **9.** | **How satisfied were you with the overall**  **support provided by the procurement office in** | **5** | **4** | **3** | **2** | **1** | **N/A** |
|  | **the acquisition process?** |  |  |  |  |  |  |

* 1. Please provide any additional comments:
  2. Were you part of an IPT (Integrated Procurement

Team)? Yes No

Reminder: After one year, or completion of performance, work with your Contracting Officer (CO) to evaluate the contract awardee’s performance in CPARS

## Attachment C – Evaluation of the Program Office’s Participation in the Procurement

As you recently worked with program office on solicitation # , please evaluate your experience.

Please rate your level of satisfaction on a scale of 1 to 5, with 5 being “Very Satisfied” and 1 being “Very Dissatisfied”

**Planning - *How satisfied were you*:**

1. That the program office conducted meaningful

Very Satisfied

Very Dissatisfied N/A

market research? 5 4 3 2 1 N/A

1. With the program office’s ability to provide any

necessary documents allowing for the timely completion of the acquisition package?

1. That the program office allotted adequate time for

5 4 3 2 1 N/A

a successful procurement? 5 4 3 2 1 N/A

1. That the program office allotted adequate

resources to allow for a successful procurement? 5 4 3 2 1 N/A

**Communication - *How satisfied were you*:**

1. With the clarity and effectiveness of the program

office’s communication of their needs and time constraints?

1. With the program office’s responsiveness to your questions (communicating in a clear, courteous, timely, and professional manner)?
2. With my understanding on how - and to whom – you should elevate problems for resolution in the program office?
3. With the program office’s technical expertise in

5 4 3 2 1 N/A

5 4 3 2 1 N/A

5 4 3 2 1 N/A

evaluating proposals? 5 4 3 2 1 N/A

# How satisfied were you with the overall

**support provided by the program office in the acquisition process?**

1. Please provide any additional comments:

# 5 4 3 2 1 N/A

Reminder: After one year, or completion of performance, work with your Contracting Officer’s Representative (COR) to evaluate the contract awardee’s performance in CPARS.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***For awards made using Government-wide*** | Very |  |  |  | Very | N/A |
| ***Acquisition Contracts (GWACs) or GSA Schedules*** | Satisfied |  |  |  | Dissatisfied |
| 1. Please rate your overall satisfaction with the  contract vehicle based upon the outcomes you | 5 | 4 | 3 | 2 | 1 | N/A |
| have experienced so far |  |  |  |  |  |  |

2. Which of the following criteria played a role in your selection of this contract vehicle (check all that apply):

D Saves Time D Flexibility D Ease of Use D Familiarity

D Vendor Access

D Ability to meet small business goals D Ability to meet sustainability goals D Complies with agency policy