

Reference and Past Performance Questionnaire

INSTRUCTIONS TO THE PROPOSER:

Proposers must provide three (3) written professional references from individuals, companies, or agencies with knowledge of the proposer's experience that is similar in nature to the products or services being requested by this RFP, and were provided within the last three (3) years from the date this RFP was posted.

References not received prior to the closing date of the solicitation will not be evaluated. References outside the three (3) years, and references determined to be not of a similar nature to the products or services requested by this RFP will also not be evaluated. **Determination of similar will be made by using the information provided by the reference in Section II General Information and any additional information provided by the reference.**

If more than three (3) references are received, the first three (3) fully completed references received will be used for evaluation purposes.

1. Proposers must complete the following information on page 2 of the "Reference's Response To" document before sending it to the Reference for response.
 - a. Print the name of your reference (company/organization) on the "REFERENCE NAME" line.
 - b. Print the name of your company/organization on the "PROPOSER NAME" line.
2. Send the "Reference's Response To" document to your references to complete.

NOTE: It is the proposer's responsibility to follow up with their references to ensure timely receipt of all questionnaires.

REFERENCE'S RESPONSE TO:

RFP Number: VA255-12-R-1055

FP Title: HCHV Residential Mental Health and Substance Abuse Services

REFERENCE NAME (Company/Organization): _____

PROPOSER NAME (Company/Organization): _____ has submitted a proposal to the Dept. of Veteran's Affairs to provide the following services: HCHV Residential Mental Health and Substance Abuse Services in the Wichita KS area. We've chosen you as one of our references.

INSTRUCTIONS

1. Complete **Section I. RATING** using the Rating Scale provided.
2. Complete **Section II. GENERAL INFORMATION** (*This section is for information only and will not be scored.*)
3. Complete **Section III. ACKNOWLEDGEMENT** by manually signing and dating the document. (*Reference documents must include an actual signature.*)
4. E-mail or fax **THIS PAGE** and your completed reference document, **SECTIONS I through III** to:

Dept. of Veteran's Affairs
Attn: Larry A Buell, CPPO – Contract Specialist
Network 15 Contracting Office
4101 S 4th St Trafficway
Leavenworth KS 66048
Fax: (913)946-1198
Email: larry.buell@va.gov

5. This completed document **MUST** be received no later than at 4:00 p.m. (Central Daylight Time). Reference documents received after this time will not be considered. **References received without an actual signature will not be accepted.**
6. DO **NOT** return this document to the Proposer.
7. In addition to this document, the government may contact references by phone for further clarification if necessary.

Section I. RATING

Using the Rating Scale provided below, rate the following nine (9) items by circling the appropriate number for each item:

Rating Scale

Category	Score
Poor or Inadequate Performance	0
Below Average	1 – 3
Average	4 – 6
Above Average	7 - 9
Excellent	10

Circle **ONE** number for each of the following nine items:

1. Rate the overall quality of the proposing company's services:

10 9 8 7 6 5 4 3 2 1 0

2. Rate the response time of this company:

10 9 8 7 6 5 4 3 2 1 0

3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. (This pertains to delays under the control of the v proposing company):

10 9 8 7 6 5 4 3 2 1 0

4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:

10 9 8 7 6 5 4 3 2 1 0

5. Rate the knowledge of the proposing company's assigned staff and their ability to accomplish duties as contracted:

10 9 8 7 6 5 4 3 2 1 0

6. Rate the accuracy and timeliness of the proposing company's billing and/or invoices:

10 9 8 7 6 5 4 3 2 1 0

7. Rate the proposing company's ability to quickly and thoroughly resolve a problem related to the services provided:

10 9 8 7 6 5 4 3 2 1 0

8. Rate the proposing company's flexibility in meeting business requirements:

10 9 8 7 6 5 4 3 2 1 0

9. Rate the likelihood of your company/organization recommending this company to others in the future:

10 9 8 7 6 5 4 3 2 1 0

Section II. GENERAL INFORMATION

Please include a brief description of the services provided by the proposing company for your business:

During what time period did the company provide these services for your business?

Month:_____ Year:_____ to Month:_____ Year:_____

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

Signature of Reference: _____

Print Name: _____

Title: _____

Date: _____

Phone Number: _____