

ATTACHMENT - PAST PERFORMANCE QUESTIONNAIRE

The company who has provided you with this form is responding to a Veteran Affairs (VA) Request for Proposal (RFP) for Offsite Audiology/Balance Services for the VA Salt Lake City Health Care System. Past Performance is an extremely important part of the evaluation criteria for this acquisition, so your input is very important. As such, this information will not be disclosed to the Contractor.

Please provide an honest assessment and return the questionnaire to the VA POC via email at Monique.king@va.gov no later than 9:00 AM PDT on . If you have any questions, please direct them to the same email address.

A. CONTRACTOR Being Evaluated: _____

Contract #: _____

CONTRACT TYPE _____

PERIOD OF PERFORMANCE _____

ACTUAL OR ESTIMATED CONTRACT VALUE: _____
(Including all possible option periods)

DESCRIPTION OF REQUIREMENT

B. Company completing the evaluation:

NAME: _____

(Include point of contact name/phone #/ _____

Email address) _____

III. ASSESSMENT OF CONTRACTOR PERFORMANCE

On the following pages, please summarize the vendor's performance. Each section has a set of questions with five possible adjectival ratings. Determine the adjectival rating that most nearly represents your experience with this vendor and indicate your assessment by placing an "X" under the appropriate heading. Also, it is very important (and beneficial to our evaluation) if you submit examples and/or comments as to why they were rated as such in the sections herein.

Adjectival ratings are defined below and should be used as a reference in assessing performance:

OUTSTANDING	Performance meets contractual requirements and exceeds many to the Government's benefit. The element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.
VERY GOOD	Performance meets contractual requirements and exceeds some to the Government's benefit. The element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.
ACCEPTABLE	Performance meets contractual requirements. The element being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
MARGINAL	Performance does not meet some contractual requirements. The element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions.
UNACCEPTABLE	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The element being assessed contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.

- A. **QUALITY OF PERFORMANCE:** Please rate/explain the quality of the contractor's performance; conformance to contract requirements and statement of work; and, quality of products, services, reports and documentation. (Circle one)

Outstanding Very Good Acceptable Marginal Unacceptable

- B. **TIMELINESS OF PERFORMANCE:** Please rate/explain the timeliness of the contractor's performance, adherence to contract schedules, including meeting interim project milestones; completing work efforts on time; and, submission of reports and documentation response to requests for information. (Circle one)

Outstanding Very Good Acceptable Marginal Unacceptable

- C. **BUSINESS RELATIONS:** Please rate/explain the contractor's management abilities relative to its use of personnel to meet the requirement, cooperation of personnel during performance, turnover of personnel and ability to solve performance problems. (Circle one)

Outstanding Very Good Acceptable Marginal Unacceptable

- D. **COMMITMENT TO CUSTOMER SATISFACTION:** Please rate/explain the contractor's communications with the your staff, response to technical directions, maintenance and reporting of problems, effectiveness of contractor interface with staff. (Circle one)

- E. Would you award another contract to this contractor?

YES _____ No _____

WHY?

ADDITIONAL COMMENTS:

PART FOUR: EVALUATOR'S CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EVALUATOR

TITLE OF EVALUATOR

DATE