

## PAST PERFORMANCE QUESTIONNAIRE

**SUBJECT: Past Performance Questionnaire for Healthcare for Homeless Veterans – Lincoln**

### REQUEST FOR PAST PERFORMANCE INFORMATION

Network Contracting Office 23 of the Department of Veterans Affairs has issued a solicitation for services. The Nebraska-Western Iowa Health Care System has a requirement for services under the Health Care for Homeless Veteran Program. The service entails:

- Room & Board (usually less than 120 days)
- Laundry Facilities
- Medication Storage & Monitoring
- Transportation Assistance (in the local area)
- Therapeutic & Rehabilitative Services

Past performance information will be used to evaluate quotes received. Section A of the enclosed survey lists the contractor (offeror) who has identified your office as a source to evaluate their past performance. Section A also authorizes release of this information to NCO23 Minneapolis, MN.

An individual knowledgeable of the contractor's quality of services rendered should complete the survey, providing comments wherever applicable. However, supplemental information from others in your organization is encouraged. If evaluating more than one contract for the same contractor, use a separate survey for each contract being evaluated.

Because this information is critical to the evaluation process, your time and effort in providing it is greatly appreciated. The survey should be completed as soon as possible but not later than 01 February 2017.

Send electronically to [kyle.bauman@va.gov](mailto:kyle.bauman@va.gov) or fax the survey to (612) 333-3792.

## PAST PERFORMANCE QUESTIONNAIRE

SECTION A: Contractor Information (to be completed by the offeror, prior to forwarding to respondent)

Prospective Government Contractor's Name and Address

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Contractor Point of Contact:

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Phone Number:

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Description of Services Provided to Respondent:

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Service Dates: \_\_\_\_\_

Contract Award Amount: \_\_\_\_\_

Authorization is hereby granted to provide the information requested in this survey to NCO23, Minneapolis, MN.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name & Title)

***Please forward to reference company/agency to complete Section B.***

## PAST PERFORMANCE QUESTIONNAIRE

### SECTION B: Respondent Information (to be completed by the respondent)

Respondent Company/Organization Name and Address

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Respondent Point of Contact: 

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Phone Number: 

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The following scale provides the definitions for the ratings to be assessed:

<b>Acceptable</b>	Based on the Offeror's performance record, the Offeror will likely be able to perform the required effort for the Veterans Administration. Past performance met contractual requirements and the Offeror was effective at resolving any issues or problems.
<b>Unacceptable</b>	Based on the Offeror's performance record, the Offeror will unlikely be able to perform the required effort for the Veterans Administration. Past performance did not meet contractual requirements and the Offeror was ineffective at resolving any issues or problems.
<b>Neutral</b>	No performance record identifiable; unknown performance; unable to make a determination.

Please complete the questionnaire. Use the drop down menus to provide answers.  
Supplement your answers with explanations in the comment space provided.

1. Rate the contractor's compliance with the terms, conditions, and technical requirements of the contract.	
2. Rate the contractor's quality of service.	
3. Rate the contractor's cooperative behavior in resolving customer requests and/or complaints.	
4. Rate the contractor's ability to complete required reports, records and/or invoices accurately and on time.	
5. Rate the working relationship between contractor's management and your company's representatives (to include inspection personnel).	
6. Would you award to this contractor again?	
Comments:	

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name & Title)

***Please return the completed questionnaire to Kyle Bauman  
by FAX 612-333-3792 or e-mail [kyle.bauman@va.gov](mailto:kyle.bauman@va.gov)***