

**Attachment L.17-5 RELEVANT EXPERIENCE AND PAST PERFORMANCE
QUESTIONNAIRE INFORMATION FOR REFERENCES**

Offerors should send a letter (sample below) to their listed references per paragraph L.17-5, requesting the reference to complete the provided relevant experience and past performance questionnaire and send it directly to:

NASA-KSC
ATTENTION: Phil Coffin
Mail Code: SEB-MED
Kennedy Space Center, FL, 32899
Fax (321) 867-3859

Dear Client:

Our company is currently responding to the National Aeronautics and Space Administration (NASA), Kennedy Space Center (KSC) request for proposal number (RFP) NNK07204121R for the procurement of the Medical and Environmental Support Contract (MESC). The MESC is a solicitation placing increased emphasis on relevant experience and past performance as a source selection factor. The procuring agency is requiring offerors to identify customers and solicit their response regarding our performance.

We are providing relevant experience and past performance data to the NASA-KSC relating to our performance on contract _____ (contract name/number). The RFP instructs that we provide you, our customer, with the attached questionnaire and requests that you provide requested data and submit it within two weeks directly to the Source Evaluation Board (SEB).

NASA-KSC
ATTENTION: Phil Coffin
Mail Code: SEB-MED
Kennedy Space Center, FL, 32899
Fax (321) 867-3859

We have identified (_____) of your organization as points of contact based on their knowledge concerning our work.

Sincerely,

**Attachment L.17-6 RELEVANT EXPERIENCE AND PAST PERFORMANCE
QUESTIONNAIRE**

**Relevant Experience and Past Performance Questionnaire
Medical and Environmental Support Contract
For NASA’S Kennedy Space Center**

Name/Address/Point of Contact/Phone Number of Contractor (Offeror) Responding to NASA’s solicitation (to be completed by the offeror)

NASA Kennedy Space Center’s solicitation for the Medical and Environmental Support Contract (MESC) requires offerors to provide this relevant experience and past performance questionnaire to current and past customers to complete and return to NASA. Relevant experience and past performance raters are requested to submit the completed questionnaires to the contracting officer identified below via mail, facsimile, or e-mail, so as to arrive not later than **14 days prior to proposal due date. NASA will not accept completed questionnaires from offerors.**

Completed questionnaires should be sent to:

NASA, John F. Kennedy Space Center
Attn: Phillip Coffin
Mail Code: SEB-MED
Kennedy Space Center, Florida 32899

Phone: (321) 867-0386
Fax: (321) 867-3859
E-mail: phillip.c.coffin@nasa.gov

Raters are requested to complete the questionnaire forms as written since altered or substituted questionnaires may not adequately address the information NASA will be evaluating.

Name/Address/Point of Contact/Phone Number of Past Performance Reference (Customer) (to be completed by the offeror)

Contract/Project Number, Dollar Value, and Brief Description of Contract/Project for which Past Performance Information is being sought (to be completed by the Offeror)

TO BE COMPLETED BY RATER:

Contractor Being Rated:

Contract Number: _____ Contract Type: _____

Contractor Status (Prime or Subcontractor?) _____

Description of Service:

Period of Performance: _____

Contract Award Value: \$ _____ Current/Completion Value: \$ _____

Name(s) of Rater(s) and Title(s) (Rater may be contacted by NASA for clarification purposes):

Office Symbol and Organization: _____

Telephone: _____ Fax Number: _____

E-mail address: _____

Dates of rater's involvement in Contract: _____

Date questionnaire completed: _____

Comments are both desired and appreciated to clarify and put into context the ratings provided for a particular area.

NOTE: If you are providing responses with respect to a KEY PERSON instead of a company please fill in only the applicable areas over which that KEY PERSON had influence in the performance of their duties. Areas over which the KEY PERSON had no control or influence should be indicated as Not Applicable or N/A.

