

PAST PERFORMANCE QUESTIONNAIRE

The following questionnaire is in regards to the referenced contractor who is submitting an offer to provide Transitional Housing Services to the John D. Dingell VA Medical Center in Detroit, MI.

Solicitation Number VA251-13-Q-0265

INSTRUCTIONS:

Please complete the past performance questionnaire document. When completed, send to the Contract Specialist at Carole.soule@va.gov or fax to (989) 321-4957 Attn: Carole Soule, Contracting Officer

Referenced Contractor (contractor you are providing past performance information about):

Name: _____

Type of Contract Work Performed by the referenced contractor:

Complexity of Work Performed: Difficult _____ Routine _____

Name of Company and Point of Contact Providing this Past Performance Information:

Company Name: _____

Point of Contact: _____

Telephone number _____

Email: _____

Performance Elements

How was the Contractor rated in the following areas:

	Outstanding	Satisfactory	Unsatisfactory
a) Quality of Work	_____	_____	_____
b) Timely Performance	_____	_____	_____
c) Effective Management	_____	_____	_____
d) Contract Compliance	_____	_____	_____

Performance History

- 1) Did the Contractor adhere to the contract schedules?

COMMENT:

- 2) Were any problems experienced in the Contractor's performance? If so, to what extent was the Contractor able to resolve the problems without extensive help from your staff?

COMMENT:

- 4) How well do you think the Contractor interfaced with your staff?

COMMENT:

- 5) Based on past experience with this Contractor, would you consider using them again if there was a need? If so, how do you compare them to other Contractors you have used?

COMMENTS:

- 6) Based on the above information, what is your overall rating of the Contractor?

Outstanding ()

Satisfactory ()

Unsatisfactory ()

COMMENT:

Printed name and signature of person who completed this questionnaire:

Printed Name

Signature