

PAST PERFORMANCE SURVEY

OFFEROR INSTRUCTIONS: A separate record must be completed for each Past Performance Information and Survey; Offeror must directly send to the evaluator, requesting they complete and return as indicated on the attached Past Performance Survey, by no later than, **10 March, 2017, at 5:00 PM MST, to joshua.gallegos@va.gov and concesa.hubbard@va.gov**. Further, Offeror must include a copy of each requested Past Performance Information page with proposal submission.

Solicitation Number: VA259-17-R-0100
Name and address of Offeror: _____ _____ _____
Contract Details (i.e. Contract #/ Delivery or Task Order #, Title, Location, etc.) Contract No.: _____ Contractor Name: _____ Date: _____ Title: _____ Location: _____ Type of Facility: _____
Assessor Full Name: _____
Assessor Position held or function in relation to project: _____
Assessor's Company/Organization Name, Address and Phone number: _____ _____ _____
Assessor's email address: _____
Please complete and return to: joshua.gallegos@va.gov and concesa.hubbard@va.gov

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Reference Instructions: The Department of Veterans Affairs is considering the Offeror listed above for award of a VA contract. Your comments would be appreciated regarding this firm's past performance. Your comments are considered Source Selection Sensitive; therefore, you are advised that the Federal Acquisition Regulation (FAR) 15.506 prohibits the release of the names of the individuals providing reference information about the Offeror's past performance. Survey should be completed by the evaluator and returned to joshua.gallegos@va.gov and concesa.hubbard@va.gov no later than the above date.

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

O = Outstanding = Performance greatly exceeded contract requirements

A = Above Average = Performance exceeded contract requirements

S = Satisfactory = Performance met 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

NOTE: Do not use a color marking pen to circle the response. Best to use a ball point pen (Black or Blue) to circle your response.

Describe exactly what type of home oxygen therapy or similar service(s) were provided to your company/organization?

Period of Performance (Provide dates): _____

Rate the following questions if the company provided Home Oxygen Therapy Services. Provide information/comments in the Remarks Section below.	Circle One
Q1. To what extent did the contractor comply with contract requirements?	O A S M U
Remarks:	
Q2. How timely was the contractor's performance?	O A S M U
Remarks:	
Q3. How well did the contractor comply with The Joint Commission or similar standards?	O A S M U
Remarks:	
Q4. Rate the effectiveness of the contractor's management of the contract?	O A S M U
Remarks:	
Q5. Rate the contractor's handling of staff integrity issues.	O A S M U
Remarks:	
Q6. Rate the contractor's personnel management practices.	O A S M U
Remarks:	
Q7. Quality Control: Rate the overall quality of contractor's work.	O A S M U
Remarks:	
Q8. To what extent did the contractor meet performance schedule?	O A S M U
Remarks:	
Q9. What extent was contractor flexible in responding to changing needs?	O A S M U
Remarks:	
Q10. To what extent was the contractor reliable?	O A S M U
Remarks:	

Q11. To what extent was the Contractor responsive to technical directions?		O A S M U
Remarks:		
Q12. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, explain on the following page.		Yes No
Remarks:		
Q13. Would you award another contract to this contractor? If no, explain on the following page.		Yes No
Remarks:		
Q14. Was the customer satisfied with the service provided? If no, explain on the following page.		Yes No
Remarks:		
Q15. To what extent did contractor notify you of problems of potential issues?		O A S M U
Remarks:		
Q16. Did the Contractor perform in a professional manner?		Yes No
Remarks:		
Q17. Did the Contractor demonstrate good customer service skills?		Yes No
Remarks:		
Q18. Did the Contractor require a significant amount of oversight to ensure the service was rendered in accordance with applicable regulations?		Yes No
Remarks:		

PAST PERFORMANCE SURVEY – REMARKS SECTION

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Please email directly to Joshua.gallegos@va.gov and concesa.hubbard@va.gov

Do NOT return survey to the company you are evaluating.