

PAST PERFORMANCE SURVEY

OFFEROR:

REFERENCE INSTRUCTIONS:

The VA Providence Health Care System (VA Providence) is considering the Offeror listed above for award of a VA contract in the Haverhill area of Massachusetts.

Your comments would be appreciated regarding this firm's past performance. **The intent of this form is to evaluate past performance.** Your comments are considered Source Selection Sensitive; therefore, you are advised that the Federal Acquisition Regulation (15.506) prohibits the release of the names of individuals providing reference information about Offeror's past performance.

Please help us by completing this Past Performance Survey and returning it no later than 11/2018 via Email with Solicitation number "36C24118R0169" in subject line to:

Laura.Taylor6@va.gov

Please evaluate the past performance using only the following ratings without variation. If the rating is Marginal or Unacceptable , please provide additional information in the appropriate block or in the remarks section of this form.	
"O" = Outstanding	= Performance greatly exceeded the contract requirements
"A" = Above Average	= Performance exceeded the contract requirements
"S" = Satisfactory	= Performance met the contract requirements
"M" = Marginal	= Performance met the minimum contract requirements but some material aspects of the contractor's performance were less than satisfactory
"U" = Unacceptable	= Performance was poor and/or did not satisfy contract requirements
Please write in "not applicable" or "neutral" if unable to rate a certain question.	
Please rate and provide information/comments for the following:	Circle one
Q1. To what extent did the contractor comply with contract requirements?	O A S M U
Q2. If reports were required, were they accurate in meeting contract requirements?	O A S M U

Q3. To what extent did the contractor use appropriate personnel for contract requirements?

O A S M U

Q4. To what extent did the contractor display technical expertise?

O A S M U

Please rate and provide information/comments for the following:	Circle one
T1. To what extent was contractor able to meet the performance schedule:	O A S M U
T2. What extent was contractor flexible in responding to changing needs?	O A S M U
T3. To what extent was the contractor reliable?	O A S M U
T4. To what extent was the contractor responsive to technical directions?	O A S M U
T5. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.	Yes No
C1. Would you award another contract to the party being evaluated? If no, please explain:	Yes No
C2. Was the customer satisfied with the end product? If no, please explain:	Yes No
C3. To what extent did contractor notify you of problems or potential problems?	O A S M U

15. Additional Remarks:

Printed Name & Signature of Evaluator

Date