

## PAST PERFORMANCE QUESTIONNAIRE

Network Contracting Office 15 is conducting a competitive acquisition against the Federal Business Opportunities market for the following service types:

1. Licensed Pathologist
2. Pathology services by CPT codes

SIN 621-I 621-016

The offeror has identified you as a reference to validate the offeror's past performance. Please complete the following questionnaire to assist our evaluation of the contractor's past performance and return no later than 09:00 a.m., CST, TBD 2019 to Colleen Donahue-MacDonald, NCO 15, Fax 913-946-1198 or e-mail at [colleen.donahue-macdonald@va.gov](mailto:colleen.donahue-macdonald@va.gov).

Name of Contractor being evaluated: \_\_\_\_\_

1. How long has your company has this contract/BPA with this contractor? \_\_\_\_\_
2. Type of service being provided: \_\_\_\_\_
3. Where is the service being provided? \_\_\_\_\_
4. What is the total value of this contract/BPA?: \_\_\_\_\_
5. How many Full Time Equivalents (FTE) are being provided under this contract/BPA?:  
\_\_\_\_\_  
\_\_\_\_\_

6. Would you award another contract/BPA to this contractor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please provide an explanation:

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7. What average length of time did it take to place a provider in your facility from the time a vacancy was announced and the length of stay by that provider in that position? Please explain any delays in providing documentation for credentialing, etc.:

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8. How would you rate the quality of the medical providers supplied?  
Exceptional \_\_\_\_\_ Very Good, \_\_\_\_\_ Satisfactory, \_\_\_\_\_, Marginal, \_\_\_\_\_, Unacceptable  
If less than “Satisfactory” Please provide explanation:

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9. How would you rate the Business/Customer Relationship with the Contractor? (Concern for customer’s interest successfully managed services; reasonable/cooperative behavior)  
Exceptional \_\_\_\_\_ Very Good, \_\_\_\_\_ Satisfactory, \_\_\_\_\_, Marginal, \_\_\_\_\_, Unacceptable

10. Please provide any other examples or comments concerning the contractor’s performance that would be relevant in assessing the probability of successful contract performance:

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Rating System:

**Exceptional:** Performance meets the contractual requirements and exceeds many to the contractor’s benefit. The contractual performance was accomplished with few minor problems for which corrective action taken was highly effective.

**Very Good:** Performance meets contractual requirements and exceeds some to the contractor’s benefit. The contractual performances was accomplished with some minor problems for which corrective action taken was effective.

**Satisfactory:** Performance meets contractual requirements. The contractual performance was accomplished with some minor problems for which corrective action taken appears or was satisfactory.

**Marginal:** Performance does not meet some contractual requirements. The contractual performance reflects a serious problem for which the contractor has identified some corrective actions. The proposed actions appear only marginally effective or have not been fully implemented.

**Unacceptable:** Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance contains serious problems of which the contractor has identified corrective actions. The proposed actions appear or were ineffective.

Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Your Phone number: \_\_\_\_\_ Your Fax: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_