

10. Would you select this individual/firm again? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
11. Contracting Officer's Technical Representative Name		Signature	
Phone/Fax/Internet Address		Date	
12. Contractor's Review. Were comments, rebuttals, or additional information provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach comment (if any).			
13. Contractor's Name:		Signature	
Phone/Fax/Internet Address		Date	
14. Agency Review: Were contractor comments reviewed at a level above the Contracting Officer? <input type="checkbox"/> No <input type="checkbox"/> Yes Please attach comments. Number of pages:			
15. Final Rating. Re-assess the Block 7 ratings based on contractor comments and agency review. Revise Block 7 if appropriate.			
Quality of Goods/Services:	Timeliness of Deliveries/Performance:	Business Relationship:	Customer Satisfaction:
Mean Score (Add the ratings above and divide by number of areas rated):			
16. Contracting Officer's Name		Signature	
Phone/Fax/Internet Address		Date	