



**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                   |  |  |                     |
| <b>Performance Rating</b>    |  |  |                     |
| 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