

CONTRACT PERFORMANCE EVALUATION

Check the appropriate box for the type of contract you are evaluating and this form will display the appropriate options for the contract:

- Purchasing Contract
 Professional Services Contract
 Contract from RFP

The Office of State Procurement is requesting agency feedback to determine if contracts with approaching expiration dates should be renewed or new bids solicited. Please describe the performance of the vendor, quality of the merchandise, effectiveness of the contract, or modifications needed.

Deficient performance should be reported on the complaint form.

Agency Name: _____ Name & Title of Evaluator: _____
 Email Address: _____ Evaluator's Telephone Number: _____
 Contract Number: _____ Expiration Date: _____ Vendor: _____
 Contract Title: _____

INSTRUCTIONS: Review each element and indicate if the contract meets your agency's needs by responding with a Yes, No, or N/A (not applicable). Comments are requested on all "No" responses. For additional assistance, contact the Office of State Procurement.

Overall Contractor Performance Rating					
<input type="checkbox"/> Very Satisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Poor		
RESPONSE: Check the appropriate box (check only one box per row)			Yes	No	N/A
Customer Service	1. Adequate accessibility – phone orders, fax lines, e-mail, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Customer service support staff availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Vendor representative knowledgeable of contract items or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4. Customer service is courteous and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5. Phone calls returned timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6. Support on technical matters provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7. Vendor acceptance of State procurement card (if agency applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery	8. Meets delivery time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	9. Delivers specified items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	10. Delivers packaging units specified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	11. Frequent backorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	12. Proper notification of backorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	13. Timely delivery of backorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	14. Delivers proper quantities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	15. Delivery discrepancies resolved in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	16. Product delivered undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Product Quality	17. Product documentation included (instructions, tech. literature/manuals, SDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	18. Products are reliable and durable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Billing	19. Accuracy of billing (cost and item)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	20. Accuracy of packing slip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	21. Prompt billings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	22. Prompt credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23. "Bill to" proper agency/customer with required reference numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	24. Additional items needed? Include additional information in the sections below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deliverables (list):

Quality of Deliverables:

Problems Encountered:

Opportunities for Improvement:

Email completed form to doa-osphelpdesk@la.gov