

## PAST PERFORMANCE QUESTIONNAIRE

Instructions to Offeror for sending Reference Questionnaire Forms: Prepare and send a reference questionnaire package for each project you list as a reference for the Past Performance evaluation factor. You are encouraged to send a questionnaire to other clients of contracts. For Government contracts, send to Contracting Officer or Technical Representative. For commercial references send to personnel with duties similar to those for Government contracts. It is your responsibility to follow-up and to encourage your references to send in their questionnaire. If you have multiple references at one location, send one cover letter and questionnaire for each contract you want a reference for. Your questionnaire package should contain the following.

Cover Letter (See SAMPLE)

Respondent Info Rating Sheets

Offeror should put name in spaces indicated and ensure it is on every page for identification purposes

Suggested - Pre Addressed stamped envelope to return to Contracting Officer.

**OFFEROR SHOULD PLACE THEIR NAME ON TOP OF EACH QUESTIONNAIRE PAGE!!!**

**OFFEROR SHOULD DELETE THESE INSTRUCTIONS BEFORE SENDING OUT QUESTIONNAIRES**

SAMPLE TRANSMITTAL LETTER

Your Company Letterhead

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We have listed your firm as a reference for the work we have performed for you as listed below. Our firm has submitted a proposal under a project advertised by the Department of Veterans Affairs- White River, 215 North Main Street, White River Junction, VT 05009. In accordance with Federal Acquisition Regulations (FAR), they will evaluate our firm's past performance. Your candid response to the attached questionnaire will assist the evaluation team in this process. We understand that you have a busy schedule and your participation in this evaluation is greatly appreciated. Please complete the enclosed questionnaire as thoroughly as possible. Space is provided for comments. Understand that while the responses to this questionnaire may be released to the offeror, FAR 15.306 (e)(4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained. Only one response from each office is required.

Please send your completed questionnaire to the following address to arrive NOT LATER THAN May 30, 2012. Do not return them to our company.

Department of Veterans Affairs

VAMC White River

ATTN: Michael Ouellette

Contracting Officer (405/90C)

215 North Main Street

White River Junction, VT 05009

or email to: michael.ouellette@va.gov

If you have questions regarding the attached questionnaire, or require assistance, please contact Michael Ouellette (802) 296-6315. Thank you for your assistance. **E-Mail is preferred.**

Signature and Title

SOURCE SELECTION SENSITIVE WHEN COMPLETED

\*\*\*\*\*NOT TO BE RELEASED OUTSIDE GOVERNMENT CHANNELS\*\*\*\*\*

RETURN THIS PAGE WITH QUESTIONNAIRE

| RATING                          | DEFINITION   |
|---------------------------------|--|
| Exceptional (E)                 | Indicates the contractor's performance record within the area of evaluation <i>Exceeded</i> that required by the contract.   |
|                                 |  |
| Very Good (VG)                  | Indicates the contractor's performance record within the area of evaluation <i>Met All</i> contractual requirements.   |
|                                 |  |
| Satisfactory (S)                | Indicates the contractor's performance record within the area of evaluation <i>Met Essentially All</i> contractual requirements.   |
|                                 |  |
| Marginal (M)                    | Indicates the contractor's performance record within the area of evaluation <i>Met Some</i> of the contractual requirements. However, changes to the contractor's existing processes may be necessary in order to achieve contract requirements. |
|                                 |  |
| Unsatisfactory (U)              | Indicates the contractor's performance record within the area of evaluation <i>Failed to Meet</i> the minimum Government requirements.   |
|                                 |  |
| Unknown or Not Applicable (N/A) | The question does not apply. No performance record identifiable within the area of evaluation.   |

SOLICITATION VA241-12-R-0644 – REPLACE COMPUTER ROOM AC at VAMC White River

(Part 1 Contractor submitting Proposal fill-in)

Reference is provided for: \_\_\_\_\_

Contract Number or Project Title \_\_\_\_\_

Date of Award/Completion Date \_\_\_\_\_

Location \_\_\_\_\_

Dollar Amount \_\_\_\_\_

Brief Description of work and your role in the referenced contract:

\_\_\_\_\_  
\_\_\_\_\_

(Part 2 Person providing Reference) Reference is provided by: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship to Contract: \_\_\_\_\_

If information in Part 1 is not accurate please indicate.

