

# 5153.303-9 Contractor Performance Assessment Report System initial registration consolidated format.

*(Submit a copy to the Contractor Performance Assessment Report System (CPARS) focal point upon award, along with the CPARS access request format at 5153.303-10. Other formats may be used if all applicable information below is included.)*

**CONTRACT NUMBER:** \_\_\_\_\_

**ORDER NUMBER** \_\_\_\_\_ (Include General Services Administration (GSA) number and basic procurement instrument identification "F" order number.)

**CONTRACT TITLE/EFFORT DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_

**CAGE CODE:** \_\_\_\_\_ **DUNS:** \_\_\_\_\_ **PSC:** \_\_\_\_\_ **NAICS:** \_\_\_\_\_

**CONTRACTOR NAME, ADDRESS** (as listed in System for Award Management, [www.sam.gov](http://www.sam.gov)):  
\_\_\_\_\_

**BUSINESS SECTOR (Circle one):** Systems or Non-systems

**LOCATION OF CONTRACTOR PERFORMANCE** (if other than contractor address above):  
\_\_\_\_\_

**CONTRACT AWARD DATE** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

**COMPLETION DATE** (Include last possible date, if all options exercised): \_\_\_\_\_

**DOLLAR VALUES:**

**AWARDED VALUE** (Grand total, including unexercised options): \_\_\_\_\_

**CURRENT VALUE** (Current funded amount as of registration date. Use target price or total estimated amount for incentive contracts.): \_\_\_\_\_

**CONTRACT TYPE (Circle one. For hybrid, put a "P" next to the predominate type and identify other type with an "O" next to it.):**

**FFP** \_\_ **FPI** \_\_ **FPR** \_\_ **CPFF** \_\_ **CPIF** \_\_ **CPAF** \_\_ **HYBRID** \_\_ **OTHER:** \_\_\_\_\_

**COMPETITIVE (Basis of award):** YES or NO

**PROGRAM/PRODUCT/PROJECT MANAGER** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **TELE:** \_\_\_\_\_

**CONTRACT SPECIALIST** \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELE: \_\_\_\_\_

CONTRACTING OFFICER \_ \_\_\_\_\_

E-MAIL: \_ \_\_\_\_\_ TELE: \_\_\_\_\_

GOVERNMENT CONTRACTING OFFICER'S REPRESENTATIVE / QUALITY ASSURANCE  
EVALUATOR \_ \_\_\_\_\_

E-MAIL: \_ \_\_\_\_\_ TELE: \_\_\_\_\_

CONTRACTOR PROGRAM MANAGER: \_ \_\_\_\_\_ TELE: \_\_\_\_\_ E-  
MAIL: \_\_\_\_\_

PERIOD OF PERFORMANCE (POP) FOR 1 ST ASSESSMENT:

FROM: \_ \_\_\_\_\_ TO: \_\_\_\_\_ CPAR COMPLETED: \_\_\_\_\_

OPTION 1 POP FROM: \_ \_\_\_\_\_ TO: \_\_\_\_\_ CPAR COMPLETED: \_\_\_\_\_

OPTION 2 POP FROM: \_ \_\_\_\_\_ TO: \_\_\_\_\_ CPAR COMPLETED: \_\_\_\_\_

OPTION 3 POP FROM: \_ \_\_\_\_\_ TO: \_\_\_\_\_ CPAR COMPLETED: \_\_\_\_\_

OPTION 4 POP FROM: \_ \_\_\_\_\_ TO: \_\_\_\_\_ CPAR COMPLETED: \_\_\_\_\_

(View completed reports in the Past Performance Information Retrieval System-Report Card,  
available via the Internet at <https://www.ppirs.gov>.)

**Parent topic:** [5153.303 Agency forms](#).