



**DEPARTMENT OF VETERAN AFFAIRS
Service Area Office Central Region
708 South Third Street, Suite 108E
Minneapolis, MN 55417**

**PAST PERFORMANCE QUESTIONNAIRE
HOME OXYGEN SERVICES**

Please fax, e-mail or mail the completed questionnaire to:

Department of Veterans Affairs
Attn: Ken Eshom - VA240C-15-R-0007
708 S. Third Street, Suite 108E
Minneapolis, MN 55415
e-mail: VHACOSAOCentralRegionContractStaff@va.gov

Fax: (612) 338-1274

PART I - CONTRACT IDENTIFICATION

(To be completed by Offeror prior to sending to Past and Present Performance Reference)

- a. Contractor: _____
- b. Contract number: _____
- c. Contract type: _____
- e. Was this a competitive contract? Yes _____ No _____
- f. Period of performance: _____
- g. Initial contract price: \$ _____
- h. Current/final contract price: \$ _____

Attachment M

FOR OFFICIAL USE ONLY

i. Potential and actual number of patients served: _____

j. Description of service provided: (Please include any unusual requirements.)

a) _____

b) _____

c) _____

d) _____

k. Of those services provided were there significant performance issues in one or more provided services?

l. Number of actual customers served: _____

m. Indicate method of service (online, manual: paper/pencil, or both):

n. Description of services that were sub-contracted off-site:

i. Indicate any performance issues with sub-contracted services?



PART II - PAST PERFORMANCE ASSESSMENT

(To be completed by the Past Performance Reference and submitted directly to the Government)

Please indicate your satisfaction with the contractor's performance by circling the appropriate letter using the scale provided. This scale is defined as follows:

Performance Confidence Assessment

Excellent	Based on the offeror's performance record, the offeror successfully performed the required effort.
Good	Based on the offeror's performance record, the offeror successfully performed the required effort with marginal assistance and/or minimal required changes.
Fair	Based on the offeror's performance record, the Offeror successfully perform the required effort with substantial assistance and/or significant required changes to performance
Neutral	No performance record is identifiable "IAW FAR 15.305(a)(2)(iii) & (iv)
Unsatisfactory	Based on the offeror's performance record, offeror did not successfully perform the required effort.

PERFORMANCE

P1. Completed or complied with all aspects of the contract for the following items:

<u>Initial Home Set-Up Services</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>
<u>Equipment Preventive Maintenance</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>
<u>Emergency Services</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>
<u>Patient Education Services</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>
<u>Delivery Services</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>
<u>Home Visit Services</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>
<u>Equipment Reliability</u>	<u>E</u>	<u>G</u>	<u>F</u>	<u>N</u>	<u>U</u>

P2. Contractor maintained accurate data, and provided compliance with procedure coding
medical records security and workload reporting. E G F N U

P3. Contractor provided necessary compliance with computer/communications compliance
to meet contract requirements E G F N U

P4. Contractor provided necessary physical facility and environment
of care E G F N U

Provide any explanation you may feel is required to clarify any of the above responses. Provide additional sheets as required: _____

QUALITY

Q1. Contractor had effective quality control
program to ensure contract compliance. E G F N U

Q2. Contractor demonstrated ability to identify
and correct weaknesses in management (relative to
contract, personnel (quantity and/or quality),
planning/scheduling, and quality of service E G F N U

Q3. Contractor demonstrated ability to correct
discrepancies in contract performance. E G F N U

Provide any explanation you may feel is required to clarify any of the above responses. Provide additional sheets as required: _____

SCHEDULE

S1. Timeliness/effectiveness of providing services
without extensive customer guidance E G F N U

Provide any explanation you may feel is required to clarify any of the above responses. Provide additional sheets as required: _____

MANAGEMENT

M1. Contractor provided experienced/qualified
management personnel to meet contract
requirements. E G F N U

M2. Contractor provided experienced/qualified
staff to meet contract requirements. E G F N U

M3. Contractor resolved customer
complaints timely. E G F N U

PART III – GOVERNMENT CONTRACTS ONLY

(Government use only)

Has/was this contract partially or completely terminated for default or convenience or are there any pending terminations?

Yes ____ Default ____ Convenience ____ Pending Terminations ____ NO ____

If yes, explain (e.g., inability to meet price, performance, or delivery schedules, etc.)

PART IV – NARRATIVE SUMMARY

a. What were the contractor's greatest strengths in the performance of the contract?

b. What were the contractor's greatest weaknesses in the performance of the contract?

c. Were there any environmental compliance difficulties experienced during performance of this contract?

d. Would you have any reservations about soliciting this contractor in the future or having them perform one of your critical and demanding programs?

e. Are there any other issues not covered you feel important to note about performance of this contractor?

PART V – OVERALL ASSESSMENT

Considering all the information provided above, please rate the contractor's performance overall.

Exceptional Good Fair Unsatisfactory Not Applicable

Signature

Date

Title/Company