PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for Project 626-24-203, Cooling Tower and Chillers at Tennessee Valley Healthcare System, VA Medical Center, 1310 24th Avenue South, Nashville, TN 37212.

PAST PERFORMANCE INSTRUCTIONS

The NCO 9 Network Contracting Activity has issued a solicitation to 626-24-203, Cooling Tower and Chillers .

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.

The Offeror must provide this entire document to each of its assessors. The Assessor shall only submit past performance questionnaires directly to the Contracting Officer – Michael R. Brown by way of email at Michael.brown1305@va.gov.

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. Assessor is requested to send electronically to Michael.brown1305@va.gov.

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	36C24922R0066
Project/Requirement	Project 626A4-CSI-105, DB Prepare Site for York MRI
Customer/Agency	Department of the Veteran Affairs, NCO 9, Murfreesboro, TN 37129

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 NCO9 Network Contracting Activity, Murfreesboro, Tennessee

_____
(*Signature)*

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

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

RATING SCALE *Definitions*

Rating	Description
Exceptional	Proposal meets requirements and indicates an exceptional approach and understanding of the requirements. Proposal has strengths and no weaknesses. Risk of unsuccessful performance is minimal.
Highly Acceptable	Proposal meets requirements and indicates a thorough approach and understanding of the requirements. Proposal contains strengths which outweigh any weaknesses. Risk of unsuccessful performance is low.
Acceptable	Proposal meets requirements and indicates an adequate approach and understanding of the requirements. Strengths and weaknesses are offsetting or will have little or no impact on contract performance. Risk of unsuccessful performance is moderate.
Marginal	Proposal does not clearly meet requirements and has not demonstrated an adequate approach and understanding of the requirements. The proposal has one or more weaknesses which are not offset by strengths. Risk of unsuccessful performance is high.
Unacceptable	Proposal does not meet requirements and contains one or more deficiencies. Proposal is un-awardable.

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.

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

2. Overall rating of contractor quality of service.

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

_____

_____

_____

_____

_____

SCHEDULE

3. Delivery of service was within required time period specified by contract requirements.

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

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

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

_____

_____

_____

_____

_____

BUSINESS RELATIONS

5. Overall rating of contractor's business practices (e.g. maintaining a positive working relationship, business ethics, timely and effectively resolution of any problems, etc.)

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

6. 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).

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

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

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

8. Rate the contractor's responsiveness to customer complaint resolution.

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

9. Overall rating of contractor's business relations.

EXCEPTIONAL__HIGHLY ACCEPTABLE__ACCEPTABLE__MARGINAL__UNACCEPTABLE__

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 contact 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	HIGHLY ACCEPTABLE	ACCEPTABLE	MARGINAL	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)