



**REQUEST FOR INFORMATION (RFI)
QUESTIONNAIRE
MEDIATION TRAINING**

The Department of Veteran Affairs -Network Contracting Office 19 is *requesting information* regarding Mediation Training in the form of questionnaire for market search purposes. Please understand; this information is for **internal use only** and will not be share with any other external sources. Also, **this is not** a solicitation for services, but as stated, a request for information (RFI) only.

Thus, we ask please, for your assistance with this market research by complete the questionnaire below and return to: tony.mathews2@va.gov.

Due date: **11-04-2016-4:30 PM CST**

Company Name:

1. Are you and your instructor[s] certified to provide Mediation Training?
 - a. YES NO

Please list certification credentials for each **Note:** please use a seperate sheet if you need more space.

2. How many hours are spent, each year in mediation training by you and/or by your instructor[s]?
(Average)
3. Does your company require a minimum number for participates, to travel to a government location to providing mediation training? YES NO
 - a. If "YES" what is that number?
4. Does your company have a travel radius restriction in miles, for providing training off site?
YES NO
 - a. IF "YES" what is that radius?



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5. Does your company have a training facility? YES NO
- a. If “NO” are you able to acquire a location for training?
 - b. If “YES” to (a), what is your minimum number required participants, to arrange for offsite training location?
6. Are the instructor[s], employees of your company? YES NO
- a. If “NO” please provide a brief explanation of the teaming agreement:
7. How is your pricing for mediation training calculated? [Please make **ONE** selection only]
- a. Hourly
 - b. What is your *base* hourly rate? **Per hour**
 - i. Please list a few *key* factors that may change your base rate?
 - c. Dollar amount per person
 - d. What is your *base* dollar rate? **Per person**
 - i. Please list few *key* factors that may change your base rate?
 - e. Other-Please briefly explain below



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8. Company Information

Company:

Socioeconomic status*:

POC:

Phone:

Email:

***If your company have more than one Socio-economic status please list that OTHER ONE here:**