PAST PERFORMANCE QUESTIONNAIRE

PAST PERFORMANCE QUESTIONNAIRE

SUBJECT: Past Performance Questionnaire for 36C24926R0074; Design-Build to Convert A-412 Into Bathroom at the Robley Rex VA Medical Center located in Louisville, Kentucky.

PAST PERFORMANCE INSTRUCTIONS

The Network Contracting Office (NCO) 9 has issued a solicitation to Design-Build: Convert A-412 Into Bathroom at the Robley Rex VA Medical Center located in Louisville, Kentucky.

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 Office.

The Offeror must provide this entire document to each of its assessors. The Offeror shall only submit past performance questionnaires directly to the Contracting Officer, Matthew R. 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 submitted as soon as possible but not later than 8/14/2026 2:00 PM EDT. 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.

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	36C24926R0074
Project/Requirement	603-26-107 |Design/Build: Convert A-412 Into Bathroom
Customer/Agency	Department of the Veteran Affairs, Louisville, KY

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 9 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*

Performance Confidence Assessments	
Rating	Description
Substantial Confidence	Based on the offeror's recent/relevant performance record, the Government has a high expectation that the Offeror will successfully perform the required effort.
Satisfactory Confidence	Based on the offeror's recent/relevant performance record, the Government has a reasonable expectation that the Offeror will successfully perform the required effort.
Limited Confidence	Based on the offeror's recent/relevant performance record, the Government has a low expectation that the Offeror will successfully perform the required effort.

No Confidence	Based on the offeror's recent/relevant performance record, the Government has no expectation that the Offeror will be able to successfully perform the required effort.
Unknown Confidence (Neutral)	No recent/relevant performance record is available or the Offeror's performance record is so sparse that no meaningful confidence assessment rating can be reasonably assigned.

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.

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

2. Overall rating of contractor quality of service.

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

SCHEDULE

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

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

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

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.)

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

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).

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

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

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

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

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

5. Overall rating of contractor's business relations.

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.

Overall Rating of Contractor's performance (quality, schedule, business relations,) on contract being assessed.

PLEASE PROVIDE RATIONALE FOR ASSIGNED RATING: _____

_____

_____

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)