PAST PERFORMANCE QUESTIONNAIRE

Name of offeror: _____

Contract Information:
Name of Contractor: _____ Contract Number: _____

Contract Title: _____

Type of Contract: _____ Period of Performance: _____

The ratings indicated below are to be supplied by the reference and **not** the offeror)

Performance Elements	Satisfactory	Unsatisfactory
1. **Technical (Quality of Product or Service)** (evaluation of the contractor's technical performance or progress toward meeting requirements)		
2. **Schedule (**evaluation of the timeliness of the contractor against milestones, delivery schedules)		
3. **Cost Control** (evaluation of the contractor's effectiveness in forecasting, managing, controlling cost and submitting accurate invoices)		
4. **Business Relations** (assess the integration and coordination of all activity needed to execute the work, specifically the timeliness, completeness and quality of problem identification, corrective action, the contractor's history of reasonable and cooperative behavior, customer satisfaction)		
5. **Management of Key Personnel** (assess the contractor's personnel performing the work)		
6. **Overall Rating**		

Remarks on unsatisfactory performance (Provide data supporting this observation. You may continue on separate sheet if needed.)

_____
_____
_____
_____
_____
_____
_____

Would you do business with the offeror again? _____

Information provided by:

Name of Source: _____
Title: _____
Mailing Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Date: _____

Questionnaire completed by:

Name of VA Employee: _____
Title: _____

Date: _____ Signature: ___