PRODUCT/SERVICE DESCRIPTION:

Please check the appropriate box(es). “Significant (S)” experience means that a full range of services under the work element were provided by the contractor. “Moderate (M)” experience means that some of the services indicated under the work element were routinely provided by the contractor or that all services were provided but not on a continuous basis. “Minimal (Min)” experience means that although some aspects of the work were performed, such work was of limited scope or frequency. “Not Applicable (N/A)” means that the work element was not performed under your contract.

| Work Element | (S) | (M) | (Min) | N/A | Comment/Clarification |
|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Occupational Medicine Clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Employee Assistance Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Health Education & Wellness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Emergency Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Aerospace Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fitness Centers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clinical Laboratories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Industrial Hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Health Physics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sanitation and Public Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Environmental Engineering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hazardous and Controlled Waste Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ecological Sciences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Environmental Sampling/Analysis (air/soil/water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Environmental Spill Response/Mitigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Geographic Information Systems Analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Based on your knowledge on the contract identified above, please provide your assessment of how well the Contractor performed on each of the following questions. It is very important to keep in mind the only performance on contract work performed in the last three years is relevant.

Please rate the Contractor as described below in the following categories. Please include a short narrative as to why you chose the adjective you did, especially for those answers that are other than ‘Meets’.

Exceeds (E): Exceeds the established performance requirements to an exceptional degree. Performance is exemplary and accomplished in a timely, efficient, and economical manner. Very minor (if any) deficiencies have no adverse effect on overall performance. Examples include substantial cost underruns due to contractor diligence and cost savings initiatives, technical end products that exceed original customer specifications in critical performance areas, or deliverables usually ahead of contract schedules.

Meets (M): Meets the established performance requirements. Performance is effective and most requirements are met in a timely, efficient, and economical manner. Reportable deficiencies have little identifiable effect on overall performance. Examples include minor or no cost overruns caused by the contractor, technical end products that meet customer specifications, or deliverables usually delivered on time/schedule.

Fails to Meet (F): Fails to meet the established performance requirement. Remedial action is required in one or more areas. Reportable deficiencies in one or more areas adversely affect overall performance. Examples include substantial cost overruns caused by the contractor, technical end products fail to meet customer specifications in critical areas, or deliverables usually delivered behind contract schedules.

N/A: Not applicable or rater has not observed performance in this area.

Please Rate the Overall Performance of the Contract in its products and services as defined and required by their statement of work.

| | (E) | (M) | (F) | N/A | Comment: |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Adequacy Of Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Timeliness Of Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cost Effectiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Innovations And Efficiencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Management Team Effectiveness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Management Commitment To Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ability To Manage Subcontractors For Optimum Contract | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Performance

Please Rate the Contractor’s Management performance in the following areas:

| | (E) | (M) | (F) | N/A | Comment: |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Ability To Identify Problems In A Timely Manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Ability To Propose Acceptable Solutions To Problems In A Timely Manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Ability To Work Effectively With Customer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Ability To Resolve Problems Without Customer Direction/Intervention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Composition Of Project Management Team (Adequate Number Of Managers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Did Contractor Provide The Proposed Key Personnel And Did They Stay For An Appropriate Amount Of Time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Ability To Manage Workforce (Stable, Openings Filled Promptly) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Ability To Limit Workforce Turnover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |

Please Rate the Contractor’s Contract Administration Performance:

| | (E) | (M) | (F) | N/A | Comment: |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Compliance With Contract Insurance Requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Responsiveness To Contracting Officer’s Requests For Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Quick Resolution Of Service Contract Act And/Or CBA Violations/Discrepancies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |
| Financial Reporting Accurate And Timely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <hr/> |

Has the contractor’s performance required the issuance of any cure notices/show cause, or terminations for cause or for default? () YES () NO () N/A

(If YES, Please Explain)

Would you select this contractor again? () YES () NO

(If NO, Please Elaborate)

ANY ADDITIONAL COMMENTS/REMARKS:
