

ANNUAL VENDOR ASSESSMENT

CONTRACTOR/CONSULTANT/VENDOR: _____	REVIEW DATE: _____
PROJECT/SERVICE: _____	
CONTRACT TERM: _____	
REVIEW TYPE: ANNUAL BUDGET <input type="checkbox"/> PROJECT COMPLETION <input type="checkbox"/>	

BUDGET TRACKING: ORIGINAL CONTRACT DOLLAR AMOUNT: \$ _____ CUMMULATIVE FISCAL YEAR EXPENDITURES: \$ _____ PROJECTED EXPENDITURES: \$ _____ ACTUAL EXPENDITURES UPON PROJECT COMPLETION: \$ _____ COMMENTS: _____ _____ _____
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PERFORMANCE OF SCOPE OF SERVICES	
	Unsatisfied (1) - Very Satisfied (5)
How effectively did the vendor communicate with the City regarding the project? Communication includes regular progress updates, recommendations, and concerns/issues.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Did the firm individual(s) assigned to do the work meet the City's expectations?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
How knowledgeable was the vendor regarding the service or project?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
How is the vendor ranked overall for quality performance?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Did the vendor comply with the terms of the agreement?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Overall Rating	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied <input type="checkbox"/> N/A

TIMELINESS	
	Unsatisfied (1) - Very Satisfied (5)
How well did the vendor follow the schedule established at the beginning of the project?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Did the vendor complete the project on time?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Were invoices submitted in a timely manner?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Overall Rating	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied <input type="checkbox"/> N/A

BUDGET PERFORMANCE	
	Unsatisfied (1) - Very Satisfied (5)
Did the vendor complete the project on budget?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
How accurate were the invoices submitted to the City?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
If additional funds were requested (increased compensation), was the vendor able to provide justification for the increase?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Overall Rating	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied <input type="checkbox"/> N/A

CUSTOMER SERVICE	
	Unsatisfied (1) - Very Satisfied (5)
How prompt was the vendor in responding to City inquiries?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
How consistent and clear was the vendor's communications with City staff?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
How proactive was the vendor in addressing problems or concerns regarding the product or service?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
How courteous, professional, and responsive was the vendor in dealing with the City, sub-consultants, and the community?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A
Overall Rating	<input type="checkbox"/> Unsatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied <input type="checkbox"/> N/A

VENDOR PERFORMANCE STATUS: <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory Specific details for ratings: _____ _____ _____ _____ _____ _____ _____
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Additional Comments: _____ _____ _____ _____ _____ _____			
_____		_____	
Project Manager	Date	Department Director	Date