

EXHIBIT A

PAST AND PRESENT PERFORMANCE QUESTIONNAIRE

INSTRUCTIONS TO CONTRACTOR

1. Complete the CONTRACTOR INFORMATION section, below (type answers into light blue shaded boxes).
2. Save the document. Send an electronic or hard copy of the form to each of your reference contacts.
3. Submit the annotated form in the technical proposals.

INSTRUCTIONS TO CLIENT/REFERENCE CONTACT

The contractor named below is submitting an offer for a United States Department of Veterans Affairs (VA) contract requirement. The purpose of this form is to obtain your assesment of the contractor's performance on contracts performed for you by the contractor. The VA is seeking to determine whether the Offeror has experience that will enhance its technical capability to perform and whether the Offeror consistently delivers quality services in a timely and cost effective manner. Return the annotated form to the contractor. The contractor is responsible for submitting the annotated form as a material part of the proposals.

Questions should be addressed to the Contracting Officer: Mr. Wayne Boger, Email: Wayne.Boger@va.gov, or call 407-646-4017. Thank you for your participation in this effort.

GENERAL INFORMATION [completed by Contractor]

Contractor/ Company Name		Street Address	
Contractor Point of Contact Name		City	
Point of Contact Phone Number		State	
Reference Project Title		Zip Code	
Contract Period of Performance (start to finish):		Email	
Contract Number		Contract Dollar Value	
Description of Work			
Role of Contractor on This Project (check appropriate box)	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Key Personnel		

CLIENT/RESPONDENT INFORMATION [completed by Reference Contact]

Company Name		Street Address	
POC Name		City	
Phone Number		State	
Fax Number		Zip Code	
Email			

PERFORMANCE INFORMATION: Choose the number on the scale of 1 to 6 that most accurately describes the contractor's performance or situation. ***PLEASE PROVIDE A NARRATIVE EXPLANATION FOR ANY RATINGS OF 1 OR 2*** in the Remarks section, below (text box will expand to whatever extent is necessary).

1	2	3	4	5
UNSATISFACTORY	Marginal	GOOD	EXCEPTIONAL	NEUTRAL
Performance did not meet most contractual requirements. There were serious problems and the contractor's corrective actions were ineffective.	Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.	Performance met all contract requirements and exceeded some to the government's benefit. There were a few minor problems, which the contractor resolved in a timely, effective manner.	Performance met all contract requirements and EXCEEDED many to the government's benefit. Problems, if any, were negligible and were resolved in a timely, highly effective manner.	No record of past performance or the record is inconclusive. ¹

	Management	1	2	3	4	5
1.	Provided experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Demonstrated ability to hire, maintain, and replace, if necessary, qualified personnel during the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Effectiveness of onsite management and supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Level of cooperation and responsiveness to the Government	<input type="checkbox"/>				
5	Professional conduct of the employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How effective was the contractor in managing Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Quality Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Followed approved Quality Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Overall quality of products, material and equipment installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corrected deficiencies in timely manner and pursuant to their quality control procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Timely Correction of noted deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Corrected deficiencies in timely manner and pursuant to their quality control procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accuracy, adequacy and detail of Submittals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To what level did the contractor follow drawings, specifications and regulations and guidance such as the VA Technical Information Library (TIL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To what level would you rate the contractors ability to follow Design Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How would you rate the contractors use of specified materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Problem Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How effective is the contractor in resolving problems and correcting deficiencies in timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To what level did the contractor meet approved and established schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rate the contractors submission of submitted submittals in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Submission of progress schedules, invoices and daily reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Completion of punch list items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warranty Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What level would you rate the contractor's response to warranty support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What was the level of cooperation with the Government personnel after award?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How would you rate the contractor's overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recommendations	NO			YES	
	Would you award another contract to this contractor? If not, please explain in "remarks."	<input type="checkbox"/>			<input type="checkbox"/>	
	To the best of your knowledge, is the contractor rated in CPARS for this contract?	<input type="checkbox"/>			<input type="checkbox"/>	

REMARKS (Please use as much space as is needed – the box will expand as you type).

What are the two best performance traits this contractor displayed during the period of performance?

1.

2.

3. Other Comment

Client Signature: _____

Date: _____