

Performance Evaluation

Agency Name:

Agency Contract Number:

DOA Contract Number:

CFMS Contract Number:

Contractor Name:

Contract Amount:

Contract begin and end date:

Actual begin and end date:

Contract Modifications:

Number:

Reason(s):

Description of Services:

(What were the services being provided?)

Deliverable Products:

(What were final products?)

(Were they delivered on time?)

(Were they usable? If so, how? If not, why not?)

Problems encountered:

Overall Performance:

Weak points:

Strong points:

Would you hire this contractor again?

Signature of Program Official responsible for monitoring and final acceptance:

(Contract Monitor)
(Title)