

**REGIONAL MUNICIPALITY OF WOOD BUFFALO
VENDOR PERFORMANCE EVALUATION FOR **GOODS & EQUIPMENT****

ALL FIELDS ARE MANDATORY

Vendor Name:		Contract Title and Number:		
Purchase Order Number:	Contract Term:	Contract Period:	From:	To:
Contract Value:		Department:		

Performance Evaluation completed:

- Six (6) Month Interval
 Contract Closeout

PERFORMANCE

<u>EXCEPTIONAL (7)</u>	<u>VERY GOOD (5)</u>	<u>SATISFACTORY (3)</u>	
<p>Meets contractual requirements and exceeds many to the Municipality's benefit. The scope of services was accomplished. Corrective actions taken by the contractor were highly effective.</p> <p>All significant program elements, including technical performance and schedule, are above what was</p>	<p>Meets contractual requirements and exceeds some to the Municipality's benefit. The scope of services was accomplished with minor problems. Corrective actions taken by the contractor were effective.</p> <p>Significant elements were as planned.</p>	<p>Meets contractual requirements. The actions taken by the contractor appear or were satisfactory.</p> <p>Some significant program elements are behind what was planned or above the negotiated cost.</p>	
<u>MARGINAL (2)</u>	<u>UNSATISFACTORY (0)</u>	<u>N/A</u>	<u>INSUFFICIENT INFO. TO RATE</u>
<p>Does not meet some contractual requirements. The scope of services was not accomplished. Problems were serious. The contractor has yet to identify corrective actions, or the contractor's proposed actions appear only marginally effective or were not implemented.</p> <p>Some significant program elements are significantly behind the plan or well above the negotiated cost.</p>	<p>Does not meet most contractual requirements, and recovery is not likely in a timely manner. The contractor's corrective actions appear or were ineffective.</p>	Not Applicable	<p>There is not sufficient information to rate performance.</p>

PERFORMANCE RATING	Score (0,2,3,5,7)	COMMENTS (Attach additional sheets if necessary)
<p>Service</p> <p><input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate</p>		

PERFORMANCE RATING		Score (0,2,3,5,7)	COMMENTS (Attach additional sheets if necessary)
Delivers on time	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Follows instructions	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Product quality	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		Number of rejections
Handling of complaints	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Technical assistance	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		

PERFORMANCE RATING		Score (0,2,3,5,7)	COMMENTS (Attach additional sheets if necessary)
Delivers on time without constant follow-up	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Keep promises	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Customer service staff is responsive, professional and knowledgeable	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Documentation records, receipts, invoices and computer generated reports received in a timely manner and in compliance with contract specifications	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Safety: <ul style="list-style-type: none"> ▪ Reporting of incidents ▪ Completing safety talks with employees ▪ Compliance of hazard assessment / site safety plans ▪ Total Recordable Injury Rate (TRIR) for the duration of the contract 	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Insufficient info. to rate		
Would you recommend this firm again?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		

OVERALL ASSESSMENT

Total score out of 70

- Exceptional (51-70)
- Very Good (31-50)
- Satisfactory (21-30)
- Marginal (10-20)
- Unsatisfactory (< 10)

Comments: _____

Name of Evaluator: _____ (Print) _____ (Signature)

Title: _____ Date: _____

The Procurement Branch will arrange performance review meetings with vendors receiving a "Marginal" score or less on a Vendor Performance Evaluation report.

FISCAL COMPLIANCE:

Number of Financial Change Orders _____

Original Contract/Award Value \$ _____

Dollar amount of increase (decrease) \$ _____

Percent of increase (decrease) _____ %

Reason for increase (decrease) _____

MANAGER/DIRECTOR REVIEW:

_____ Title

_____ Signature

_____ Date