

PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for Mountain City CBOC

PAST PERFORMANCE INSTRUCTIONS

The NCO 9 Network Contracting Activity, Murfreesboro, Tennessee has issued a solicitation to provide leased space for a Community Based Outpatient Clinic.

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 NCO 9 Network Contracting Activity, 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 as soon as possible but not later than (11/26/18). Assessor is requested to send electronically to Angela.Bailey5@va.gov, or mail to the following address: Angela Bailey, 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	36C24918R0298
Project/Requirement	Mountain City CBOC
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 Activity, Murfreesboro, Tennessee

(Signature)

(Name and Title of Authorizing Official)

(Date)

contract requirements. E S M
 U N

2. Rate the contractor's ability to control cost and submit invoices.
 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

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

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:

ASSESSOR:

<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	

(Signature)

(Date)

(Typed or Printed Name)

(Organization Name)

(Phone Number)