## PAST PERFORMANCE FORM

| Name of Organization (applicant): |  |  |
| :--- | :--- | :--- | :--- |
| Name of Funding Agency/Organization: | Award Amount: <br> Type of Funding Year <br> 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

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

## Completed By:

Phone No.:
$\qquad$ Date: $\qquad$

Email: $\qquad$

