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: 8/16/2017Signature of Assistant/Under/Deputy Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |