

ATTACHMENT 2 - PAST PERFORMANCE SURVEY

INSTRUCTION FOR COMPLETING PAST-PERFORMANCE SURVEY

The Department of Veterans Affairs is considering the Offeror listed below for award of a VA Medical Center Dayton, Ohio contract. Your comments are appreciated regarding this Offeror's past performance. Your comments are considered Source Selection Sensitive; therefore, you are advised that the Federal Acquisition Regulation (15.506) prohibits the release of the names of individuals providing reference information about Offeror's past performance.

A. Please evaluate the past performance using only the following ratings without variation. If the rating is Marginal or Unacceptable, please provide additional information in the appropriate block or in the remarks section of this form. You may provide an overall narrative explaining your response in the remark section of the form.

B. Indicate the contractor's performance on the identified program.

C. The following is the definition for each rating:

- "O" = Outstanding: Performance greatly exceeded the contract requirements
- "A" = Above Average: Performance exceed the contract requirements
- "S" = Satisfactory: Performance met the minimum contract requirements
- "M" = Marginal: Performance met the minimum contract requirement, but some material aspects of the contract's performance were less than satisfactory
- "U" = Unacceptable: Performance was poor and/or did not satisfy contract Requirements
- "N/A" = Not Applicable

D. Please return Past-Performance Survey by 27 February 2014, 2:00PM Eastern Time. to:

Dayton VA Medical Center
Attn: Gary Wike
Network Contracting Office 10 (NCO10)
3140 Governor's Place Blvd. Suite 210
Kettering OH 45409-1337

E-mail: Gary.Wike@va.gov
Fax: (937) 267-3994

PAST-PERFORMANCE SURVEY

Offerors Name: _____

Contract Number: _____

Contract Type and Dollar Value: _____

Contract Start/End Dates: _____

Brief Description of work: _____

Please rate and provide information/comments for the following:	Circle one
1. To what extent did the contractor comply with contract requirements?	O A S M U
2. If reports were required, were they accurate in meeting contract requirements?	O A S M U
3. To what extent did the contractor use appropriate personnel for contract requirements?	O A S M U
4. To what extent did the contractor display technical expertise?	O A S M U
5. Use of Quality Control:	O A S M U
6. To what extent was contractor able to meet the performance schedule:	O A S M U
7. What extent was contractor flexible in responding to changing needs?	O A S M U
8. To what extent was the contractor reliable?	O A S M U
9. To what extent was the contractor responsive to technical directions?	O A S M U
10. To what extent did contractor notify you of problems or potential problems?	O A S M U
11. Would you award another contract to the party being evaluated? If no, please explain:	Yes No
12. Was the customer satisfied with the end product? If no, please explain:	Yes No
13. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.	Yes No
15. Additional Remarks:	
Printed Name of Evaluator: Signature of Evaluator: Position Title: Telephone Number:	Date