** CONTRACT PERFORMANCE EVALUATION**

**Contractor’s Name:** Name

**Department Responsible for Contract:** Department

**BRCC Contract #** (Encumbrance # on Requisition)**:** E-XXXX **OCR Contract #:** \_\_\_\_\_ **CFMS Contract #:** \_\_\_\_\_\_

**Beginning Date per Contract:** Click to select date **Ending Date per Contract:** Click to select date

**Actual Date Services Began:** Click to select date **Actual Date Services Ended:** Click to select date

**Contract Amount:** $X,XXX **Actual Amount Paid:** $X,XXX

**Contract Amendment** (if applicable)**:**

**Amendment Number** (if applicable)**:**

**Reason for Amendment** (if applicable)**:**

**Brief Description of Services:**

**Were services delivered on time? \_\_ Yes \_\_ No** (If no, please explain)

**Contractor’s Overall Performance: \_\_\_ Satisfactory \_\_\_ Unsatisfactory**

**Problems Encountered** (if applicable)**:**

|  |  |
| --- | --- |
| **Contractor’s Strong Points:** | **Contractor’s Weak Points** (if applicable)**:** |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Would you hire this Contractor again?** |  **\_ Yes** |  **\_ No** |

**Person responsible for monitoring contract:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**