

**Attachment # 6: SAMPLE TRANSMITTAL LETTER AND PAST PERFORMANCE  
EVALUATION QUESTIONNAIRE**

Your Company Letterhead

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We have listed your firm as a reference for the work we have performed for you as listed below. Our firm has submitted a proposal under a project advertised by the Department of Veterans Affairs, Pittsburgh Health System. In accordance with Federal Acquisition Regulations (FAR), they will evaluate our firm's past performance. Your candid response to the attached questionnaire will assist the evaluation team in this process. We understand that you have a busy schedule and your participation in this evaluation is greatly appreciated. Please complete the enclosed questionnaire as thoroughly as possible. Space is provided for comments. Understand that while the responses to this questionnaire may be released to the offeror, FAR 15.306 (e)(4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained. Only one response from each office is required.

Please send your completed questionnaire to the following address to arrive NOT LATER THAN November 12, 2015. Do not return them to our company.

Bethany L. Diaz  
VA Butler Healthcare  
325 New Castle Road  
Office 333 West  
Butler, PA 16001

or email to: [Bethany.diaz5@va.gov](mailto:Bethany.diaz5@va.gov)

If you have questions regarding the attached questionnaire, or require assistance, please contact Ms. Bethany L. Diaz at 724-285-2262.

Thank you for your assistance.

Please be advised that "E-Mail" is the preferred method of receiving the requested information.

Signature and Title

WHEN COMPLETED THE INFORMATION CONTAINED HEREIN IS “SOURCE SELECTION SENSITIVE” \*\*\*\*\*  
AND IS NOT TO BE RELEASED OUTSIDE GOVERNMENT CHANNELS\*\*\*\*\* RETURN THIS PAGE WITH  
QUESTIONNAIRE:

**RATING DESCRIPTIONS:** Use the following descriptions as guidance in providing ratings.

RATING	DEFINITION
Exceptional (E)	Indicates the contractor’s performance record within the area of evaluation <u>Exceeded</u> that required by the contract.
Very Good (VG)	Indicates the contractor’s performance record within the area of evaluation <u>Met All</u> contractual requirements.
Satisfactory (S)	Indicates the contractor’s performance record within the area of evaluation <u>Met Essentially All</u> contractual requirements.
Marginal (M)	Indicates the contractor’s performance record within the area of evaluation <u>Met Some</u> of the contractual requirements. However, changes to the contractor’s existing processes may be necessary in order to achieve contract requirements.
Unsatisfactory (U)	Indicates the contractor’s performance record within the area of evaluation <u>Failed to Meet</u> the minimum Government requirements.
Unknown or Not Applicable (N/A)	The question does not apply. No performance record identifiable within the area of evaluation.

RESPONDENT IDENTIFICATION AND RATINGS

(Part 1 Contractor submitting Proposal fill-in)

Reference is provided for: \_\_\_\_\_

Contract Number or Project Title \_\_\_\_\_

Date of Award/Completion Date \_\_\_\_\_

Location \_\_\_\_\_

Dollar Amount \_\_\_\_\_

Brief Description of work and your role in the referenced contract: \_\_\_\_\_

\_\_\_\_\_

(Part 2 Person providing Reference) Reference is provided by: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Business Address; \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Contract: \_\_\_\_\_

If information in Part 1 is not accurate please indicate.

To obtain an electronic version of the form please contact: [Bethany.diaz5@va.gov](mailto:Bethany.diaz5@va.gov)

THE QUESTIONNAIRE SHOULD BE SUBMITTED BY THE FOLLOWING MEANS: Return via email to the email address shown above. Forms may be mailed to Bethany L. Diaz, VA Butler Healthcare, 325 New Castle Road, Office 333 West, Butler, PA 16001.

Mark cover sheet: (Attention: RFP VA244-14-R-0109) "Source Selection Sensitive Information")

**Quality- Management and Workmanship**

(1) How well did the Offeror utilize quality control process that ensured conformance to scope and quality requirements?

E	V	G	S	M	U	N
						A

REMARKS:

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Timeliness and adherence to schedule: Rate how well the Offeror met the following:

(2) Timeliness in completing the project

E	V	G	S	M	U	N
						A

REMARKS:

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(3) Did the contractor provide timely notices of delays/schedule revisions?

E	V	G	S	M	U	N
						A

REMARKS:

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(4) Timeliness in submitting credentialing and privilege documents, VetPro completion, submittal of background investigation request forms, etc.

E	V	G	S	M	U	N
						A

REMARKS:

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**Offeror's Specification Compliance, business practices/Customer Relationship and Ability to Perform**

(5) Did the contractor provide adequate, competent and qualified management, key personnel and technical personnel capable of meeting contract requirements throughout the performance period of the contract?

E	V	G	S	M	U	N
						A

REMARKS:

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(6) How well did the contractor work independent of Government guidance, oversight and assistance?

E	V	G	S	M	U	N
						A

REMARKS:

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(7) Did contractor maintain a good relationship with agency contracting and technical/project mgt. personnel?

E	V	G	S	M	U	N
						A

REMARKS:

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(8) Were Subcontractors adequately managed and coordinated? Explain any subcontracting issues (positive or negative) that impacted the performance of your contract(s).

E	V	G	S	M	U	N
						A

REMARKS:

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(9) How flexible, cooperative, and reasonable was the contractor in meeting mission requirements, particularly when faced with short-notice mission changes?

E	V	G	S	M	U	N
						A

REMARKS:

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(10) How timely and effective were the contractor's responses to and resolution of Technical problems? Did the Site Manager have sufficient authority to make decisions or take actions during project performance? ( ) yes ( ) no

E	V	G	S	M	U	N
						A

REMARKS:

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(11) How would you rate the Contractor's overall performance? Given the opportunity, would you select this offeror again? (Y\_\_\_\_N\_\_\_\_)

E	V	G	S	M	U	N
						A

REMARKS:

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(12) What were the contractor's top documented strengths, if any, in performing the contract requirements?

REMARKS:

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(13) What were the contractor's top documented weaknesses, if any, in performing the contract requirements?

REMARKS:

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(14) Please Provide Any Additional Information You Feel Is Important Not Covered Elsewhere:

REMARKS:

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Thank you for your remarks. Be sure to return to the Contracting Agency and not to the Contractor you are providing a reference for.

OFFEROR NAME\_\_\_\_\_

Respondent Signature \_\_\_\_\_ Date

Completed:\_\_\_\_\_