



**DEPARTMENT OF PURCHASING &  
CONTRACT COMPLIANCE**

**CONTRACTORS PERFORMANCE REPORT**

**PROFESSIONAL SERVICES**

|                        |                   |                       |                     |
|------------------------|-------------------|-----------------------|---------------------|
| Report Period Start    | Report Period End | Contract Period Start | Contract Period End |
| Purchaser Order Number |                   | Purchase Order Date   |                     |
| Department             |                   |                       |                     |
| Bid Number             |                   | Service Commodity     |                     |
| Contractor             |                   |                       |                     |

**Performance Rating**

|                    |  |
|--------------------|--|
| 0 = Unsatisfactory | Archives contract requirements less than 50% of the time not responsive, effective and/or efficient; unacceptable delay; incompetence; high degree of customer dissatisfaction.  |
| 1 = Poor           | Archives contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customer somewhat satisfied.  |
| 2 = Satisfactory   | Archives contract requirements 80% of the time. Generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction. |
| 3 = Good           | Archives contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied   |
| 4 = Excellent      | Archives contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.  |

|                              |  |
|------------------------------|--|
| 1. Quality of Goods/Services | (Specification Compliance – Technical Excellence – Reports/Administration – Personnel Qualification) |
| 0                            |  |
| 1                            |  |
| 2                            |  |
| 3                            |  |
| 4                            |  |

|                              |  |
|------------------------------|--|
| 2. Timeliness of Performance | (Were Milestones Met Per Contract – Response Time (per agreement, if applicable) – Responsiveness to Directions/ Change – On Time Completion Per Contract) |
| 0                            |  |
| 1                            |  |
| 2                            |  |
| 3                            |  |
| 4                            |  |

|                              |   |   |
|------------------------------|---|---|
| 3. Business Relations        |   | (Responsiveness to Inquires – Prompt Problem Notifications)   |
|                              | 0 |   |
|                              | 1 |   |
|                              | 2 |   |
|                              | 3 |   |
|                              | 4 |   |
| 4. Customer Satisfaction     |   | (Met User Quality Expectations – Met Specification – Within Budget – Proper Invoicing – No Substitutions) |
|                              | 0 |   |
|                              | 1 |   |
|                              | 2 |   |
|                              | 3 |   |
|                              | 4 |   |
| 5. Contractors Key Personnel |   | (Credentials/Experience Appropriate – Effective Supervision/Management – Available as Needed)             |
|                              | 0 |   |
|                              | 1 |   |
|                              | 2 |   |
|                              | 3 |   |
|                              | 4 |   |

|   |  |      |  |
|---|--|------|--|
| Overall Performance Rating                    |  | Date |  |
| Would you select/recommend this vendor again? |  |      |  |
| Rating completed by:                          |  |      |  |
| Department Head Name:                         |  |      |  |
| Department Head Signature                     |  |      |  |

After completing the form:  
Submit to Purchasing  
Print a copy for your records  
Save the form