ATTACHMENT E: PAST PERFORMANCE QUESTIONNAIRE

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	
Project/Requirement	
Customer/Agency	Department of the Veteran Affairs, NCO **5**

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 **5** Network Contracting Office

_____
(*Signature)*

_____ _____
(Name and Title of Authorizing Official) *(Date)*

SECTION B: Assessors Information (*to be completed by assessors.)*

RATING SCALE *Definitions*

Past Performance Evaluation Ratings	
Rating	Description
Acceptable (A)	Based on the offeror's performance record, the Government has a reasonable expectation that the offeror will successfully perform the required effort, or the offeror's performance record is unknown. (See note below.)
Unacceptable (U)	Based on the offeror's performance record, the Government has no reasonable expectation that the offeror will be able to successfully perform the required effort.

The questions on the survey (see below) shall be rated in accordance with the definitions provided in the Rating Scale. Any unsatisfactory or marginal rating shall be supplemented with an explanation in the space provided.

QUALITY OF SERVICE

1. Rate the contractor's compliance with contractual requirements. A U

2. Overall rating of contractor quality of service. A U

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

SCHEDULE

1. Delivery of service was within required time period specified by contract requirements. A U

2. Rate the contractor's ability to control cost and submit invoices. Are invoices complete, accurate, and timely? A U

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.) A U

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). A U

3. Rate the contractor's ability to submit required reports and/or invoices in a timely manner. A U

4. Rate the contractors responsiveness to customer complaint resolution. A U

5. Overall rating of contractor's business relations. A U

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.

Acceptable	Unacceptable

VII. General Comments:

ASSESSOR: *Identify your role in the contract award or administration and the period of your involvement.*

?	Role	Period of Involvement
	Contract Specialist/Contracting Officer	
	Technical Project Lead/Project Officer	
	OTHERS	

_____ (Signature)

_____ (Date)

_____ (Typed or Printed Name)

_____ (Organization Name)

_____ (Phone Number)

_____ (Organization)