THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF CONTRACT COMPLETION FOR CONTRACTS OVER $2,000.

Delgado COMMUNITY COLLEGE

Contractual Evaluation Form
For Continuing Services Contracts

PERFORMANCE EVALUATION

Agency Name: **Delgado Community College**

Office Name: _____

PROACT Number: _____

LA GOV Contract Number: _____

Contractor Name: _____

Contract Amount: $_____ **Actual Amount Paid:** $_____

Contract Begin Date: _____ **Contract End Date:** _____

Contract Modifications: **Number:**_____

Reason(s):_____

_____

Description of Services:

_____

_____

Deliverable Products: Were they delivered on time and were they usable, if so, how? If not, why not? Were any problems encountered?

_____

_____

Please use the rating codes below to evaluate the contractual service:
Overall Performance:

Rating	Scale
◯ 4	= Above average (noticeably competent)
◯ 3	= Average (satisfactory, no major problems)
◯ 2	= Marginal (fair)
◯ 1	= Not observed or applicable

Would you hire this contractor again? ◯ **yes** ◯ **no**

Program Official responsible for monitoring and final acceptance:

Name: _____ **Phone:** _____

Signature:_____ **Date:** _____

(11/26)