To obtain an electronic version of the form please contact: [michael.ouellette@va.gov](mailto:michael.ouellette@va.gov)

THE QUESTIONNAIRE SHOULD BE SUBMITTED BY THE FOLLOWING MEANS: Email is the preferred method. Forms may be mailed to:

Department of Veterans Affairs

VAMC White River

ATTN: Michael Ouellette

Contracting Officer (405/90C)

215 North Main Street

White River Junction, VT 05009

Mark cover sheet:

(Attention: RFP VA241-12-R-0644 – Replace Computer Room AC “Source Selection Sensitive Information”)

SOLICITATION VA241-12-R-0644 – REPLACE COMPUTER ROOM AC at VAMC White River

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| Quality- Management and Workmanship  | E | V | S | M | U | N |
| (1) How well did the Offeror utilize quality control process that ensured conformance to scope and quality requirements?   | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (2) Adequacy of Submittals. Were submittals well researched and did they clearly identify the proposed item?   | E | V | S | M | U | N |
|  | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (3) Did reports / records submitted completely and accurately satisfy requirements. ?  | E | V | S | M | U | N |
|  | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| Timeliness and adherence to schedule: Rate how well the Offeror met the following:   | E | V | S | M | U | N |
| (4) Timeliness in completing the project   | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (5) Did the contractor provide timely notices of delays/schedule revisions?  | E | V | S | M | U | N |
|  | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (6) Timeliness in submitting submittals and reports and responding to agency inquiries, RFP's, etc.  | E | V | S | M | U | N |
|  | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| Offeror's Specification Compliance, business practices/Customer Relationship and Ability to Perform  | E | V | S | M | U | N |
| (7) Did the contractor provide adequate, competent and qualified management, key personnel and technical personnel capable of meeting contract requirements throughout the performance period of the contract and did contractor comply with specifications? | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (8) How well did the contractor work independent of Government guidance, oversight and assistance?   | E | V | S | M | U | N |
|  | G |   |   |   |   | A |
| REMARKS:   |   |   |   |   |   |   |

SOLICITATION VA241-12-R-0644 – REPLACE COMPUTER ROOM AC at VAMC White River

|  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
|  |   |   |   |   |   |   |
| (9) Did contractor maintain a good relationship with agency contracting and technical/project mgt. personnel?  | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (10) How effective was the contractor in meeting Cost/Price performance targets and controlling costs (i.e. changes, etc.)? Did they demonstrate reasonableness in modifications scope and costs?                                  | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (11) Were Subcontractors / tradesmen adequately managed and coordinated? Explain any subcontracting issues (positive or negative) that impacted the performance of your contract(s).   | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (12) How flexible, cooperative, and reasonable was the contractor in meeting mission requirements, particularly when faced with short-notice mission changes?  | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (13) How timely and effective were the contractor's responses to and resolution of Technical problems? Did the Site Manager have sufficient authority to make decisions or take actions during project performance? ( ) yes ( ) no | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (14) How effective was the offeror's environmental program, oversight, project management and QC staff?  | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (15) Was the Site Manager consistently present on site when work was performed?  | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
| (16) Did the contractor demonstrate the ability to execute multiple projects at the same time?   | E | V | S | M | U | N |
| REMARKS:   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |

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|  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| (17) How effective was the contractor's safety program to ensure compliance with federal, state and local regulations? Did the contractor implement and follow their safety plan? Did they run a "safe jobsite"?   | E | V | S | M | U | N | A |
| REMARKS:   |   |   |   |   |   |   |   |
| (18) Applicable to Federal Contracts – How well did the contractor comply with applicable Federal Laws and Regulations such as Davis Bacon Act – timely payrolls and compliance; Drug-Free Workplace; Environmental Regulations and Use of Recovered Materials; Executive Order 13101? | E | V | S | M | U | N | A |
| REMARKS:   |   |   |   |   |   |   |   |
| Infection Control  |   |   |   |   |   |   |   |
| (19) Did the contractor have an Infection Control Process in place and how well did the contractor comply with agency Infection Control Requirements?  | E | V | S | M | U | N | A |
| REMARKS:   |   |   |   |   |   |   |   |
| (20) How would you rate the Contractor's overall performance? Given the opportunity, would you select this offeror again? (Y____N____)   | E | V | S | M | U | N | A |
| (21) What were the contractor's top documented strengths, if any, in performing the contract requirements?   |   |   |   |   |   |   |   |
| REMARKS:   |   |   |   |   |   |   |   |
| (22) What were the contractor's top documented weaknesses, if any, in performing the contract requirements?  |   |   |   |   |   |   |   |
| (23) Please Provide Any Additional Information You Feel Is Important Not Covered Elsewhere:  |   |   |   |   |   |   |   |
| REMARKS:   |   |   |   |   |   |   |   |

Thank you for your remarks. Be sure to return to the Contracting Agency and not to the Contractor you are providing a reference for.

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

Respondent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Completed: \_\_\_\_\_