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| PERFORMANCE EVALUATION FORM FOR SERVICE CONTRACTORS |

# BASIC INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Project / Services |  | | |
| Vendor No. |  | Duration of Contract  (e.g. x months/years) |  |
| Name of Company |  | Contract date  (dd/mm/yyyy) |  |
| Project owner  (Division/Office) |  | Contract expiry date  (dd/mm/yyyy) |  |

# ASSESSMENT OF QUALITY OF WORK

All goals outlined in the Terms of Reference have been met. If No, please explain

- Yes  - No  - Partly

If partly, please specify:

     N/A

List of all major outputs/deliverables completed:

All deadlines established in the Terms of Reference have been met. If No, please explain:

- Yes  - No  - Partly

If partly, please specify:

Please provide a detailed assessment of the following:

QUALITY OF WORK (please specify whether the services/end products correspond to the Statement of Works (SOW) or Terms of Reference (TOR) and if not, why not):

DELIVERABLES ACHIEVED (please specify whether the results achieved corresponds to the Statements of (SOW), and assess initiative/drive, including ability to take action and get things done):

SKILLS (if applicable, please specify strengths/weaknesses as related to accomplishment of goals/deliverables as set out in the TORs/SOW, including dependability and reliability in assuming and carrying out the commitments and obligations of the agreement):

# OVERALL PERFORMANCE RATING

*(Rate the Vendor’s attributes – tick any of the boxes as applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attribute | Excellent | Very Good | Satisfactory | Requires  Improvement | Unsatisfactory |
| Quality of work |  |  |  |  |  |
| Technical skills |  |  |  |  |  |
| Value for money |  |  |  |  |  |
| Meeting time schedule |  |  |  |  |  |
| Overall performance rating |  |  |  |  |  |

Would you consider re-engaging the vendor?

In the same field of work?  - Yes  - No

In another field of work?  - Yes  - No

If Yes, what field?

# FINAL REMARKS

If payment was withheld, please specify reasons and what provisions have been made to ensure that either services are completed or whether the contract has been terminated.

     N/A

Please indicate below additional comments, if any:

     None

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| Signature:  Amy Clancy |

Date (24/07/2019)