INSTRUCTIONS FOR THE

PAST PERFORMANCE QUESTIONNAIRE

FOR OFFICIAL USE ONLY

CONTRACTOR INFORMATION (Information on the Company that you are evaluating)

A. Contractor Name:

B. Contractor's Address:

C. Point of Contact:

CONTRACT INFORMATION:

IN ORDER TO DETERMINE RELEVANCY AND RECENCY, THE FOLLOWING DATA IS REQUIRED. FAILURE TO PROVIDE THIS INFORMANTION MAY RENDER THE PROPOSAL UNRESPONSIVE.

1. CONTRACT NUMBER:
2. CONTRACT TYPE:
3. AWARD DATE:
4. PERIOD OF PERFORMANCE:
5. TOTAL CONTRACT DOLLAR AMOUNT INCLUDING

 OPTIONS, IF APPLICABLE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SCOPE: PLEASE INCLUDE A BRIEF DESCRIPTION OF THE SERVICES PERFORMED TO DETERMINE SIMILARITY OF SCOPE.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAST PERFORMANCE QUESTIONNAIRE**

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**1. Please complete this questionnaire based on the following guidance:**

 a. For each question please circle one rating as defined below. Please circle "N" if you are unable to provide a rating for an area. Assessments should reflect only contractor liable performance. The following is a definition of the scoring levels:

|  |  |  |
| --- | --- | --- |
| Rating |  | Definition |
| Outstanding (O) | High Confidence | Based on the offeror’s performance record, no doubt exists that the offeror will successfully perform the required effort. |
|  |  |  |
| Excellent (E) | Significant Confidence | Based on the offeror’s performance record, essentially no doubt exists that the offeror will successfully perform the required effort.  |
|  |  |  |
| Satisfactory (S) | Confidence  | Based on the offeror’s performance record, little doubt exists that the offeror will successfully perform the required effort. |
|  |  |  |
| Neutral (N) | Unknown Confidence  | No performance record identifiable (see FAR 15.305(a)(2)(iii) and (iv)).  |
|  |  |  |
| Marginal (M) | Little Confidence | Based on the offeror’s performance record, substantial doubt exists that the offeror will successfully perform the required effort. Changes to the offeror’s existing processes may be necessary in order to achieve contract requirements. |
|  |  |  |
| Unsatisfactory (U) | No Confidence | Based on the offeror’s performance record, extreme doubt exists that the offeror will successfully perform the required effort. |

 b. Handwritten remarks are encouraged. Space is provided at the end of the survey. If more space is needed, please provide information of a separate sheet of paper.

 c. You are urged to supplement your own knowledge of the contractor's performance with the judgment of others in your organization. In addition to completing the attached questionnaire for the identified program, we solicit your comments on other contracts/programs that your activity has with this offeror.

**2. Please return completed questionnaire by 12:00 pm (CST) on September 19, 2017, by e-mail to:**

GULF COAST VETERANS HEALTH CARE SYSTEM

NETWORK CONTRACTING OFFICE (NCO) 16

ATTN: RENE’ IMPEY

400 VETERANS AVENUE, BLDG T-102

BILOXI MS 39531

 EMAIL: Rene.Impey@va.gov

**PAST PERFORMANCE QUESTIONNAIRE**

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**QUALITY OF SERVICE**

1. Contractor's compliance with contractual terms and conditions. O E S N M U

2. Quality of contractor furnished reports/deliverables. O E S N M U

3. Overall rating of contractor's commitment to providing quality service. O E S N M U

4. Contractors ability to meet standards specified for performance. O E S N M U

5. Overall rating of contractor's quality of service. O E S N M U

**TIMELINESS OF PERFORMANCE**

1. Contractor's ability to meet specific response times and scheduled O E S N M U

time frames for completion of specific tasks.

1. Contractor's responsiveness/timeliness for providing administrative O E S N M U

reports/documents required by the contract.

3. Contractor's timeliness in responding to emergency service requirements. O E S N M U

4. Overall rating of contractor's responsiveness/timeliness. O E S N M U

**BUSINESS RELATIONS**

1. Contractor's ability to identify problems and potential problems and O E S N M U

promptly notify the Contracting Officer.

1. Contractor's ability to correct problems and prevent or mitigate potential O E S N M U

problems in a timely manner.

1. Contractor's willingness to improve and correct noncompliance issues O E S N M U

or concerns.

4. Extent to which the contractor has demonstrated reasonable and cooperative O E S N M U behavior.

5. Contractor's ability to use effective approaches and provide technical O E S N M U

expertise and resources to solve contract problems.

6. Contractor's working relationship with the Contracting Officer, O E S N M U

quality assurance personnel, and customers.

7. Contractor's flexibility in satisfying the requirements of its customers. O E S N M U

8. Extent to which the contractor provided prompt and courteous O E S N M U

service when responding to customer complaint.

9. Overall rating of customer satisfaction. O E S N M U

10. Overall rating of business relations. O E S N M U

**MANAGEMENT OF KEY PERSONNEL**

1. Contractor's ability to select and retain cooperative and effective O E S N M U

key personnel, such as the contract manager and quality control

personnel.

1. Extent key personnel were knowledgeable about contractual O E S N M U

requirements.

1. Contractor's ability to meet appropriate staffing levels with qualified O E S N M U

personnel in order to provide required services.

1. Contractor's ability to effectively manage subcontracts. O E S N M U
2. Overall rating of contractor's management of key personnel. O E S N M U

**REMARKS CONCERNING CONTRACTOR’S OVERALL PERFORMANCE:**

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**RESPONDENT’S PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESPONDENT’S TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESPONDENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RESPONDENT’S PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS QUESTIONNAIRE!**