D.7 PAST PERFORMANCE QUESTIONNAIRE

Reference Request For Quotation (RFQ) 36C25527Q0002; Nephrology Physician Services

Vendor being evaluated:_____

Please provide your candid responses. The information that you provide will be used in the awarding of a federal contract. Therefore, it is important that your information be as factual, accurate and complete as possible to preclude the need for follow-up by the evaluators. If you do not have knowledge of or experience with the company in question, please forward this Questionnaire to the person who does. **Please complete this document and email it directly to michael.carson1@va.gov by:**

August 26, 2026

Thank you.

ORGANIZATION INFORMATION		
ORGANIZATION NAME AND ADDRESS	POINT OF CONTACT	
	Name:	
	Email:	
	Phone:	
	Title:	

BRIEF DESCRIPTION OF SERVICES PROVIDED & PERIOD OF PERFORMANCE

Please provide ratings (exceptional, very good, satisfactory, marginal, or unsatisfactory) in the following areas and add comments for anything above or below Satisfactory:

1. Overall Quality of contract performance: [ ]

Comments:

[ ]

2. Vendor's overall ability to provide licensed and qualified candidates:

Comments:

3. Vendor's ability to provide the requested amount of services without lapse of services:

Comments:

4. Contracted personnel turnover rate:

Comments:

Any other pertinent information:

Signature:_____

Name/Title:_____