

**EXHIBIT L, 36C24918R0041: PAST PERFORMANCE QUESTIONNAIRE**

SUBJECT: Past Performance Questionnaire for **MIO CLINIC LEASE**.

**PAST PERFORMANCE INSTRUCTIONS**

The NCO 9 Network Contracting Activity, Murfreesboro, Tennessee has issued a solicitation to provide Medical Office leased space.

Past performance information will be used to evaluate proposals 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 Network Contracting Office (NCO) 9, Murfreesboro, Tennessee.

The Offeror must provide this entire document to each of its assessors. The Offeror shall only submit with its proposal (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 and forwarded as soon as possible but not later than 3:00PM, 2/28/2018.

Assessor is requested to send electronically to [Paul.Keller@va.gov](mailto:Paul.Keller@va.gov), or mail to the following address:

ATTN: Paul E. Keller, Room 464

Network Contracting Office (NCO) 9

1639 Medical Center Parkway, Suite 400

Murfreesboro, Tennessee 37129.

Assessor: **PLEASE DO 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	<b>36C24918R0041</b>
Project/Requirement	Metropolitan Integrated Outpatient Clinic Lease
Customer/Agency	Department of the Veteran Affairs, NCO 9, Murfreesboro, TN 37219

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 9 Network Contracting Office, Murfreesboro, Tennessee

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title of Authorizing Official)

\_\_\_\_\_  
(Date)

**SECTION B:** Assessors Information *(to be completed by assessor).****RATING SCALE Definitions***

<b>Past Performance Ratings and Definitions</b>		
<b>E</b>	<b>Exceptional/Very Low Risk</b>	Offer's past performance record provides essentially no doubt that the offeror will successfully perform the required effort.
<b>S</b>	<b>Satisfactory/Low Risk</b>	Offer's past performance record provides little doubt that the offeror will successfully perform the required effort.
<b>M</b>	<b>Marginal/Moderate Risk</b>	Offer's past performance record, although satisfactory, provides some doubt that the offeror will successfully perform the required effort.
<b>U</b>	<b>Unsatisfactory/High Risk</b>	Offer's past performance record provides substantial doubt that the offeror will successfully perform the required effort.
<b>N</b>	<b>Neutral/Unknown Risk</b>	The offeror has no relevant past performance record. A thorough search was unable to identify any past performance. Will not rate favorably or unfavorably.

The questions on 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.

**QUALITY OF SERVICE**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Rate the contractor's compliance with contractual requirements. | E | S | M | U | N |
| 2. Overall rating of contractor quality of service.                | E | S | M | U | N |

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

**SCHEDULE**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Delivery of service was within required time period specified by contract requirements.                            | E | S | M | U | N |
| 2. Rate the contractor's ability to control cost and submit invoices.<br>Are invoices complete, accurate, and timely? | E | S | M | U | N |

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

**BUSINESS RELATIONS**

1. Overall rating of contractor's business practices (e.g. maintaining  
A positive working relationship, business ethics, timely and effectively  
Resolution of any problems, etc.) E S M U N
2. Rate the working relationship between contractor's  
management, and your company (i.e. contractor's  
history of reasonable and cooperative behavior,  
commitment of customer satisfaction; concern  
for the interest of the customer). E S M U N
3. Rate the contractor's ability to submit required reports  
and/or invoices in a timely manner. E S M U N
4. Rate the contractors responsiveness to customer  
complaint resolution. E S M U N
5. Overall rating of contractor's business relations. E S M U N

How would you feel about awarding another contract to this contractor?

- \_\_\_\_\_ Would not hesitate to award another contract to this  
\_\_\_\_\_ contractor. Would most likely award another contract to  
\_\_\_\_\_ this contractor.
- \_\_\_\_\_ Would think twice about awarding another contract to this contractor, but would  
\_\_\_\_\_ do so if no better alternative existed.
- \_\_\_\_\_ Do not wish to award another contract to this  
\_\_\_\_\_ contractor. Would not award another contract to  
\_\_\_\_\_ this contractor.

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

Overall Rating of Contractor's performance (quality, schedule, business relations,) on contract being assessed.

Exceptional	Satisfactory	Marginal	Unsatisfactory	Neutral

**VII. General Comments:**

<i>Identify your role in the contract award or administration and the period of your involvement.</i>		
✓	Role	Period of Involvement
	Contract Specialist/Contracting Officer	
	Technical Project Lead/Project Officer	
	OTHERS	

**ASSESSOR:**

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*(Signature)*

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*(Date)*

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*(Typed or Printed Name)*

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*(Organization Name)*

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*(Phone Number)*