PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for Project # 614-17-113 – Renovate Bldg. 1 Primary Care, at the Lt. Col. Luke Weathers, Jr VA Medical Center, Memphis, TN.

PAST PERFORMANCE INSTRUCTIONS

The NCO 9 Network Contracting Activity has issued a solicitation for Project 614-17-113 – Renovate Bldg. 1 Primary Care.

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 Contract Specialist – Matthew Whisman by way of email at matthew.whisman@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. The questionnaire should be completed as soon as possible but not later than ***July 31, 2026, at 2:00 PM EST.*** Assessor is requested to send electronically to (matthew.whisman@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.

Procurement Sensitive Do Not Disclose --- See FAR Subparts 2.101 and 3.104-4 FOR OFFICIAL USE ONLY

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	36C24926R0037
Project/Requirement	Project 614-17-113
Customer/Agency	Lt. Col. Luke Weathers, Jr VAMC, Memphis, TN.

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:
   _____
6. Contract Award Date: _____ Contract Amount: Initial _____ Final_____
7. Period of Performance:
   _____

ASSESSOR INFORMATION:

Assessor Name	
Title	
Phone Number/Email Address	

8. Authorization is hereby granted to provide the information requested in this questionnaire to NCO 9 Network Contracting Activity, Murfreesboro, Tennessee.

_____
Signature

_____ _____
Name and Title of Authorizing Official Date

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

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RATING SCALE Definitions

Past performance Evaluation Ratings	
Rating	**Description**
ACCEPTABLE	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	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.

ACCEPTABLE_____ UNACCEPTABLE_____

2. Overall rating of contractor quality of service.

ACCEPTABLE_____ UNACCEPTABLE_____

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

_____

_____

_____

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_____

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_____

_____

SCHEDULE

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

ACCEPTABLE_____ UNACCEPTABLE_____

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

ACCEPTABLE_____ UNACCEPTABLE_____

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING:

_____

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_____

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.)

ACCEPTABLE_____ 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).

ACCEPTABLE_____ UNACCEPTABLE_____

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

ACCEPTABLE_____ UNACCEPTABLE_____

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

ACCEPTABLE_____ UNACCEPTABLE_____

9. Overall rating of contractor's business relations.

ACCEPTABLE_____ UNACCEPTABLE_____

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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:

_____

_____

_____

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_____

_____

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_____

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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)

Procurement Sensitive Do Not Disclose --- See FAR Subparts 2.101 and 3.104-4 FOR OFFICIAL USE ONLY