|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization (applicant):** | | | |
| **Name of Funding Agency/Organization:** | | **Award Amount:** | |
| **Type of Funding Year** | **Award Start Date** | | **Award End Date:** |
| Program Summary (brief description of services and activities provided under the grant or contract). | | | |

**Performance Data**

|  |  |  |  |
| --- | --- | --- | --- |
| Service Level of Contract/Grant |  | Number of Participant Enrolled |  |
| Number of Participant that Completed |  | Number for Participants that Achieved an Outcome |  |

**PERFORMANCE RATING DESCRIPTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Unsatisfactory** | Performance is consistently unacceptable | | | | | |
| **2** | **Below Expectations** | Performance fails to meet contract / grant requirements on a frequent basis | | | | | |
| **3** | **Meets Expectations** | Performance is regularly in compliance with requirements, specifications, regulations and standards provided by agency. | | | | | |
| **4** | **Exceeds Expectations** | Performance is routinely above contract / grant requirements and/or product specifications | | | | | |
| **5** | **Outstanding** | Performance is consistently superior | | | | | |
| **PERFORMANCE FACTORS** | | | **1** | **2** | **3** | **4** | **5** |
| **Vendor Responsiveness / Customer Service.**  Contractor or Grantee attends required trainings, meetings, and responds to program point of contact frequently and in a timely matter. Professionalism of Contractor or Grantee. | | |  |  |  |  |  |
| **Knowledge.**  Contractor or Grantee demonstrated knowledge about the contract/grant and the services that were outlined to be provided. | | |  |  |  |  |  |
| **Performance**. Contractor or Grantee achieved the performance measures outlined in the contract/grant and they meet the deliverable in a timely manner. | | |  |  |  |  |  |
| **Program Requirements.**  Contractor or Grantee provided invoices, reports, and other programmatic requirements in accordance to the contract terms and conditions. | | |  |  |  |  |  |
| **Cost Control.**  Contractor or Grantee demonstrated performance of cost control effectiveness and budget management | | |  |  |  |  |  |

**Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**