

**ATTACHMENT F
PERFORMANCE EVALUATION**

Principal Investigator: _____ Department: _____
UNO Account No.: _____
CFMS No.: _____ OCR No.: _____

Date report submitted to Office of Research and Sponsored Programs: _____
Date report submitted to Office of Financial Services: _____

Contractor: _____
Prime contracting agency: _____
Project Title: _____

Contract Amount: _____

Cost basis: hourly rate _____ per task _____ other _____

Actual amount invoiced at end of contract: _____

Contract begin/end dates: Start: _____ Complete: _____

Actual begin/end dates (if different): Start: _____ Complete: _____

Contract Amendments: Number: _____

Reasons:

Description of Services (you may attach Attachment B – Scope of Services – if appropriate):

Deliverables:

Were deliverables produced according to the contract schedule? Yes ___ No ___
If not, please elaborate:

Did products meet expected standards? Yes ___ No ___ If not, please elaborate:

Were problems encountered with service schedule or delivery?
Yes___ No___ If yes, please elaborate:

Were there weaknesses encountered in contractor's performance?
Yes___ No___ If yes, please describe:

Were any strengths encountered in contractor's performance?
Yes___ No___ If yes, please describe:

Would you hire this contractor again? Yes___ No___ If not, please elaborate:

Signature of Principal Investigator/Program Evaluator responsible for monitoring and final acceptance of deliverables:

Signature _____ Date _____
Print Name: _____