PAST PERFORMANCE QUESTIONNAIRE

Your assistance is requested by the Department of Veterans Affairs to assist with establishing the performance history for the Company (Offeror) named below. In efforts to expedite receipt of the requested information, please email the completed past performance questionnaire(s) to: Kayla.Haas@va.gov. Please return this questionnaire on or before 7/10/2026.

Offeror's Name: _____

Contract Number: _____

Contract Type and Dollar Value: _____

Brief Description of Work: _____

"O" =Outstanding = Performance greatly exceeded the contract requirements
"A" =Above Average = Performance exceeded the contract requirements
"S" = Satisfactory = Performance met the contract requirements
"M" = Marginal = Performance met the minimum contract requirements, but some material aspects of the contractor's performance were less than satisfactory
"U" = Unacceptable = Performance was poor and/or did not satisfy contract requirements

Please rate and provide information and detailed comments for the following:	**Circle one**
1. To what extent did the contractor comply with contract requirements?	O A S M U
2. If reports were required, were they accurate in meeting contract requirements?	O A S M U
3. To what extent did the contractor use appropriate personnel for contract requirements?	O A S M U
4. To what extent did the contractor display technical expertise?	O A S M U
5. To what extent was contractor able to meet the performance schedule?	O A S M U

6. To what extent was contractor flexible in responding to changing needs?	O A S M U
7. To what extent was the contractor reliable?	O A S M U
8. To what extent was the contractor responsive to technical directions?	O A S M U
9. To what extent did contractor notify you of problems or potential problems?	O A S M U
10. Have any cure notices, show cause letters, suspension of payment, or termination been issued? If yes, please explain.	O A S M U
11. Would you award another contract to the party being evaluated? If no, please explain:	O A S M U
12. Was the customer satisfied with the end product? If no, please explain:	O A S M U
Additional Comments:	

Name of Evaluator: _____

Signature of Evaluator: _____ **Date**:_____

Title: _____

Company: _____

Telephone No.: _____