Date: 8/16/2017

**Performance Evaluation**

|  |  |
| --- | --- |
| Agency Name: | |
| Office Name: | |
| Agency Contract Number: | |
| DOA Number (if applicable): | |
| CFMS Contract Number: | |
|  | |
| Contractor Name: | |
| Contract Amount: | |
| Actual Amount Paid: | |
| Contract Cost Basis: | |
| Contract Begin and End Date:       - | |
| Actual Begin and End Date:       - | |
|  | |
| Contract Modifications: | |
| Number:  Reason(s): | |
| Description of Services: | |
| Deliverable Products: | |
|  | |
| Problems Encountered: | |
|  | |
| Overall Performance (check one): Satisfactory  Unsatisfactory | |
| Strong Points: | Weak Points: |
|  | |
| Would you hire this contractor again? | |
|  | |
| Name and phone number of Program Official responsible for monitoring and final acceptance:  Name:  Title:  Phone Number:  Date: 8/16/2017  Signature of Assistant/Under/Deputy Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |