

## **PAST PERFORMANCE QUESTIONNAIRE**

**RFQ NUMBER: VA240-17-Q-0051**

**TITLE: VA Hudson Valley Healthcare System Ambulance Services**

**OFFER / QUESTIONNAIRE DUE DATE: February 27, 2017, no later than 17:00 Eastern**

**SECTION I: OFFERORS: COMPLETE** requested information (Section I) and **PROVIDE** the questionnaire to the appropriate Respondent for each source of Past Performance Information mentioned in your Offer. The Respondent must have significant familiarity with the selected contract or subcontract in order to provide informed answers and comments about various aspects of the past performance.

NAME OF OFFEROR \_\_\_\_\_

NAME OF PAST PERFORMANCE SOURCE \_\_\_\_\_

CONTRACT NUMBER and DATES OF SERVICE \_\_\_\_\_

DESCRIPTION OF SERVICE \_\_\_\_\_

TOTAL AWARDED PRICE \_\_\_\_\_

**SECTION II: RESPONDENT(S): COMPLETE** the requested information (Section II) concerning the past performance of the above named Offeror relative to the referenced contract effort.

NAME OF RESPONDENT \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### **(A) QUALITY OF SERVICE**

1. Did the contractor comply with all contract requirements? \_\_\_\_Yes\_\_\_\_No

Comments: \_\_\_\_\_

2. With regard to timeliness of performance, were turnaround times of the contract met (i.e. completion of administrative requirements, task orders, milestones, production and delivery requirements?) \_\_\_\_Yes \_\_\_\_No

Comments: \_\_\_\_\_

3. Was the contractor's work found to be accurate and technically/clinically sound?

☐ *Yes* ☐ *No*

*Comments:* \_\_\_\_\_

4. How would you rate the quality of the contractor's end products / services furnished under this contract?

☐ *Outstanding* ☐ *Good* ☐ *Acceptable* ☐ *Unacceptable*

*Comments:* \_\_\_\_\_

5. How would you rate the quality of the contractor's customer service furnished under this contract?

☐ *Outstanding* ☐ *Good* ☐ *Acceptable* ☐ *Unacceptable*

*Comments:* \_\_\_\_\_

### **(B) BUSINESS RELATIONS**

6. Was contract Management efficient and responsive?

☐ *Always* ☐ *Most of the time* ☐ *Sometimes* ☐ *Never*

7. Did the contractor exhibit effective communication(s)?

☐ *Always* ☐ *Most of the time* ☐ *Sometimes* ☐ *Never*

8. Did the contractor exhibit reasonable and cooperative behavior?

☐ *Always* ☐ *Most of the time* ☐ *Sometimes* ☐ *Never*

9. Was the contractor flexible?

☐ *Always* ☐ *Most of the time* ☐ *Sometimes* ☐ *Never*

10. Did the contractor recommend effective solutions to problems?

☐ *Always* ☐ *Most of the time* ☐ *Sometimes* ☐ *Never*

11. Did the contractor exhibit a business-like concern for the interests of your Agency or Business:

☐ *Always* ☐ *Most of the time* ☐ *Sometimes* ☐ *Never*

12. How would you rate the contractor in the area of business relations generally?

☐ *Outstanding* ☐ *Good* ☐ *Acceptable* ☐ *Unacceptable*

*Comments on questions 6 through 11 above:* \_\_\_\_\_

**(C) CUSTOMER SATISFACTION**

13. How would you rate the contractor on the basis of customer (end-user) satisfaction?

\_\_\_\_ *Outstanding* \_\_\_\_ *Good* \_\_\_\_ *Acceptable* \_\_\_\_ *Unacceptable*

14. Would you select this firm again?

\_\_\_\_ *Yes* \_\_\_\_ *No*

Comments: \_\_\_\_\_

End of Section II

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**SECTION III: COMPLETED FORM MUST BE RETURNED TO THE VA CONTRACTING OFFICE PRIOR TO THE DUE DATE FOR RECEIPT OF QUOTES. THE OFFEROR MAY SUBMIT THE COMPLETED QUESTIONNAIRE ALONG WITH HIS/HER QUOTE; OR, THE RESPONDENT PROVIDING THE PERFORMANCE INFORMATION HEREIN MAY FORWARD THE COMPLETED FORM DIRECTLY TO THE CONTRACTING OFFICE, IF PREFERRED.**

**IN ALL CASES, THE COMPLETED PAST PERFORMANCE REFERENCES MUST REACH THE CONTRACTING OFFICE BY THE DATE AND TIME OFFERS ARE DUE. THE GOVERNMENT BEARS NO RESPONSIBILITY TO ASSURE QUESTIONNAIRES ARE PROPERLY RECEIVED.**

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