

SECTION L ATTACHMENT 1

CPARS UPDATE QUESTIONNAIRE

If the last CPAR on the subject contract was completed more than 6 months prior to the receipt of this questionnaire, please complete the questionnaire below.

1. CONTRACTOR IDENTIFICATION.

- a. Contractor: _____
- b. Program Title: _____
- c. Contract Number: _____
- d. Date last CPAR was completed _____

2. RESPONDENT IDENTIFICATION

- a. Name _____
- b. Agency _____
- c. Position * _____
- e. Phone/Fax Number _____
- f. Email Address _____

* - If possible, this questionnaire should be completed by the Program Manager.

3. SCOPE OF WORK CHANGE

3.1 Has the scope of work significantly changed since the last CPAR? For example, during the last CPAR period, the contractor was primarily doing design work, but now the program has entered into the testing phase.

NO, CURRENT WORK IS SIMILAR TO LAST CPARS EFFORTS _____

YES _____ Please explain.

4. PAST PERFORMANCE UPDATE

4.1. Have there been any significant changes in contract performance between your last CPAR and now? For example: 1) For any previous Yellow or Red rating, has the contractor exhibited **demonstrated** systemic improvements that perhaps would be reflected in a different rating on your next CPAR. or 2) contractor schedule performance has declined significantly from last CPAR reporting period, e.g., was a Green and might become a Yellow or Red on next CPAR.

NO _____

YES _____ Please explain.