

EXHIBIT C – PAST PERFORMANCE QUESTIONNAIRE

PAST PERFORMANCE QUESTIONNAIRE

INSTRUCTIONS TO OFFEROR FOR SENDING REFERENCE QUESTIONNAIRE

FORMS: Prepare and send a reference questionnaire package for each project you list as a reference for the Past Performance evaluation factor. You are encouraged to send a questionnaire to other clients of contracts. For Government contracts, send to Contracting Officer or Technical Representative. For commercial references send to personnel with duties similar to those for Government contracts. It is your responsibility to follow-up and to encourage your references to send in their questionnaire. If you have multiple references at one location, send one cover letter and questionnaire for each contract you want a reference for. Your questionnaire package should contain the following.

Cover Letter (See **SAMPLE TRANSMITTAL LETTER**)

Respondent Info Rating Sheets Offeror should put name in spaces indicated and ensure it is on every page for identification purposes

Suggested - Pre-Addressed stamped envelope to return to Contracting Officer.

SAMPLE TRANSMITTAL LETTER

Your Company Letterhead

Date: _____

To: _____

We have listed your firm as a reference for the work we have performed for you as listed below. Our firm has submitted a proposal under a project advertised by the Department of Veterans Affairs- VA Medical Center White River Junction, 163 Veterans Dr., White River Junction VT 05009. In accordance with Federal Acquisition Regulations (FAR), they will evaluate our firm's past performance. Your candid response to the attached questionnaire will assist the evaluation team in this process. We understand that you have a busy schedule and your participation in this evaluation is greatly appreciated. Please complete the enclosed questionnaire as thoroughly as possible. Space is provided for comments. Understand that while the responses to this questionnaire may be released to the offeror, FAR 15.306 (e)(4) prohibits the release of the names of the persons providing the responses. Complete confidentiality will be maintained. Only one response from each office is required.

Please send your completed questionnaire to the following email address on **Thursday, February 9, 2023, at 1:00pm EST**. Do not return them to our company.

email to: stephen.slaby@va.gov

If you have questions regarding the attached questionnaire, or require assistance, please contact Stephen Slaby at the above email address. Thank you for your assistance

Please be advised that **"E-Mail"** is the preferred method of receiving the requested information.



Department of Veterans Affairs
VA Medical Center White River Junction,
VT 05009

PAST PERFORMANCE QUESTIONNAIRE FOR: 36C24122R0135 Renovate Inpatient Ward

INSTRUCTIONS TO OFFEROR

Complete the CONTRACTOR INFORMATION section, below (type answers into light blue shaded boxes). Save the document. Send an electronic or hard copy print of the form to each of your reference contacts, asking them to please complete the form and submit it according to the instructions, below.

Company Name		Street Address	
Point of Contact (POC)		City	
POC Phone Number		State	
Reference Project Title		Zip Code	
Contract Period of Performance (start to finish):		Email	
Contract Number		Contract Dollar Value	
Description of Work			
Role of Contractor on This Project (check appropriate box)	<input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Key Personnel		

INSTRUCTIONS TO REFERENCE CONTACT

The contractor named above is submitting a proposal for a United States Department of Veterans Affairs contract and has sent this form to you as a past performance reference contact. Please complete the following pages in full (all areas shaded in light yellow, below). Once completed, please send the form directly to the email below:

Email address: stephen.slaby@va.gov

Please return the completed form ASAP, but no later than **Thursday, February 9, 2023, at 1:00pm EST.**

If you have any questions, please contact the Contracting Officer: stephen.slaby@va.gov

SOURCE SELECTION SENSITIVE WHEN COMPLETED*****NOT TO BE RELEASED
OUTSIDE GOVERNMENT CHANNELS***** RETURN THIS PAGE WITH QUESTIONNAIRE

RESPONDENT INFORMATION [completed by Reference Contact]

Company Name		Street Address	
POC Name		City	
Phone Number		State	
Email		Zip Code	

PERFORMANCE INFORMATION: Choose the number on the scale of 0 (Neutral) to 5 (Exceptional) that most accurately describes the contractor's performance or situation. **PLEASE PROVIDE AN EXPLANATION FOR THE OVERALL RATING** in the Remarks section, below.

0	1	2	3	4	5
NEUTRAL	UNACCEPTABLE	MARGINAL	ACCEPTABLE	VERY GOOD	OUTSTANDING
No record of past performance, or not applicable or the record is inconclusive.	Performance did not meet most contractual requirements. There were serious problems and the contractor's corrective actions were ineffective.	Performance did not meet some contractual requirements. There were problems, some of a serious nature, for which corrective action was only marginally effective.	Performance met most contractual requirements. There were some minor problems and corrective actions taken by the contractor were satisfactory.	Performance met all contract requirements and exceeded some to the government's benefit. There were a few minor problems, which the contractor resolved in a timely, effective manner.	Performance exceeded all contract requirements. There were no problems.

QUALITY – MANAGEMENT & WORKMANSHIP							
1.	How well did the Offeror utilize quality control process that ensured conformance to scope and quality requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Demonstrated ability to hire, maintain, and replace, if necessary, qualified construction personnel during the contract period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provided and followed approved quality control plan and/or inspection procedures to meet contract requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Corrected deficiencies in timely manner and pursuant to their quality control procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Submittals clearly identified the proposed item IAW the specifications and drawings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Suggested alternative approaches to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIMELINESS AND ADHERENCE TO SCHEDULE							
		0	1	2	3	4	5

[illegible]

OVERALL CUSTOMER SATISFACTION							
19.	Demonstrated reasonableness in modifications cost proposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Was the contractor ever issued a cure or show cause notice under the referenced contract? If yes, explain outcome in "remarks."	<input type="checkbox"/>	YES			<input type="checkbox"/>	NO
21.	Would you award another contract to this contractor? If not, please explain in "remarks."	<input type="checkbox"/>	YES			<input type="checkbox"/>	NO
OVERALL PERFORMANCE RATING:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS (Please use as much space as is needed – the box will expand as you type).

I hereby certify that the information that I have reported above is accurate to the best of my knowledge.

Printed Name

E-mail address

Business Title

Signature

Date