

D.7 - Attachment 7
PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for Board Certified Emergency Medicine Physician Services.

FOR PROVIDERS OF PAST PERFORMANCE INFORMATION

Network Contracting Office 23, Minneapolis, Minnesota, has issued a solicitation to provide Board Certified Emergency Medicine Physician Services.

Past performance information will be used to evaluate quotes received. Section A of the enclosed survey 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 NCO23 Minneapolis, MN.

An individual knowledgeable of the contractor's quality of supplies and services rendered should complete the survey, providing comments wherever applicable. However, supplemental information from others in your organization is encouraged. If evaluating more than one contract for the same contractor, use a separate survey for each contract being evaluated.

Because this information is critical to the evaluation process, your time and effort in providing it is greatly appreciated. The survey should be completed as soon as possible but not later than 06/30/17. Send by mail to NCO 23 Contracting, attention: Daniel Vagts, 708 S Third Street, Suite 200E, Minneapolis, MN 55415 or electronically to daniel.vagts@va.gov.

PAST PERFORMANCE SURVEY

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

1. Prospective Government Contractor's _____

Name and Address: _____

2. Contractor Point of Contact: _____

3. Phone number (with area code): _____

4. Contract number: _____

5. Description of Supplies provided under contract referenced in item 4:

6. Contract award date: _____ Contract award amount: _____

7. Period of Performance or Delivery Date:

8. Authorization is hereby granted to provide the information requested in this survey to NCO23, Minneapolis, MN.

(Signature)

(Name and Title of Authorizing Official)

(Date)

SECTION B: Respondent Information (to be completed by respondent)

(Signature) (Date)

(Typed or Printed Name) (Organization Name)

(Title)

(Phone Number) (Organization Address)

Respondent should complete survey and submit No later than: 06/30/2017

The following Rating Scale provides the definitions for the Past Performance ratings to be assessed:

SUBSTANTIAL CONFIDENCE:

Based on the offeror's recent/relevant performance record, the Government has a high expectation that the offeror will successfully perform the required effort.

SATISFACTORY CONFIDENCE:

Based on the offeror's recent/relevant performance record, the Government has a reasonable expectation that the offeror will successfully perform the required effort.

LIMITED CONFIDENCE:

Based on the offeror's recent/relevant performance record, the Government has a reasonable expectation that the offeror will successfully perform the required effort.

NO CONFIDENCE:

Based on the offeror's recent/relevant performance record, the Government has no expectations that the offeror will be able to successfully perform the required effort.

UNKNOWN CONFIDENCE (NEUTRAL):

No recent/relevant performance record is available or the offeror's performance record is so sparse that no meaningful confidence assessment rating can be reasonably assigned.

The questions on the survey 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 V S M U N

2. Overall rating of contractor quality of service. E V S M U N

COMMENTS:

SCHEDULE

1. Delivery of service was within required time period specified by contract requirements. E V S M U N

2. Overall rating of contractor conformance to schedule. E V S M U N

COMMENTS:

BUSINESS RELATIONS

1. Rate the working relationship between contractor's management, your company and your designated representatives (to include inspection personnel). E V S M U N

2. Rate the contractor's ability to submit reports and/or invoices. Are they complete and accurate? E V S M U N

3. Rate the contractor's ability to submit required reports and/or invoices in a timely manner. E V S M U N

4. Rate the contractor's responsiveness to customer complaint resolution. E V S M U N

5. Overall rating of contractor's business relations. E V S M U N

COMMENTS

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.

COMMENTS: