

CONTRACTOR INTERIM/FINAL PERFORMANCE REPORT**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

<input type="checkbox"/> Base Year <input type="checkbox"/> Option Year 1 <input type="checkbox"/> Option Year 2 <input type="checkbox"/> Option Year 3 <input type="checkbox"/> Option Year 4		
Period of Report From _____ To _____		
1. Contractor Name & Address: (Identify Division)		2. Contract Number:
		3. Contract Value (Base + Options):
		4. Contract Award Date:
		5. Contract Completion Date:
6. Type of Contract <input type="checkbox"/> FFP <input type="checkbox"/> FPI <input type="checkbox"/> FP-EPA <input type="checkbox"/> DD/DQ <input type="checkbox"/> ID/IQ <input type="checkbox"/> ID/DQ <input type="checkbox"/> Requirements <input type="checkbox"/> SBSA (Check all that apply): <input type="checkbox"/> 8(a) <input type="checkbox"/> Sealed Bid <input type="checkbox"/> Negotiated <input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive		
7. Description of Requirements		
8. Ratings. Summarize contractor performance and check in the column on the right the number which corresponds to the performance rating for each rating category.		
Quality of Goods/Services	Comments	<input type="checkbox"/> UNSATISFACTORY = 0 <input type="checkbox"/> POOR = 1 <input type="checkbox"/> FAIR = 2 <input type="checkbox"/> GOOD = 3 <input type="checkbox"/> EXCELLENT = 4 <input type="checkbox"/> PLUS = +
Timeliness of Deliveries/Performance	Comments	<input type="checkbox"/> UNSATISFACTORY = 0 <input type="checkbox"/> POOR = 1 <input type="checkbox"/> FAIR = 2 <input type="checkbox"/> GOOD = 3 <input type="checkbox"/> EXCELLENT = 4 <input type="checkbox"/> PLUS = +
Business Relations	Comments	<input type="checkbox"/> UNSATISFACTORY = 0 <input type="checkbox"/> POOR = 1 <input type="checkbox"/> FAIR = 2 <input type="checkbox"/> GOOD = 3 <input type="checkbox"/> EXCELLENT = 4 <input type="checkbox"/> PLUS = +
Customer Satisfaction (end users) (Contract Administration Team)	Comments	<input type="checkbox"/> UNSATISFACTORY = 0 <input type="checkbox"/> POOR = 1 <input type="checkbox"/> FAIR = 2 <input type="checkbox"/> GOOD = 3 <input type="checkbox"/> EXCELLENT = 4 <input type="checkbox"/> PLUS = +
Mean Score (Add the ratings above and divide by number of areas rated):		
9. Contractor Key Personnel Project Manager Name	Title	Employment Date
Comments/Ratings		
Name	Title	Employment Date
Comments/Ratings		

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	