

Attachment 10

PAST PERFORMANCE QUESTIONNAIRE

**INSTRUCTIONS TO CONTRACTOR**

Complete the CONTRACTOR INFORMATION section, below (type answers into light blue shaded boxes). Save the document. Send an electronic or hard copy print of the form to each of your reference contacts, asking them to please complete the form and submit it according to the instructions, below.

**INSTRUCTIONS TO REFERENCE CONTACT**

Complete the RESPONDENT INFORMATION section below.

The contractor named below is submitting an offer for a United States Department of Veterans Affairs contract requirement, and has sent this form to you, in your role as a past performance reference contact. Please complete this form in full (all areas shaded in light yellow, below). Once completed, please send the form to the Contract Specialist via email at [Rachel.babin@va.gov](mailto:Rachel.babin@va.gov)

Please return the completed form by **August 18, 2016** at 10:00 am, local CST.

**GENERAL INFORMATION** [completed by Contractor]

Contractor Company Name	
Address	
Contractor Point of Contact Name	
Point of Contact Phone Number	
Email	
Reference Project Title	
Contract Number	
Contract Period of Performance (start to finish):	
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



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	Cooperated with Government personnel after award	<input type="checkbox"/>					
	Provided timely and effective communication	<input type="checkbox"/>					
	Was responsive to contract changes	<input type="checkbox"/>					
	Identified problems as they occurred and provided timely resolution	<input type="checkbox"/>					
	Suggested alternative approaches to problems	<input type="checkbox"/>					
	Home office participated in solving significant local problems.	<input type="checkbox"/>					
	Provided experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements.	<input type="checkbox"/>					
	Demonstrated ability to hire, maintain, and replace, if necessary, qualified personnel during the contract period.	<input type="checkbox"/>					
	Timely of awards to subcontractors and management of subcontractors, including subcontract costs	<input type="checkbox"/>					
5.	Utilization of Small Business (applicable to contracts with subcontracting plans)						
	Provided good faith effort to meet goals	<input type="checkbox"/>					
6.	Regulatory Compliance						
	Followed approved quality control plan.	<input type="checkbox"/>					
	Provided effective quality control and/or inspection procedures to meet contract requirements.	<input type="checkbox"/>					
	Met reporting requirements (i.e. fSRS, FAPIIS, Safety and Labor Regulations, Recovered material, Hazardeous Material Identification)	<input type="checkbox"/>					
	Followed approved safety plan	<input type="checkbox"/>					
	Provided accurate reports/data/documentation	<input type="checkbox"/>					
7.	How would you rate the contractor's overall performance?	<input type="checkbox"/>					
8.	Was the contractor ever issued a cure or show cause notice under the referenced contract? If yes, explain outcome in "remarks."	<input type="checkbox"/>		<input type="checkbox"/>			
		YES		NO			
9.	Would you award another contract to this contractor? If not, please explain in "remarks."	<input type="checkbox"/>		<input type="checkbox"/>			
		YES		NO			
10.	To the best of your knowledge, is the contractor rated in CPARS?	<input type="checkbox"/>		<input type="checkbox"/>			
		YES		NO			

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

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Signature