

PAST PERFORMANCE QUESTIONNAIRE  
SOLICITATION NUMBER – 3625618Q0065

I. Please complete this questionnaire. For assistance with this form or to request an electronic copy, please notify the contract specialist listed at the address below. Handwritten responses will be accepted. If you need more space than provided, please attach additional pages or write on the back. Please include only relevant information. Responses will be treated as source selection sensitive information. Please submit this information on or before the proposal due date. Return the completed questionnaire either by mail, or email to the following address:

Lakeisha White  
Contract Specialist  
Department of Veterans Affairs  
Network Contracting Office 16  
715 S. Pear Orchard  
Plaza 1  
Ridgeland, MS 39157  
E-mail: Lakeisha.white@va.gov

II. EXPLANATION OF CODES:

CODE    PERFORMANCE LEVEL

- A    ACCEPTABLE – Performance meets contractual requirements. The contractual performance of the element being assessed contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.
- U    UNACCEPTABLE – Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element being assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.

PLEASE COMPLETE THE FOLLOWING IDENTIFYING INFORMATION AND PAST PERFORMANCE ASSESSMENT:

III. CONTRACTOR IDENTIFICATION:

Contractor: \_\_\_\_\_  
Contract Number: \_\_\_\_\_  
Period of Performance: \_\_\_\_\_  
Negotiated price or cost at award: \_\_\_\_\_  
Current estimated contract dollar amount: \_\_\_\_\_  
Describe product/service acquired: \_\_\_\_\_

IV. EVALUATOR INFORMATION:

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relation to Program: \_\_\_\_\_  
(i.e. Contracting Officer, Contract Specialist/Administrator, Contracting Officer's Representative, etc.)

V. TERMINATION HISTORY:

A. Has this contract been partially or completely terminated for cause or convenience?

YES ☐ NO ☐ CAUSE ☐ CONVENIENCE ☐

If yes, explain (e.g., inability to meet cost, performance, or delivery schedules).

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B. Are there any pending terminations? YES ☐ NO ☐

If yes, explain and indicate the status.

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VI. ASSESSMENT ELEMENTS: Place an "X" in the appropriate box next to the letter for each item on the questionnaire. Narrative statements are vital. Please provide a supporting narrative for each area. Attach additional pages if there is insufficient space in the comment space.

A. QUALITY OF PRODUCT/SERVICE (e.g., Does the contractor provide qualified personnel, necessary equipment, and quality control for performance of your contract?)

A ☐

U ☐

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B. SCHEDULE (i.e., Is the work performed in a timely manner and in accordance with the requirement?)

A ☐

U ☐

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C. COST CONTROL (e.g., Does the contractor consistently and adequately control costs? Is the contractor competing material purchases? Are contractor requests for employee overtime reasonable? Are proposals for equitable adjustments and special projects reasonable? Has the contractor stayed within the estimated values or have there been cost overruns (in cost type environments)?

A ☐

U ☐

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D. BUSINESS RELATIONS (e.g., Are contractor personnel promoting a strong working relationship with the Government? Does the contractor adequately address and make efforts to resolve issues/problems concerning site employees? Does the contractor show initiative? Were contractor personnel courteous and responsive? Does the contractor interface effectively with your staff, etc.?)

A ☐

U ☐

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E. MANAGEMENT (e.g., Does the contractor provide their employees with the necessary resources and support to adequately perform their work? Does the contractor adequately address and make efforts to resolve issues/problems? Is the contractor able to solve contract performance problems without extensive guidance from government counterparts, etc.?)

A ☐

U ☐

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F. Did the contractor adhere to their technical and management approach?

YES ☐

NO ☐

If no, explain what was different.

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G. Please comment on any other contractor information you consider relevant to this evaluation.

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H. Identify the contractor's overall strengths and weaknesses.

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I. Given the choice, would you award to this contractor again?

YES ☐

NO ☐

## EVALUATION FORM

FACTOR \_\_\_\_\_

SUBFACTOR \_\_\_\_\_

OFFEROR \_\_\_\_\_

INITIAL \_\_\_\_\_ INTERIM \_\_\_\_\_ FINAL \_\_\_\_\_

RATING:        **Acceptable**        **Unacceptable**        (Circle one)

EVALUATOR/DATE \_\_\_\_\_

REVIEWER/DATE \_\_\_\_\_

RFP REFERENCE \_\_\_\_\_

PROPOSAL REFERENCE \_\_\_\_\_

1. DEFICIENCIES: (Cite requirements not met)

2. SUMMARY IF UNACCEPTABLE -

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3. PROPOSAL RISK (Scale: High, Moderate, Low)

4. UNDERSTANDING OF PROBLEMS AND REQUIREMENTS:

5. FEASIBILITY OF APPROACH:

6. COMPLETENESS:

7. NARRATIVE: (Detailed description of the findings discussing in depth deficiencies, strength, or weaknesses with language that will support the rating.

**CONSENSUS AGREEMENT AND DISSENTING OPINIONS**

Offeror: \_\_\_\_\_

Factor: \_\_\_\_\_

Subfactor: \_\_\_\_\_

Factors	Acceptable	Neutral	Unacceptable

Proposal Risk Assessment\_\_\_\_\_

Summary of rationale to support the evaluation:

EVALUATOR: \_\_\_\_\_Date:\_\_\_\_\_

EVALUATOR:\_\_\_\_\_Date:\_\_\_\_\_

EVALUATOR: \_\_\_\_\_Date:\_\_\_\_\_

FACTOR CHIEF: \_\_\_\_\_Date:\_\_\_\_\_

## DISSENTING OPINION

Factors	Acceptable	Neutral	Unacceptable

Proposal Risk Assessment\_\_\_\_\_

Summary of rationale to support the evaluation:

EVALUATOR: \_\_\_\_\_Date:\_\_\_\_\_

FACTOR CHIEF  
REVIEW: \_\_\_\_\_Date:\_\_\_\_\_