ATTACHMENT 3 – PAST PERFORMANCE QUESTIONNAIRE (PPQ)

Solicitation: RFP 36C24726R0096 | 508-22-104 | Upgrade PACS System

PAST PERFORMANCE QUESTIONNAIRE COVER SHEET
Offerors submitting PPQs need to include this cover sheet with their proposal submission. The entire questionnaire should be forwarded to your previous clients. Clients shall directly return the cover sheet and questionnaire to e-mail address ryan.crispin@va.gov. It is the offeror's responsibility to ensure correct and verifiable point of contact information.

Offeror Fill-In Section I Only Below

SECTION I.

1. Offeror Name (Name of Organization/Firm being Evaluated):
2. Name of Organization/Firm Providing Reference:
3. Address of Organization/Firm Providing Reference:
4. Contract Number:
5. Project Description:
6. Contract/Task Order Amount:
7. Performance Period:
8. Role of contractor (Prime or sub-contractor)

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SECTION II, EVALUATOR: PLEASE ENTER THE NUMERICAL RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE	
5 – Represents Superior Performance **4 – Represents Very Good Performance** **3- Represents Satisfactory Performance** **2 – Represents Marginal Performance** **1 – Represents Unacceptable Performance -** **N/A – Not Applicable**	
QUESTION	**ENTER NUMERICAL RATING**
1. Compliance with the contract requirements?	
2. Effectiveness of on-site management?	
3. Use of appropriate personnel for contract requirements	
4. Timeliness in submission of required documentation (i.e. schedule, reports, submittals, and payrolls)	
5. Adherence to the construction schedule?	
6. Responsiveness towards safety issues?	
7. Coordination and control of subcontractors?	
8. Ability to effectively deal with the customer(s) and other Government personnel?	
9. Cooperativeness in solving problems and negotiating changes?	
10. Ability to address financial difficulties? (i.e. payment of subcontractors, and/or vendors, labor disputes, etc.)	
11. Responsiveness to letters of concern and cure notices?	
12. Response to warranty notifications?	
13. Overall performance on this project?	
14. Would you recommend or work this contractor again? Enter Yes or No	

Evaluator's Point of Contact Information:

Signature and Title:_____

Phone Number:_____

E-Mail Address:_____

SECTION III, EVALUATOR: Please use the following space to provide any additional comments regarding the contractor's performance on this project (Explain low ratings).