PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for Solicitation Number VA786-16-R-0372, Grounds Maintenance Services, Houston National Cemetery, 209 E. Shamrock Street, Pineville, Louisiana

PAST PERFORMANCE INSTRUCTIONS

The National Cemetery Administration (NCA) Centralized Contracting Division (CCD), Stafford, VA has issued a solicitation to provide Grounds Maintenance Services for the Alexandria National Cemetery

Past performance information will be used to evaluate proposals received. Section A is to be completed by the offeror. Section A of the enclosed questionnaire lists the contractor who has identified your office as a source to evaluate their past performance. Section A also authorizes release of this information to NCA, CCD; Stafford, VA.

The offeror must provide this entire document to each of its assessors. The offeror shall only submit with its proposal (by the closing date of the Solicitation) copies of Section A of the questionnaire as provided to the assessors.

Section B in its entirety is to be completed by the assessor(s). An individual assessor knowledgeable of the contractor's quality of supplies and services rendered is requested to verify, complete the questionnaire, and submit to the Contracting Office. If evaluating more than one contract for the same contractor, use a separate questionnaire for each contract being evaluated.

Because this information is critical to the evaluation process, your time and effort in providing your assessment is greatly appreciated. The questionnaire should be completed as soon as possible but not later than 13 January 2017. Assessor is requested to send electronically to teresa.cabanting@va.gov. Assessor: Please do not send this information to the Offeror being evaluated.

Thank you in advance for your cooperation and expeditious response to this request.

SECTION A: Contractor Information (*to be completed by the contractor for who past performance information is being collected, prior to forwarding to assessors*)

Solicitation Number			
Project/Requirement			
Customer/Agency			
		tractor's Name:	
 Phone number (Assessor Contra 	t of Contact: with area code act Award num	e): nber: ded under contract:	
8. Period of Perfor	mance or Del	Contract Amount: Initial ivery Date:	
ASSESSOR INFORM Assessor Name	ATION:		

Assessor manie	
Title	
Phone Number/Email Address	

Authorization is hereby granted to provide the information requested in this questionnaire to National Cemetery Administration, Centralized Contracting Division, Stafford, VA, 22556

(Signature)

(Name and Title of Authorizing Official)

SECTION B: Assessors Information (to be completed by assessors.)

RATING SCALE: PAST PERFORMANCE RATINGS AND DEFINITIONS

EXCEPTIONAL (E) Risk Factor: Very Low.	Based on the Offeror's performance record, essentially no doubt exists that the Offeror will successfully perform the requirement. Past performance has met contractual requirements and has exceeded some of the respondent's benefit. Performance was accomplished with few minor problems for which corrective action(s) taken by the contractor were highly effective.	
SATISFACTORY (S) Risk Factor: Moderate	Based on the Offeror's performance record, some doubt exists that the Offeror will successfully perform the required effort. Past performance has met contractual requirements. Contractual performance contains some minor problem(s) for which corrective action(s) taken by the contractor appear or where satisfactory.	
UNSATISFACTORY (U) Risk Factor: Very High	Based on Offeror's performance record, extreme doubt exists that the Offeror will successfully perform the required effort. Past performance has not met most contractual requirements, and recovery did not occur or was not in a timely manner. Contractual	
NEUTRAL (N)	Performance information not available or unknown. Will not rate favorably or Unfavorably.	

The questions on the survey (see below) shall be rated in accordance with the definitions provided in the Rating Scale. Any unsatisfactory or marginal rating shall be supplemented with an explanation in the space provided.

QUALITY OF SERVICE

1. Rate the contractor's compliance with contractual requirements. (E, VL) (S, M) (U, VH) (N)

2. Overall rating of contractor quality of service.

(E, VL) (S, M) (U, VH) (N)

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

SCHEDULE

- 1. Delivery of service was within required time period specified by contract requirements. (E, VL) (S, M) (U, VH) (N)
- 2. Rate the contractor's ability to control cost and submit invoices. Are invoices complete, accurate, and timely? (E, VL) (S, M) (U, VH) (N)

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

BUSINESS RELATIONS

1. Overall rating of contractor's business practices (e.g. maintaining a positive working relationship, business ethics, timely and effectively resolution of any problems, etc.)			
	(E, VL) (S, M) (U, VH) (N)		
2. Rate the working relationship between contractor's management and your company (i.e. contractor's history of reasonable and	nt,		
cooperative behavior, commitment of customer satisfaction; co	oncern		
for the interest of the customer).	(E, VL) (S, M) (U, VH) (N)		
3. Rate the contractor's ability to submit required reports and/or invoices in a timely manner.	(E, VL) (S, M) (U, VH) (N)		
4. Rate the contractor's responsiveness to customer complaint resolution.	(E, VL) (S, M) (U, VH) (N)		
5. Overall rating of contractor's business relations.	(E, VL) (S, M) (U, VH) (N)		
PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING.			

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

How would you feel about awarding another contract to this contractor?

- Would not hesitate to award another contract to this contractor.
 - _____ Would most likely award another contract to this contractor.
 - Would think twice about awarding another contract to this contractor, but would do so if no better alternative existed.

Do not wish to award another contract to this contractor. Would not award another contract to this contractor.

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

1. Overall Rating of Contractor's performance (quality, schedule, business relations,) on contract being assessed.

2.				
Exceptional	Very Good	Satisfactory	Marginal	Unsatisfactory
	-			

VII. General Comments:

ASSESSOR:

Iden	Identify your role in the contract award or administration and the period of your involvement.				
\checkmark	Role	Period of Involvement			
	Contract Specialist/Contracting Officer				
	Technical Project Lead/Project Officer				
	OTHERS				

(Signature)

(Date)

(Typed or Printed Name)

(Organization Name)

(Phone Number)

(Organization)