**Performance Evaluation**

**Agency Name:**  University of Louisiana at Monroe

**Office Name**:

**Agency Contract Number**:

**DOA Contract Number**:

**CFMS Contract Number**:

**Contractor Name**:

**Contract Amount**:

**Actual Amount Paid**:

**Contract Cost Basis**:

**Contract begin and end date**:

**Actual begin and end date**:

**Contract Modifications**:

**Number**:

**Reason(s)**:

**Description of Services**:

**Deliverable Products**:

*(What were final products?)
(Were they delivered on time?)
(Were they usable? If so, how? If not, why not?)*

**Problems encountered**:

**Overall Performance***(check one)* :       \_\_\_\_ **Satisfactory**          \_\_\_\_ **Unsatisfactory**

**Weak points**:

**Strong points**:

**Would you hire this contractor again**? \_\_\_\_\_\_ **Yes** \_\_\_\_\_\_ **No**

**Name and Phone Number of Program Official responsible for monitoring and final acceptance**:

**Signature of Program Monitor or Agency Head Designee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_