

Attachment 5 – Past Performance Questionnaire

PAST PERFORMANCE QUESTIONNAIRE

REFERENCE INSTRUCTIONS: The Network Contracting Office 9 is soliciting for award of a VA contract for Supplemental Nursing services. Your comments would be appreciated regarding this firm's past performance. The intent of this form is to evaluate contractors who have provided **Specialty Registered Nurses, Non-Specialty Registered Nurses and Certified Nurse Assistant Services** in the past.

Survey must be completed by evaluator and sent to Sara Vickroy via email at sara.vickroy@va.gov no later than 12:00PM CT November 18, 2016.

Information of Company to be Evaluated

Company name: _____
Address: _____

Phone: _____
Email: _____

Information of Evaluating Agency

Evaluator's name: _____
Title: _____
Agency name: _____

Information regarding your Contract with the company to be evaluated:

Estimated Contract Amount: _____
Contract Period of Performance: _____
Type of Services rendered: _____

Please evaluate the past performance using only the following ratings without variation. If the rating is **Marginal** or **Unacceptable**, please provide additional information in the appropriate block or in the remarks section of this form.

"O" = Outstanding	=	Performance greatly exceeded the contract requirements
"A" = Above Average	=	Performance exceeded the contract requirements
"S" = Satisfactory	=	Performance met the contract requirements
"M" = Marginal	=	Performance met the minimum contract requirements but some material aspects of the contractor's performance were less than satisfactory
"U" = Unacceptable	=	Performance was poor and/or did not satisfy contract requirements
Please rate and provide information/comments for the following:		Circle one
Q1. To what extent did the contractor comply with contract requirements?		O A S M U
Q2. If reports were required, were they accurate in meeting contract requirements?		O A S M U

Q3. To what extent did the contractor use appropriate personnel for contract requirements?	O A S M U
Please rate and provide information/comments for the following:	Circle one
Q4. To what extent was contractor able to meet the performance schedule:	O A S M U
Q5. What extent was contractor flexible in responding to changing needs?	O A S M U
Q6. To what extent was the contractor reliable?	O A S M U
Q7. To what extent was the contractor responsive to technical directions?	O A S M U
Q8. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.	Yes No
Q9. Would you award another contract to the party being evaluated? If no, please explain:	Yes No
Q10. To what extent did contractor notify you of problems or potential problems?	O A S M U

11. Please describe services provided under your contract, period of performance and total cost:

12. Additional Remarks:

Signature of Evaluator

Date