

## **PAST PERFORMANCE QUESTIONNAIRE**

Attachment #1A

**RFP NUMBER: 36C24718R0231**

**TITLE: Renovate Mental Health Wards, Project #509-12-104**

**OFFER / QUESTIONNAIRE DUE DATE: By Proposal Due Date**

**SECTION I: OFFERORS: COMPLETE** requested information (Section I) and **PROVIDE** the questionnaire to the appropriate Respondent for each source of Past Performance Information mentioned in your Offer. The Respondent must have significant familiarity with the selected contract or subcontract in order to provide informed answers and comments about various aspects of the past performance.

NAME OF OFFEROR \_\_\_\_\_

NAME OF PAST PERFORMANCE SOURCE \_\_\_\_\_

CONTRACT NUMBER and DATES OF SERVICE \_\_\_\_\_

DESCRIPTION OF SERVICE \_\_\_\_\_

TOTAL AWARDED PRICE \_\_\_\_\_

**SECTION II: RESPONDENT(S): COMPLETE** the requested information (Section II) concerning the past performance of the above named Offeror relative to the referenced contract effort.

NAME OF RESPONDENT \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### **QUALITY OF SERVICE**

1. Did the contractor comply with all contract requirements? \_\_\_\_\_ *Yes* \_\_\_\_\_ *No*

*Comments:* \_\_\_\_\_

2. With regard to timeliness of performance, were turnaround times of the contract met (i.e. completion of administrative requirements, task orders, milestones, production and delivery requirements?) *Yes* *No*

*Comments:* \_\_\_\_\_

3. Was the contractor's work found to be accurate and technically/clinically sound?

\_\_\_\_Yes\_\_\_\_No

Comments: \_\_\_\_\_

4. How would you rate the quality of the contractor's end products / services furnished under this contract?

\_\_\_\_Outstanding\_\_\_\_Good\_\_\_\_Acceptable\_\_\_\_Unacceptable

Comments: \_\_\_\_\_

5. How would you rate the quality of the contractor's customer service furnished under this contract?

\_\_\_\_Outstanding\_\_\_\_Good\_\_\_\_Acceptable\_\_\_\_Unacceptable

Comments: \_\_\_\_\_

### **BUSINESS RELATIONS**

6. Was contract Management efficient and responsive?

\_\_\_\_Always\_\_\_\_Most of the time\_\_\_\_Sometimes\_\_\_\_Never

7. Did the contractor exhibit effective communication(s)?

\_\_\_\_Always\_\_\_\_Most of the time\_\_\_\_Sometimes\_\_\_\_Never

8. Did the contractor exhibit reasonable and cooperative behavior?

\_\_\_\_Always\_\_\_\_Most of the time\_\_\_\_Sometimes\_\_\_\_Never

9. Was the contractor flexible?

\_\_\_\_Always\_\_\_\_Most of the time\_\_\_\_Sometimes\_\_\_\_Never

10. Did the contractor recommend effective solutions to problems?

\_\_\_\_Always\_\_\_\_Most of the time\_\_\_\_Sometimes\_\_\_\_Never

11. Did the contractor exhibit a business-like concern for the interests of your Agency or Business:

\_\_\_\_Always\_\_\_\_Most of the time\_\_\_\_Sometimes\_\_\_\_Never

12. How would you rate the contractor in the area of business relations generally?

\_\_\_\_Outstanding\_\_\_\_Good\_\_\_\_Acceptable\_\_\_\_Unacceptable

Comments on questions 6 through 11 above: \_\_\_\_\_

### **CUSTOMER SATISFACTION**

13. How would you rate the contractor on the basis of customer (end-user) satisfaction?

\_\_\_\_ *Outstanding* \_\_\_\_ *Good* \_\_\_\_ *Acceptable* \_\_\_\_ *Unacceptable*

14. Would you select this firm again?

\_\_\_\_ *Yes* \_\_\_\_ *No*

Comments: \_\_\_\_\_

End of Section II

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**SECTION III: COMPLETED FORM MUST BE RETURNED TO THE VA CONTRACTING OFFICE PRIOR TO THE DUE DATE FOR RECEIPT OF PROPOSALS.** THE OFFEROR MAY SUBMIT THE COMPLETED QUESTIONNAIRE ALONG WITH HIS/HER PROPOSAL; **OR**, THE RESPONDENT PROVIDING THE PERFORMANCE INFORMATION HEREIN MAY FORWARD THE COMPLETED FORM DIRECTLY TO THE CONTRACTING OFFICE, IF PREFERRED.

IN ALL CASES, THE COMPLETED PAST PERFORMANCE REFERENCES MUST REACH THE CONTRACTING OFFICE BY THE DATE AND TIME OFFERS ARE DUE. THE GOVERNMENT BEARS NO RESPONSIBILITY TO ASSURE QUESTIONNAIRES ARE PROPERLY RECEIVED.

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