



# CONTRACT/CONTRIBUTION EVALUATION

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CONTRACTOR NAME	CONTRACT NUMBER	RESPONSIBILITY CENTRE
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## CONTRACT TERM

START DATE (YYYY MMM DD)	END DATE (YYYY MMM DD)
DESCRIPTION OF SERVICES (SUMMARIZE FROM SCHEDULE 'A' AS APPLICABLE)	
NUMBER OF MODIFICATIONS	REASONS FOR MODIFICATIONS
TOTAL FEES	TOTAL EXPENSES

## CONTRACT RESULTS

	YES	NO	(IF NO - PROVIDE EXPLANATION, ATTACH ADDITIONAL SHEET IF REQUIRED)
CONTRACT COMPLETED ON TIME - WITHIN ORIGINAL TERM	<input type="checkbox"/>	<input type="checkbox"/>	
COMPLETED WITHIN ORIGINAL BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	
ALL DELIVERABLES/OUTPUTS/ OUTCOMES PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>	
STANDARDS/SPECIFICATIONS ACHIEVED	<input type="checkbox"/>	<input type="checkbox"/>	
REPORTING REQUIREMENTS MET	<input type="checkbox"/>	<input type="checkbox"/>	

DESCRIBE THE BENEFITS ACHIEVED BY ISSUING THIS CONTRACT.

DESCRIBE HOW THIS WAS THE MOST COST EFFECTIVE SOLUTION.

WERE THERE ANY PERFORMANCE PROBLEMS ENCOUNTERED? IF SO, PLEASE EXPLAIN AND DESCRIBE HOW THEY WERE DEALT WITH.

WOULD YOU CONTRACT WITH THIS CONTRACTOR AGAIN? PLEASE EXPLAIN.

## CONTRACT/CONTRIBUTION EVALUATION

### CONTRACT MANAGEMENT SELF EVALUATION

WAS ADEQUATE PLANNING PRIOR TO CONTRACT AWARD?

WERE APPROPRIATE MEASURES IN PLACE TO ALLOW FOR EFFECTIVE AND EFFICIENT CONTRACT MONITORING?

WOULD THERE BE ANYTHING YOU WOULD DO DIFFERENTLY IF YOU HAD TO DO THIS TYPE OF ASSIGNMENT AGAIN?

HAS EVALUATION BEEN DISCUSSED AND REVIEWED WITH CONTRACTOR?

### CONTRACTOR COMMENTS

*(This area is currently blank and contains a large diagonal watermark reading "SAMPLE")*

CONTRACTOR SIGNATURE	PRINT NAME	DATE SIGNED (YYYY MMM DD)
CONTRACT MANAGER'S SIGNATURE	PRINT NAME	DATE SIGNED (YYYY MMM DD)
SPENDING AUTHORITY SIGNATURE	PRINT NAME	DATE SIGNED (YYYY MMM DD)