

APPENDIX 3: PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for Snow and Ice Removal Services for the Edward Hines Jr. VA Hospital (“Hines VAH”) and the Joliet Community-Based Outpatient Clinic (“Joliet CBOC”)

PAST PERFORMANCE INSTRUCTIONS

The NCO 12 Network Contracting Activity, Milwaukee, Wisconsin has issued a solicitation to provide snow and ice removal services for the Hines VAH and Joliet CBOC.

Past performance information will be used to evaluate quotations received. Section A is to be completed by the Offeror. Section A of the enclosed questionnaire lists the contractor who has identified your office as a source to evaluate their past performance. Section A also authorizes release of this information to NCO 12 Network Contracting Activity.

The Offeror must provide this entire document to each of its assessors. The Offeror shall only submit with its quotation (by the closing date of the Solicitation) copies of Section A of the questionnaire as provided to the assessors.

Section B in its entirety is to be completed by the assessor(s). An individual assessor knowledgeable of the contractor’s quality of supplies and services rendered is requested to verify, complete the questionnaire, and submit to the Contracting Office. If evaluating more than one contract for the same contractor, use a separate questionnaire for each contract being evaluated.

Because this information is critical to the evaluation process, your time and effort in providing your assessment is greatly appreciated. The questionnaire should be completed as soon as possible but not later than 11/10/2017. Assessor is requested to send electronically to michael.sands3@va.gov. Assessor: **Please so not send this information to the Offeror being evaluated.**

Thank you in advance for your cooperation and expeditious response to this request.

PAST PERFORMANCE QUESTIONNAIRE

SECTION A: Contractor Information *(to be completed by the contractor for who past performance information is being collected, prior to forwarding to assessors)*

Solicitation Number	36C25218Q0014
Project/Requirement	Snow and Ice Removal Services at Hines VAH and Joliet CBOC
Customer/Agency	Department of the Veteran Affairs, NCO 12, Milwaukee, WI 53214

1. Prospective Government Contractor's Name and Address: _____

2. Contractor Point of Contact: _____
3. Phone number (with area code): _____
4. Assessor Contract Award number: _____
5. Description of Services provided under contract: _____

6. Contract award date: _____ Contract Amount: Initial _____ Final _____
7. Period of Performance or Delivery Date: _____

ASSESSOR INFORMATION:

Assessor Name	
Title	
Phone Number/Email Address	

8. Authorization is hereby granted to provide the information requested in this questionnaire to NCO 12 Network Contracting Activity, Milwaukee, WI.

(Signature)

(Name and Title of Authorizing Official)

(Date)

SECTION B: Assessors Information *(to be completed by assessors.)*

RATING SCALE Definitions

Exceptional (E)	The Offeror exceeded the majority of our expectations or requirements and met all other expectations or requirements.
Good (G)	The Offeror exceeded some of our expectations or requirements and met all other expectations or requirements.
Satisfactory (S)	The Offeror met all of our expectations or requirements.
Marginal (M)	The Offeror failed to meet some of our expectations or requirements.
Unsatisfactory (U)	The Offeror failed to meet most of our expectations or requirements.

Neutral / Not Applicable or Unknown (N)	No performance record identifiable within the area of evaluation.
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The questions in the survey (see below) shall be rated in accordance with the definitions provided in the Rating Scale. Any unsatisfactory or marginal rating shall be supplemented with an explanation in the space provided.

1. QUALITY:	
Overall quality of services provided	E G S M U N
Ability to meet quality standards specified for technical performance	E G S M U N
Timeliness/effectiveness of contract problem resolution without extensive customer guidance	E G S M U N
Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	E G S M U N
2. SCHEDULE/TIMELINESS OF PERFORMANCE:	
Compliance with contract delivery/completion schedules including any significant intermediate milestones	E G S M U N
Rate the contractor's use of available resources to accomplish tasks identified in the contract	E G S M U N
3. CUSTOMER SATISFACTION:	
Overall customer satisfaction	E G S M U N
Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication)	E G S M U N
Professionalism of contractor	E G S M U N
Overall customer satisfaction	E G S M U N
4. MANAGEMENT/ PERSONNEL/LABOR	
Management effectiveness (i.e. management of drivers and vehicles/equipment)	E G S M U N
Ability to hire, apply, and retain a qualified workforce to this effort	E G S M U N
Knowledge/expertise demonstrated by contractor personnel	E G S M U N

Ability to simultaneously manage multiple service locations	E	G	S	M	U	N
Ability to assimilate and incorporate changes in requirements and/or priority, including planning, execution and response to changes	E	G	S	M	U	N
5. COST/FINANCIAL MANAGEMENT						
Ability to meet the terms and conditions within the contractually agreed price(s)	E	G	S	M	U	N
Have there been any indications that the contractor has had any financial problems? <i>If yes, please explain below.</i>	Yes		No			
6. SAFETY/SECURITY						
Contractor's ability to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues	E	G	S	M	U	N
Contractor compliance with all security requirements.	E	G	S	M	U	N
7. GENERAL						
Ability to successfully respond to emergency situations (i.e. heavy snowfall or significant ice/slippery conditions for staff, pedestrians, and/or patients)	E	G	S	M	U	N
Compliance with contractual terms/provisions (<i>explain if specific issues</i>)	E	G	S	M	U	N
Would you hire or work with this firm again? (<i>If no, please explain below</i>)	Yes		No			
In summary, provide an overall rating for the work performed by this contractor.	E	G	S	M	U	N

Please provide straightforward responses to the questions above (*if applicable*) and/or additional remarks. Furthermore, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (***attach additional pages if necessary***):

ASSESSOR:

Identify your role in the contract award or administration and the period of your involvement.

✓	Role	Period of Involvement
	Contract Specialist/Contracting Officer	
	Technical Project Lead/Project Officer	
	OTHERS	

(Signature)

(Date)

(Typed or Printed Name)

(Organization Name)

(Phone Number)

(Organization)