

D.2 PAST PERFORMANCE QUESTIONNAIRE

1. The Contractor identified below has requested that you complete a past performance questionnaire on their behalf. This questionnaire will be used by the Contracting Officer identified in paragraph 6 to assess the likelihood that the Contractor will perform successfully on an impending requirement for the VA Sierra Nevada Health Care System (VASNHCS). Your prompt completion and return of this questionnaire is greatly appreciated.

CONTRACTOR NAME _____

REFERENCED CONTRACT # _____

2. **Background.** The VASNHCS has a requirement for a Contractor to provide a staffing registry of licensed and fully qualified staff in support of VASNHCS, Reno, Nevada. The needs are short term temporary coverage 24 hours a day, seven days a week, 365/366 days a year. Assignments can be changed based on the needs of Acute Care Nursing Service (ACNS), Extended Care and Mental Health Nursing Service (ECMHNS), Sterile Processing Service (SPS), Primary Care and/or at the discretion of the Service Chief (s).

3. **GENERAL INFORMATION: (Completed by Reference of Contractor being evaluated)**

Name of Government or Commercial Organization: _____

Name of Person Completing Response: _____

Title: _____ Phone _____ E-mail: _____

Address of Record: _____

Contractor Performed as: Prime Contractor Sub-Contractor

Dollar Amount of contract identified in paragraph 1 above.

\$ _____

Dates of Performance (if current include expiration) _____

4. Please answer the following questions pertaining to the relevancy of the services provided to you as compared to the description in paragraph 2.

Q1. Did the Contractor provide Temporary Nursing and/or Sterile Processing Staff for your Organizations (Y/N)? _____ If yes, how many employees did they provide? _____.

Q2. If no, please provide a short description of the type of temporary staff provided, the number, and to what department they were assigned.

5. Please use the below matrix to answer questions relating to performance using the following template.

Please evaluate the past performance using only the following ratings without variation. If the rating is Excellent, Good, Marginal or Unsatisfactory , please provide additional information in the appropriate block or in the remarks section of this form.	
"E" = Excellent	= Performance greatly exceeded the contract requirements
"G" = Good	= Performance exceeded the contract requirements
"S" = Satisfactory	= Performance met the contract requirements
"M" = Marginal	= Performance met the minimum contract requirements but some material aspects of the Contractor's performance were less than satisfactory
"U" = Unsatisfactory	= Performance was poor and/or did not satisfy contract requirements
Please write in "not applicable" or "neutral" if unable to rate a certain question. For any E, G, M, or U rating please provide a short summary explanation of rating.	
Please rate and provide information/comments for the following:	Circle one
Q1. To what extent did the Contractor comply with overall contract requirements?	E G S M U
Q2. How successful was the Contractor in filling all required staff shifts?	E G S M U

<p>Q3. How would you rate the quality of the Temporary Staffing provided by this Contractor in terms of technical competence, reliability, and demeanor with patients and staff.</p>	<p>E G S M U</p>
<p>Q4. To what extent was the Contractor able to meet unexpected and short notice changes and/or requirements (e.g. unexpected shift vacancies, training requirements).</p>	<p>E G S M U</p>
<p>Q5. How would you rate the Contractor's administrative staff as pertains to communication with your organization's key personnel, their ability to complete credentialing and privileging, billing and invoicing processes, and overall contract management?</p>	<p>E G S M U</p>
<p>Q6. Would you award another contract to the Contractor being evaluated? If no, please explain:</p>	<p>Yes No</p>

Q7. Additional Comments pertaining to Contractor performance:

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Printed Name & Signature of Evaluator

Date

6. Thank you for your time. Please return this completed questionnaire to Nandini Johnson at Nandini.johnson@va.gov no later than **December 29, 2017, 12:00pm PST**.