

ATTACHMENT A: Past Performance Questionnaire

Instructions

The “offeror” (identified in Section I, Block A) is submitting a response to a request for quote issued by the Department of Veterans Affairs, NCO 8, Bay Pines, FL, for Lithotripsy Services to be performed in the following locations;

- Bay Pines VA Medical Center, 10000 Bay Pines Blvd, Bay Pines, FL 33744
 - Lee County Outpatient Clinic, 2489 Diplomat Parkway East Cape Coral, FL 33909

Your candid responses to this questionnaire will assist VA in evaluating the offeror’s past performance (i.e. How was the quality of the services this offeror provided in the past?). By gathering this information (not only on this offeror, but on all the companies who submit an offer to provide these required services) we strive to determine which company’s offer will be most advantageous to VA.

We appreciate the time and effort you take to *verify the information* provided by the offeror in Section I and more importantly to *complete Sections II and III* regarding the services you received from them. It is the Offeror’s responsibility to follow-up with references.

PLEASE E-MAIL COMPLETED Questionnaires NLT 4:00 PM, February 23, 2016 to: John.Hamilton, John.Hamilton2@va.gov

Should you have any questions regarding this questionnaire, please feel free to contact the above contract specialist at 727-399-0370.

Section I - Details of Company Being Evaluated)

(To be Filled Out by the “Offeror (a.k.a. “Evaluatee”)” & Verified by the “Evaluator”)

A. Offeror’s Information:

1. Company Name:	
2. Address:	
3. Company POC’s Name:	
4. POC’s Title:	
5. POC’s Phone #:	
6. POC’s Email:	
7. Identify Prime contractor or SUB contractor:	PRIME/SUB (circle)

B. Information regarding Past Contract(s*) being evaluated: *(attach additional pages if necessary)

1. Contract #:	
2. Customer (Firm Name):	
3. Performance Period when was work done?	
4. Location(s) of Work Performed:	
5. Scope of Contract (i.e. Brief Description of Work Performed) include number of elevators:	

6. Average Annual \$ amount:	
7. Awards or Incentives (if applicable)	

SECTION II - Details of Evaluator (Person providing Evaluation of Offeror)

(Can be Filled Out by either the "Offeror" OR "Evaluator")

1. Evaluator's Name:	
2. Title:	
3. Organization:	
4. Evaluator's Phone #:	
6. Evaluator's Email:	

SECTION III - Customer Satisfaction/Quality of Service Questions

(To be Filled Out only by the "Evaluator")

PERFORMANCE LEVEL - Rating/definitions

EXCELLENT - Performance meets contractual requirements and **exceeds many** (requirements) to the Government's benefit. The contractual performance of the element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.

GOOD - Performance meets contractual requirements and **exceeds some** (requirements) to the Government's benefit. The contractual performance of the element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.

FAIR - Performance **meets** contractual requirements. The contractual performance of the element being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.

POOR - Performance **does not meet** some contractual requirements. The contractual performance of the element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions or the contractor's proposed actions appear only marginally effective or were not fully implemented.

UNSATISFACTORY - Performance **does not meet most** contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.

NOT APPLICABLE or UNKNOWN - Unable to provide a score. Performance in this area not applicable to the effort assessed.

KEY: 5=EXCELLENT 4=GOOD 3=FAIR 2=POOR 1=UNACCEPTABLE 0=UNKNOWN

1. How satisfied are you with the overall performance this offeror provided?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
2. To what degree did this offeror conform to your contract's requirements?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
3. How effective was this offeror in establishing and maintaining a positive working relationship?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
4. To what extent did the contractor respond to and attempt to correct any concerns, issues, or problems that appeared during performance of your contract?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
5. What extent was this offeror flexible in responding to changing needs?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
6. How would you rate the effectiveness of the contractor's problem resolution efforts?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0

7.	Did this offeror submit complete and accurate invoices for payment of services provided? If not, was the offeror willing to correct them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 0			
8.	Did this offeror generally meet performance schedule?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9.	To what degree did this offeror provide the right personnel and number of personnel to complete your requirement in a timely manner?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10.	How satisfied are you with the quality of the services provided?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11.	Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 0			
12.	Are you aware of any past or present medical liability judgements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 0			
13.	If given an opportunity, would you conduct business with this offeror again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 0			

Section IV: Closing Comments

1. Provide any additional comments you feel would be pertinent regarding past performance of this company:

Please e-mail completed questionnaires to; John Hamilton,
John.Hamilton@va.gov