Department of the Treasury Federal Law Enforcement Training Ce
Contractor Performance Insert Form

STANDARD EVALUATION

The status of this evaluation: Evaluation Process Started - CO

GO TO: BOTTOM RATINGS SUBCONTRACTS CONTRACTOR KEY PERSONNEL CUSTOMER SATISFA

○ Final Report ○ Interim Report (check one)

Reporting Period From to (MM/DD/YYYY) (REQUIRED)

Contracting Office:

Contract Number:

Task Order Number:

Contractor Name:

(REQUIRED)

Address:

TIN: (REQUIRED)

DUNS: (OPTIONAL)

SIC: (REQUIRED)

Commodity Code: (OPTIONAL)

Contract Type: A - Fixed-Price Redeterminable

Contract Award Date: (REQUIRED)

Contract Expiration Date: (REQUIRED)

Contract Value: $ (REQUIRED)

Description of requirement:

(REQUIRED)

RATINGS

GO TO: BOTTOM TOP SUBCONTRACTS CONTRACTOR KEY PERSONNEL CUSTOMER SATISFAC

Summarize contractor performance and *check* the number which corresponds to the rating for each category.

QUALITY OF PRODUCT OR SERVICE

○ 0=Unsatisfactory ○ 1=Poor ○ 2=Fair ○ 3=Good ○ 4=Excellent ○ 5=Outstanding (REQUIRED)

Press button below for rating criteria

Government Comments: (REQUIRED)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

COST CONTROL

0=Unsatisfactory 1=Poor 2=Fair 3=Good 4=Excellent 5=Outstanding (REQUIRED FOR COST TYPE CONTRACTS)
N/A=Not Applicable (REQUIRED FOR FIXED PRICE CONTRACT)

Press button below for rating criteria

Government Comments: (REQUIRED FOR COST TYPE CONTRACTS. OPTIONAL FOR FIXED PRICE CONTRACTS)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

TIMELINESS OF PERFORMANCE

0=Unsatisfactory 1=Poor 2=Fair 3=Good 4=Excellent 5=Outstanding (REQUIRED)

Press button below for rating criteria

Government Comments: (REQUIRED)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

BUSINESS RELATIONS

0=Unsatisfactory 1=Poor 2=Fair 3=Good 4=Excellent 5=Outstanding (REQUIRED)

Press button below for rating criteria

Government Comments: (REQUIRED)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

MEETING SDB SUBCONTRACTING REQUIREMENTS

○ 0=Unsatisfactory ○ 1=Poor ○ 2=Fair ○ 3=Good ○ 4=Excellent ○ 5=Outstanding (REQUIRED)
○ N/A=Not Applicable

Press button below for rating criteria

Government Comments: (REQUIRED)
The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

SUBCONTRACTS

GO TO: BOTTOM TOP RATINGS CONTRACTOR KEY PERSONNEL CUSTOMER SATISFACT

Are subcontracts involved? ○ YES ○ NO *(Check one)* (REQUIRED)
Government Comments:*(Please comment on those subcontractors that have provided a significant contribution to overall contract perfo*

Contractor's Comments: (Read Only. Changes will not be accepted)

CONTRACTOR KEY PERSONNEL

GO TO: BOTTOM TOP RATINGS SUBCONTRACTS CUSTOMER SATISFACTION

CONTRACTOR MANAGER/PRINCIPAL INVESTIGATOR *(last name, first name)* : (REQ
Government Comments:

Note: The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

CONTRACTOR KEY PERSON*(last name, first name)*:

Government Comments:

Note: The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

CONTRACTOR KEY PERSON*(last name, first name)*:

Government Comments:

Note: The comment length is limited to 2000 characters.

Contractor's Comments: (Read Only. Changes will not be accepted)

CUSTOMER SATISFACTION

GO TO: BOTTOM TOP RATINGS SUBCONTRACTS CONTRACTOR KEY PERSONNE

Is/was the contractor committed to customer satisfaction? ○ YES ○ NO *(Check one)* (REQUIRED)

If this is the Final Report after contract expiration:

Would you recommend the selection of this contractor again? ○ YES ○ NO*(Check one)* (Required on Final Evaluations)

Government Comments:

Contractor's Comments: (Read Only. Changes will not be accepted)

FTC PROJECT OFFICER*(last name, first name)*: (REQUIRED)

☐ The Following Phone Numbers are Foreign Numbers

Phone: ((NNN)NNN-NNNN) (REQUIRED) Ext: Fax:

Internet Address: (REQUIRED)

Date: (MM/DD/YYYY) (REQUIRED)

Lookup Registered Contractor Data based on TIN

CONTRACTOR REPRESENTATIVE *(last name, first name)*: (REQUIRED)

☐ The Following Phone Numbers are Foreign Numbers

Phone: ((NNN)NNN-NNNN) (REQUIRED) Ext: Fax:

Internet Address: (REQUIRED)

The following alternate Contractor Representative information is required to insure that at least one person is notified of evaluatio

ALTERNATE CONTRACTOR REPRESENTATIVE *(last name, first name)*: [ ] **(REQUIRED)**

☐ The Following Phone Numbers are Foreign Numbers

Phone: [ ] **((NNN)NNN-NNNN) (REQUIRED) Ext:** [ ]

Internet Address: [ ] **(REQUIRED)**

○ **Do not Send Evaluation to Contractor yet.**

○ **Contracting Officer will enter the Contractor comments**

○ **Submit Evaluation to Contractor for their Review**

CONTRACTOR UNIQUE ID*(7-10 characters)* : [ ] **(REQUIRED)**

Contractor Comments Due Date: [+] [-] [ ] **(MM/DD/YYYY) (Required when sending evaluation to Contractor)**

Use the plus(+) or minus(-) buttons to increase or decrease the Contractor Comment Due Date

CONTRACTING OFFICER*(last name, first name)*: [ ] **(REQUIRED)**

☐ The Following Phone Numbers are Foreign Numbers

Phone: [ ] **((NNN)NNN-NNNN) (REQUIRED) Ext:** [ ] **Fax:** [ ]

Internet Address: [ ] **(REQUIRED)**

Date: [ ] **(MM/DD/YYYY) (REQUIRED)**

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OMB CLEARANCE NO. 9000-0142
SOURCE SELECTION INFORMATION/CONFIDENTIAL

The status of this evaluation: Evaluation Process Started - CO

Submit

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