**EXHIBIT C**

**PAST AND PRESENT PERFORMANCE QUESTIONNAIRE**

**INSTRUCTIONS TO CONTRACTOR**

Complete the CONTRACTOR INFORMATION section, below (type answers into light blue shaded boxes). Save the document. Send an electronic or hard copy print of the form to each of your reference contacts, asking them to please complete the form and submit it according to the instructions, below.

**INSTRUCTIONS TO REFERENCE CONTACT**

The contractor named below is submitting an offer for a United States Department of Veterans Affairs contract requirement, and has sent this form to you, in your role as a past performance reference contact. Please complete this form in full (all areas shaded in light yellow, below). Once completed, please send the form to the Contract Specialist via postal mail or email, directly to:

Department of Veterans Affairs NCO 16 Contracting Office

ATTN: Sonya (Dee) Trentham, Contract Specialist REF: Project #564-17-107 Replace Fire Sprinkler Heads

2575 Keystone Crossing

Fayetteville, AR 72703 Email Address: [sonya.trentham@va.gov](mailto:sonya.trentham@va.gov)

Please return the completed form no later than August 17, 2017. If you have any questions, please contact Mrs. Trentham via email, or call 479-587-5823. Thank you for your assistance in this matter.

**GENERAL INFORMATION** [completed by Contractor]

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor Company Name |  | Street Address |  |
| Contractor Point of Contact Name |  | City |  |
| Point of Contact Phone Number |  | State |  |
| Reference Project Title |  | Zip Code |  |
| Contract Period of Performance (start to finish): |  | Email |  |
| Contract Number |  | Contract Dollar Value |  |
| Description of Work |  | | |
| Role of Contractor on This Project (check appropriate box) | Prime Contractor  Sub-contractor  Key Personnel | | |

**RESPONDENT INFORMATION** [completed by Reference Contact]

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Street Address |  |
| POC Name |  | City |  |
| Phone Number |  | State |  |
| Fax Number |  | Zip Code |  |
| Email |  | | |

**PERFORMANCE INFORMATION**: Choose the number on the scale of 1 to 6 that most accurately describes the contractor’s performance or situation***. PLEASE PROVIDE A NARRATIVE EXPLANATION FOR ANY RATINGS OF 1 OR 2*** in the Remarks section, below (text box will expand to whatever extent is necessary).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** |
| UNSATISFACTORY | MARGINAL | SATISFACTORY | VERY GOOD | EXCEPTIONAL | NEUTRAL |
| Performance did not meet most contractual requirements. There were serious problems and the contractor’s corrective actions were ineffective. | Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective. | Performance met contractual requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory. | Performance met all contract requirements and exceeded some to the government’s benefit. There were a few minor problems, which the contractor resolved in a timely, effective manner. | Performance met all contract requirements and exceeded many to the government’s benefit. Problems, ifany,were negligible and were resolved in a timely, highly effective manner. | No record of past performance or the record is inconclusive.[[1]](#endnote-1) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **The Contractor …** | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. | Provided experienced managers and supervisors with the technical and administrative abilities needed to meet contract requirements. |  |  |  |  |  |  |
| 2. | Demonstrated ability to hire, maintain, and replace, if necessary, qualified personnel during the contract period. |  |  |  |  |  |  |
| 3. | Delegated authority to project managers and supervisors commensurate with contract requirements. |  |  |  |  |  |  |
| 4. | Home office participated in solving significant local problems. |  |  |  |  |  |  |
| 5. | Followed approved quality control plan. |  |  |  |  |  |  |
| 6. | Provided effective quality control and/or inspection procedures to meet contract requirements. |  |  |  |  |  |  |
| 7. | Corrected deficiencies in timely manner and pursuant to their quality control procedures. |  |  |  |  |  |  |
| 8. | Provided timely resolution of contract discrepancies |  |  |  |  |  |  |
| 9. | Identified problems as they occurred. |  |  |  |  |  |  |
| 10. | Suggested alternative approaches to problems. |  |  |  |  |  |  |
| 11. | Displayed initiative to solve problems. |  |  |  |  |  |  |
| 12. | Developed realistic progress schedules. |  |  |  |  |  |  |
| 13. | Met established project schedules. |  |  |  |  |  |  |
| 14. | Provided timely resolution of warranty defects. |  |  |  |  |  |  |
| 15. | Was responsive to contract changes. |  |  |  |  |  |  |
| 16. | Provided adequate project supervision. |  |  |  |  |  |  |
| 17. | Obtained consent of surety for increases in bonding as work-in-progress increased. |  |  |  |  |  |  |
| 18. | Paid subcontractors/suppliers in a timely manner. |  |  |  |  |  |  |
| 19. | Provided accurate and complete line item cost proposals including all aspects of work required for each task. |  |  |  |  |  |  |
| 20. | Cooperated with Government personnel after award. |  |  |  |  |  |  |
| 21. | How would you rate the contractor's overall performance? |  |  |  |  |  |  |
| 22. | Was the contractor ever issued a cure or show cause notice under the referenced contract? If yes, explain outcome in “remarks.” |  | YES | |  | NO | |
| 23 | Would you award another contract to this contractor? If not, please explain in “remarks.” |  | YES | |  | NO | |
| 24 | To the best of your knowledge, is the contractor rated in CPARS? |  | YES | |  | NO | |

REMARKS (Please use as much space as is needed – the box will expand as you type).

|  |
| --- |
|  |

1. [↑](#endnote-ref-1)