

Exhibit C

PAST PERFORMANCE EVALUATION QUESTIONNAIRE FOR
SOLICITATION VA248-16-Q-1211

The Department of Veterans Affairs (VA), Network Contracting Office (NCO) 8, is currently evaluating quotes for the acquisition of hotel/motel rooms and wheelchair assisted transportation. As part of the source selection process, potential vendors' past performance will be evaluated. The VA would appreciate your time and effort in completing the attached questionnaire. Please return completed questionnaires to James L. Jones at james.jones30@va.gov no later than 14 August 2016; Subject line: RFQ VA248-16-Q-1211- Contractor Past Performance.

1. Please comment freely in spaces below using the rating system and definitions listed in the questionnaire.
2. If additional space is needed, you may respond on a separate sheet of paper. Both favorable and unfavorable comments are welcome.

Thank you in advance for your assistance.

Sincerely,

//S//

James L. Jones
Contracting Officer

**PAST PERFORMANCE EVALUATION QUESTIONNAIRE
SOLICITATION VA248-16-Q-1211**

(Vendors may request a copy of this questionnaire as a word document in order to facilitate completion)

MESSAGE TO THE ASSESSOR (Government/non-Government personnel that had experience with the vendor on a previous contract): This questionnaire is provided to assist the VA in the past performance evaluation of vendors pertaining to a competitive acquisition that will result in the award of federal contracts. Therefore, it is important that your information be as factual, accurate and complete to preclude the need for follow-up queries. In an effort to expedite receipt of this information, please **do not mail** hard copies. Instead, e-mail completed questionnaire(s) to James L. Jones at james.jones30@va.gov.

PART I. CONTRACT INFORMATION (to be completed by the vendor)

A. CONTRACT IDENTIFICATION

Contractor/Company Name/Division: _____

Address: _____

Program Identification/Title: _____

Government or Non-government Contract: _____

Contract Number: _____

Contract Type: _____

Prime Contractor Name (if different from the contractor name cited above): _____

Contract Award Date: _____

Forecasted or Actual Contract Completion Date: _____

Nature of the Contractual Effort or Items Purchased: _____

B. IDENTIFICATION OF VENDOR'S REPRESENTATIVE (to be completed by the vendor)

Name: _____

Title: _____

Date: _____

Telephone Number: _____

Address: _____

E-mail Address: _____

PART II. EVALUATION (to be completed by the assessor)

Assessor Name: _____

Title: _____

Phone Number: _____

E-mail address: _____

Identify your role in the contract award or administration and the period of your involvement.		
✓	Role	Period of Involvement
	Procuring Contracting Officer (PCO)	
	Administrative Contracting Officer (ACO)	
	Contract Specialist	
	Contracting Officer's Representative (COR)	
	Technical Project Lead/Project Officer	
	Quality Assurance Specialist	
	Other:	

PART III. EVALUATION DEFINITIONS. The following definitions must be used in your assessment of contractor’s performance.

Rating	Definition
<p style="text-align: center;">(E) Exceptional/Substantial Confidence</p>	<p>Performance meets contractual requirements and exceeds many (requirements) 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.</p>
<p style="text-align: center;">(S) Satisfactory/Satisfactory Confidence</p>	<p>Performance meets contractual requirements. The element being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.</p>
<p style="text-align: center;">(M) Marginal/Limited Confidence</p>	<p>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.</p>
<p style="text-align: center;">(U) Unsatisfactory/No Confidence</p>	<p>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.</p>
<p style="text-align: center;">(N) Neutral/Unknown Confidence</p>	<p>Performance information not recent or relevant. Unable to provide assessment.</p>

PART IV. PERFORMANCE EVALUATION.

1. What is your overall assessment of the contractor’s ability to meet the technical requirements? Please consider, as applicable, the following in your assessment:

- Quality of Service – compliance with contract requirements; accuracy of reports, invoicing and technical excellence
- Customer Satisfaction – limiting and mitigating customer complaints using a Quality Control Plan and Customer Service Survey Form
- Timeliness of Performance – availability of courtesy van 7 days per week from 4:45 a.m. to 9:45 p.m. Monday through Sunday to transport guest, including those

needing wheelchair assistance, safely to and from destination; providing industry compliant, non-smoking rooms as needed; providing advance notice to customer when reserved rooms will not be used; reliability to technical direction of customer.

- Availability of adequate number of ADA rooms with roll in showers and Hoyer Lift access

(E)	(S)	(M)	(U)	(N)

1a. Please provide rationale for the assigned rating.

1b. Did the Government contribute in any way to any of the technical problems identified in the above assessment? Please explain.

2. What is your overall assessment of the contractor’s ability to meet the schedule for needed rooms and wheelchair assisted transportation?

(E)	(S)	(M)	(U)	(N)

2a. Please provide rationale for the assigned rating.

2b. Did the Government contribute in any way to any of the technical problems identified in the above assessment? Please explain.

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3. Overall rating of contractor's performance on contract being assessed?

(E)	(S)	(M)	(U)	(N)

4. Given the choice, would you award to this contractor again? Please expand on your answer below.

Yes: _____

No: _____

General Comments:

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6. Are you aware of other references that we could contact to find additional past performance information for this hotel/motel? If so, please provide any available contact information below.

Name:	Phone Number:
Email:	
Business:	Position: