



DEPARTMENT OF HEALTH & HUMAN SERVICES
Substance Abuse & Mental Health Services Administration
Contractor Performance Report

| | | |
|-------------------------------------|--|---|
| Host Agency: | Report Type: <i>(Interim/final)</i> | Report Period: <i>From:</i> / / <i>To:</i> / / |
| Evaluating Organization: | Contracting Office: | Contract Number: # |
| Contractor Name and Address: | | TIN #: _____ DUNS #: _____ SIC/NAICS #: _____ Commodity Code: _____ Contract Type: _____ |
| Contract Award Date: / / | Contract Expiration Date: / / | Contract Value: \$ |
| Description of Requirement: | | |

Ratings

Quality of Product or Service: 0 = Unsatisfactory 1 = Poor 2 = Fair 3 = Good 4 = Excellent 5 = Outstanding

Cost Control: 0 = Unsatisfactory 1 = Poor 2 = Fair 3 = Good 4 = Excellent 5 = Outstanding

Timeliness of Performance: 0 = Unsatisfactory 1 = Poor 2 = Fair 3 = Good 4 = Excellent 5 = Outstanding

Business Relations: 0 = Unsatisfactory 1 = Poor 2 = Fair 3 = Good 4 = Excellent 5 = Outstanding

Customer Satisfaction: 0 = Unsatisfactory 1 = Poor 2 = Fair 3 = Good 4 = Excellent 5 = Outstanding

Subcontracts

Are subcontracts involved? *(Yes/No)*

Comments:

Contractor Key Personnel

Contractor Manager/Principal Investigator: _____

Comments:

Contractor Key Person: _____

Comments:

Contractor Key Person: _____

Comments:

Small Business Subcontracting Plan—N/A (small business set-aside)

Did the contractor make a good faith effort to comply with its subcontracting plan consistent with the goals and objectives, reporting and other aspects of the plan? *(Yes/No)*

If this is a bundled contract, did the contractor meet the goals and objectives for small business participation? *(Yes/No)*

Comments:

Small Disadvantaged Business Goals—N/A (small business set-aside)

Did the contractor make a good faith effort to comply with its subcontracting plan consistent with the goals and objectives, for small disadvantaged business (SDB) participation, monetary targets for SDB participation, and required notifications? *(Yes/No)*

Comments:

Customer Satisfaction

Is/was the contractor committed to customer satisfaction? (Yes/No)

Project Officer/COTR: _____

Phone: _____ **Ext.** _____

Fax: _____

E-mail Address: _____

Comments:

Contracting Officer: _____

Phone: _____ **Ext.** _____

Fax: _____

E-mail Address: _____

Comments:

Contractor Representative: _____

Phone: _____ **Ext.** _____

Fax: _____

E-mail Address: _____

Comments:

Summary Ratings:

Quality of Product or Service Rating:

Cost Control Rating:

Timeliness of Performance Rating:

Business Relations Rating:

Customer Satisfaction Rating: