



PURCHASING DEPARTMENT  
P. O. BOX 9534  
BATON ROUGE, LA 70813  
(225) 771-4580  
(225) 771-2756 (FAX)

## MEMORANDUM #702-A

TO: Vice Chancellors, Deans, Department Heads, Directors and Chairpersons

FROM: Linda A. Antoine, Director of Purchasing *Linda A. Antoine*

DATE: June 28, 2016

Re: Revised Professional Services Contract Effective Immediately

A Professional Services Contract is attached that include contractual clauses in compliance with recent state and federal regulations. This form contains the minimum language required in a professional Services Contract. Additional items may be added as required by the individual department's needs and applicable federal requirements. Please discard all previous Professional Services Contractual forms.

Effective **July 1, 2016**, all requests for Professional Services Contracts must be submitted on the new form attached.

Contracts arriving in the Purchasing Department shall be date stamped and logged in. Contracts should be submitted prior to the effective date or beginning date of services rendered. Any contractual package, arriving in the Purchasing Department, after the effective or beginning date of services, shall require a separate written Letter of Justification, from the requesting department, attached thereto, explaining why the document is being submitted late and approved by the Director of Purchasing or the designee.

Please disseminate the revised copy of the contract to members of your staff. All contracts on line or disks must be upgraded and/or revised to reflect the changes indicated on the original contract attached. All previously printed copies of the contract must be destroyed.

Thank you for your cooperation. Please direct all questions and inquiries to Mr. Wilbert R. Jones at (225) 771-4580 or by email [Wilbert\\_jones@subr.edu](mailto:Wilbert_jones@subr.edu) or Linda Antoine at [linda\\_antoine@subr.edu](mailto:linda_antoine@subr.edu).



# Southern University System Request for Professional Services Contractual Approval Form

Date \_\_\_\_\_

Department: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_

**Please Check The Appropriate Box(es):**

Individual or Business Categories:

LA Company                      Out of State Co.

Minority Business              Individual

Woman Business                Other

Veteran Business                \_\_\_\_\_

Small Business                 \_\_\_\_\_

Hudson Initiative                \_\_\_\_\_

**PLEASE IDENTIFY THE SOURCE OF FUNDING AND INSERT THE BANNER BUDGETARY CODE BELOW:**

FUNDING	FUND CODE	ORGANIZATION CODE	ACCOUNT NUMBER	PROGRAM CODE	AMOUNT
Agency/Athle					
Federal Fund					
General Fund					
Self Generated					

This is to certify that the attached contract between \_\_\_\_\_ of

NAME OF CONTRACTOR

Zip Code \_\_\_\_\_

MAILING ADDRESS OF CONTRACTOR

And **Southern University** \_\_\_\_\_ in the amount of \_\_\_\_\_

Campus

has been prepared in accordance with State Regulations for procurement of Professional ☐, Personal ☐, Social or Consulting ☐

Services . This contract covers the period of \_\_\_\_\_.

{ } FEDERAL TAX IDENTIFICATION NO. \_\_\_\_\_ { } SOCIAL SECURITY NUMBER \_\_\_\_\_

Signature of Requestor, End User or Departmental Representative

Print or Type Name

Telephone Number

## RECOMMENDATION FOR APPROVAL SIGNATURES:

STUDENT ADVISOR (IF APPLICABLE)

DIRECTOR OF HUMAN RESOURCES (PERSONNEL)

DIRECTOR OR DEPARTMENT HEAD

DIRECTOR OF PURCHASING

DEAN OR VICE CHANCELLOR

VICE CHANCELLOR FOR FINANCE & ADMINISTRATION

*Southern University and A&M College*  
*Baton Rouge, LA 70813*

LETTER OF CERTIFICATION

Dr. Ray Belton, President-Chancellor  
Southern University System  
Baton Rouge, LA 70813

Dear Dr. Belton:

In reference to the enclosed contract, we do certify the following:

1. Either no employee of our agency is both competent and available to perform the services called for by the proposed contract or the services called for are not the type readily susceptible of being performed by persons who are employed by the state on a continuing basis;
2. The services are not available as a product of a prior or existing Professional, Personal, Consulting or Social services contract;
3. When applicable, the requirements for consulting or social services contracts, as provided for under Louisiana Revised Statutes Title 39:1595, have been complied with;
4. The \_\_\_\_\_ Department has developed and fully intends to implement a written plan providing for:
  - a. The assignment to \_\_\_\_\_ to a monitoring and liaison function; and
  - b. The periodic review of interim reports or other indicia of performance to date; and
  - c. The ultimate use of the final product of the services.
5. A cost-benefit analysis has been conducted which indicates that obtaining such services from the private sector is more cost-effective than providing such services by the agency itself or by an agreement with another state agency and includes both a short-term and a long-term analysis and is available for review.
6. The cost basis for the proposed contract is justified and reasonable.
7. A description of the specific goals and objectives, deliverables, performance measures and a plan for monitoring the services to be provided is contained in the proposed contract.
8. An inquiry has been conducted to determine if the contract outsources a key internal control of the agency. The results have been documented in the agency's files and are available for review, upon request. If warranted, the RFP and contract have included provisions, which address the need for assurances and/or monitoring of the key internal control.
9. **The Board of Regents has been notified, in accordance with R.S. 39:136 of services that are the type readily susceptible of being performed by persons who are employed by or who are students of a postsecondary institution of the state.**

Sincerely,

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Name of Authorized Preparer

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Title

State of Louisiana  
Parish Of East Baton Rouge

**PROFESSIONAL SERVICES CONTRACT**

**BE IT KNOWN**, that on this day of \_\_\_\_\_ Southern University System, Baton Rouge, Louisiana  
70813, hereinafter sometimes referred to as the "University" and \_\_\_\_\_

Whose address is: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Facsimile No: \_\_\_\_\_ Cellular No: \_\_\_\_\_

Email Address: \_\_\_\_\_, hereinafter sometimes referred to as "Contractor" does hereby enter into  
contract under the following terms and conditions: *(If additional space is needed please include a separate labeled sheet.)*

1.

**SCOPE OF SERVICES:**

Contractor hereby agrees to furnish the following services: \_\_\_\_\_

2.

**SPECIFIC GOALS AND OBJECTIVES:**

3.

**MEASURES OF PERFORMANCE:**

4.

**MONITORING PLAN:**

5.

**PAYMENT TERMS**

In consideration of the services described above, the University hereby agrees to pay to the contractor a maximum fee of  
\$ \_\_\_\_\_. Payment will be made only on approval of \_\_\_\_\_. If  
progress and/or completion to the reasonable satisfaction of Southern University are obtained, payments are scheduled as follows:

6.

#### **TERMINATION FOR CONVENIENCE**

The University may terminate this contract at any time by giving \_\_\_\_\_ (\_\_\_\_\_) days written notice to the contractor. The contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

7.

#### **TERMINATION FOR CAUSE**

The University may terminate this contract for cause based upon the failure of the contractor to comply with the terms and/or conditions of the contract; provided that the University shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have either corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then the University may, at its option, place the Contractor in default and the Contract shall terminate on the date specified in such notice. The Contractor may exercise any rights available to it under Louisiana Law to terminate for cause upon the failure of the University to comply with terms and conditions of this contract; provided that the Contractor shall give the University written notice specifying the University's failure and a reasonable opportunity for the University to cure the defect.

8.

#### **REMEDIES FOR DEFAULT**

Any claim or controversy arising out of this contract shall be resolved by the provisions of Louisiana Statutes Annotated (LSA) – Revised Statutes (R. S.) 39:1672.2-1672.4; 39:1524 – 1526.

9.

#### **RECORD OWNERSHIP**

Upon completion of this contract, or if terminated earlier, all records, reports, documents and other material delivered or transmitted to Contractor by the University shall remain the property of the University, and shall be returned by Contractor to the University, at Contractor's expense, at termination or expiration of this contract. All records, reports, worksheets, documents or other material related to this contract and/or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of the University, and shall, upon request, be returned by Contractor to the University, at Contractor's expense, at termination or expiration of this contract.

10.

#### **NONASSIGNABILITY**

No contractor shall assign any interest in this contract by assignment, transfer, or notation without prior written consent of the University. This provision shall not be construed to prohibit the contractor from assigning his bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the University.

11.

#### **AUDITORS**

It is hereby agreed that the Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration Auditors shall have the option of auditing all accounts of contractor, which relate to this contract.

12.

#### **FISCAL FUNDING**

The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

13.

#### **E-VERIFY**

Contractor acknowledges and agrees to comply with the provisions of La R.S. 38:2212.10 and federal law pertaining to E-Verify in the performance of services under this contract.

14.

#### **GOVERNING LAW**

This contract shall be governed by and interpreted in accordance with the laws of the State of Louisiana, including but not limited to La. R.S. 39:1551-1736; rules and regulations, executive orders; standard terms and conditions, special terms and conditions, and specifications listed in the RFP (if applicable); and this contract. Venue of any action brought, after exhaustion of administrative remedies, with regard to this contract shall be in the Nineteenth Judicial District Court, Parish of East baton Rouge, State of Louisiana.

15.

**DISCRIMINATION CLAUSES**

The contractor agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

16.

**CONTINUING OBLIGATION**

Contractor has a continuing obligation to disclose any suspensions or debarment by any government entity, including but not limited to General Services Administration (GSA). Failure to disclose may constitute grounds for suspension and/or termination of the contract and debarment from future contracts.

17.

**ELIGIBILITY STATUS**

Contractor, and each tier of Subcontractors, shall certify that it is not on the list of Parties Excluded from Federal Procurement or Non-procurement Programs promulgated in accordance with E.O's 12549 and 12689, "Debarment and Suspension," as set forth at 24 CFR part 24.

18.

**CONTRACTOR'S COOPERATION:**

The Contractor has the duty to fully cooperate with the University and provide any and all requested information, documentation, etc., to the University when requested. This applies even if this contract is terminated and/or a lawsuit is filed. Specifically, the contractor shall not limit or impede the State's right to audit or shall not withhold State owned documents.

19.

**COMMISSIONER'S STATEMENTS**

Statements, acts and omissions made by or on behalf of the Commissioner of Administration regarding the RFP or RFP process, this contract, any contractor and/or any subcontractor of the Contractor shall not be deemed a conflict of interest when the Commissioner is discharging his duties and responsibilities under law, including, but not limited, to the Commissioner of Administration's authority in procurement matters.

20.

**TRAVEL EXPENSES**

No more than (\$\_\_\_\_\_) of the total maximum payable under this contract shall be paid or received as reimbursement for travel and other reimbursable expenses; and

Travel expenses shall be reimbursed in accordance with Division of Administration Policy and Procedure Memorandum PPM #49.

21.

**TAXES**

Contractor hereby agrees that the responsibility for payment of taxes from the funds thus received under this contract and/or Legislative appropriation shall be contractor's obligation and identified under Federal Tax Identification Number: \_\_\_\_\_

22.

**TERM OF CONTRACT**

This contract shall begin on \_\_\_\_\_ and shall terminate on \_\_\_\_\_.

**GENERAL AUTHORITY:**

This contract was prepared in accordance with the State of Louisiana, Revised Statute 39:1551-1736, 39:1595 and the Office of Contractual Review, Division of Administration and Southern University System's Administrative and Fiscal Policies and Procedures governing Professional, Personal, Consulting and Social Services. Contracts prepared for a dollar amount that exceeds \$20,000.00 shall require the approval of the President of the Southern University System, Department of Civil Service and the Director of the Office of Contractual Review, Division of Administration. **NO CONTRACT SHALL BE VALID UNTIL ALL APPROVALS HAVE BEEN OBTAINED.**

**IN WITNESS WHEREOF, the parties have executed this agreement as of this day of \_\_\_\_\_.**

**CONTRACTOR****SOUTHERN UNIVERSITY – BATON ROUGE CAMPUS**

BY: \_\_\_\_\_

Signature of Contractor

By: \_\_\_\_\_

Ray L. Belton, Ph.D., President-Chancellor , SUS

\_\_\_\_\_  
Print or Type Name\_\_\_\_\_  
Print or Type Name**WITNESSED:****WITNESSED:**

BY: \_\_\_\_\_

Signature

By: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name\_\_\_\_\_  
Print or Type Name**WITNESSED:****WITNESSED:**

BY: \_\_\_\_\_

Signature

By: \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name\_\_\_\_\_  
Print or Type Name

Date: \_\_\_\_\_

## CONSULTANT AUTHORIZATION FORM

TO BE COMPLETED IN SUPPORT OF ALL REQUESTS FOR PAYMENT OF CONTRACTURAL EXPENSES.

The \_\_\_\_\_ is hereby requesting approval to employ the

Name of Department, Grant or Program

Individual identified below as a consultant on Account Number: \_\_\_\_\_

Name of person/company \_\_\_\_\_

Consultant's Present

Federal Tax Identification No. \_\_\_\_\_

Job Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ { } Part Time

{ } Full Time

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Place of Service: \_\_\_\_\_ Date(s) of Service(s) \_\_\_\_\_

Amount to be Paid: \_\_\_\_\_

A. Give Purpose Or State Need Of Consultation Service (State Specific Service To Be Performed Or Rendered):

B. Give Method Or Reasons For Selection Of The Above Consultant:

C. Indicate How Fee Amount Was Determined. (Indicate Amount Of Hourly Or Daily Rate Of Pay):

D. Indicate Why Persons Presently On Southern University Payroll Cannot Provide Service (s):

E. Is This Individual An Employee Of The Federal Government? YES { } NO { }  
Is This Individual An Employee Of The University? YES { } NO { }  
Is This Individual A Retired University Employee? YES { } NO { } (if yes, what is effective date)

F. List Names Of All Consultants Or Contractors Considered:

As Principal Investigator, I Hereby Certify That:

1. These Services Are Essential And Cannot Be Or Provided By Persons Receiving Salary On The Grant Or Otherwise Compensated For Their Services.
2. A Selection Process Has Been Employed To Secure The Qualified Person Available.
3. The Charge Is Appropriate Considering The Qualification Of The Consultant, His Normal Charges, And The Nature Of The Service Rendered.
4. If The Consultant Is A Southern University Employee, Consultation Is Across Departmental Lines And In Addition To Regular Duties And/Or Involves A Separate Or Remote Operation And Is In Addition To The Consultant's Regular Departmental Workload.

\_\_\_\_\_  
Departmental Chairperson

\_\_\_\_\_  
Principle Investigator or Requestor

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Institutional Representative –Chancellor

\_\_\_\_\_  
Date



**SOUTHERN UNIVERSITY  
POST OFFICE BOX 9534  
BATON ROUGE, LOUISIANA 70813  
(225) 771-4580**

**TIME SHEET**

**GRANT NUMBER OR  
DEPARTMENTAL CODE** \_\_\_\_\_ **DEPARTMENT** \_\_\_\_\_

**Date(s) of Service(s):**

**Time Period of Service(s) Hours – C.S.T.**

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**I HEREBY CERTIFY THAT SERVICES WERE RENDERED BY ME ON THE DATE(S) AND THE TIME PERIOD AS SPECIFIED ABOVE.**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature**  
(The name of the above person written with his/her name)

**Mailing Address**

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\_\_\_\_\_  
**Type or Print Name**

\_\_\_\_\_  
**Director/Department Head Signature**

\_\_\_\_\_  
**Director of Human Resources (Personnel)**

**(THIS FORM MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE UPON COMPLETION OF SERVICES)  
PLEASE ATTACH A COPY OF APPROVED CONTRACT, WHEN APPLICABLE.**

**Amount: \$** \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-				-	
<b>or</b>									
<b>Employer identification number</b>									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# CONTRACTUAL PERFORMANCE EVALUATION FORM

## PROFESSIONAL, PERSONAL, CONSULTING AND SOCIAL SERVICES

### SOUTHERN UNIVERSITY SYSTEM

Name of Contractor: \_\_\_\_\_ Beginning and Ending Date of Contract  
From: \_\_\_\_\_ To: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Signature of Program  
Monitor/Evaluator: \_\_\_\_\_ SU Contract No. \_\_\_\_\_

Approved by: \_\_\_\_\_ DOA Contract No: \_\_\_\_\_

Department Head  
Agency Contract Number: \_\_\_\_\_ CFMS Contract No.: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Actual Amount Paid: \$ \_\_\_\_\_

Purchase Requisition No.: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

Contractual Cost Basis: \_\_\_\_\_

Contractual Modifications:  
Number: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Description of Services (What Were The Services Being Provided)

Deliverable Products:

What were the final products? \_\_\_\_\_

Were they delivered on time? \_\_\_\_\_

Were they usable? If so, how? If not, why not? \_\_\_\_\_

Problems Encountered: \_\_\_\_\_

Overall Performance (Check One): \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

Weak Points: \_\_\_\_\_

Strong Points: \_\_\_\_\_

Would you hire this contractor again? \_\_\_\_\_

Name and Telephone Number of Program Official Responsible for Monitoring and Final Acceptance: \_\_\_\_\_

This form must be submitted to the Purchasing Department upon completion of Services