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| **1. Consultant Name and Address:** | **2. MCA Entity:**  **\_ Country: Point of Contact (POC)**  **Name: POC Position: \_** | **3. [ ] Final Report**  **From: \_ To: [ ] Interim Report**  **From: \_ To:** |
| **4. Contract Number:** | **8. Total Value of Base Period:** |  |
| **5. Number of Contract Modifications:** | **9. Total Value of Option(s):** |  |
| **6. Contract Award Date:** | **10. Number of Options:** |  |
| **7. Contract End Date:** | **11. Total Contract Value (Base Period (+) All Option Periods):** | |
| **12. Describe the services performed on the contract in Block 4; include the specific location(s) of performance.** | | |
| **13. Was the contract Terminated for Cause during the reporting period? Yes \_No. If yes, explain the circumstances.** | | |
| **14. Was a Notice of Intent to Terminate the Contract issued? Yes No. If yes, explain the circumstances and the corrective actions taken, if**  **any:** | | |
| **15. Was the Consultant notified that any Options would not be exercised? Yes \_\_\_No. If yes, explain the circumstances.** | | |
| **16. Did the Consultant ever receive notification that they would be required to address and correct/remedy deficiencies in their performance?**  **Yes No. If yes, explain the circumstances.** | | |
| **17. Were there any Claims or Disputes filed during the performance of this contract? Yes \_\_\_No. If yes, explain who filed, what the outcomes were, and whether arbitration was used.** | | |
| **18. Due to any fault of the Consultant, did the MCA Entity need to devote any unanticipated resources to the contract in order to ensure satisfactory performance? Yes No. If yes, explain.** | | |
| **19. Were all submitted deliverables technically acceptable? Yes No. If no, in what respect were they technically unacceptable?**  **If no, did the MCA Entity have to personally go back and correct the deliverables after the Consultant’s submission?** | | |
| **20. Did any deliverables exceed the expectations set forth in the contract? Yes \_\_\_No. If yes, in what respect did they exceed the expectations?** | | |



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| **Description of Services** | **Days Late** | **Reason** |
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| **Position** | **Duration** | **Reason For Vacancy** |
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| **21. Were all deliverables provided on time? Yes \_\_No. If no, how late were they? What was the reason?** |
| **22. Were all key personnel positions filled during the reporting period? Yes No. If no, how long were they vacant? Why?** |
| **23. Were the Key Personnel used the same persons originally proposed? Yes No. If no, was this change approved by the MCA Entity?** |
| **24. Were there any requests to change and/or replace Key Personnel during the period of performance? Yes \_\_\_No.**  **If yes, what was the reason? Was the request(s) granted?** |
| **25. Was a significant portion of the services subcontracted? Yes No.**  **If yes, provide the name and address of each significant subcontractor and the subcontract value.** |
| **26. Was a significant portion of the services performed by a consortium member or joint venture partner? Yes \_\_\_\_No.**  **If yes, provide the name, address, and approximate percentage of work performed by each such member or partner.** |
| **27. Would you select this Consultant in the future? Explain.** |



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| **28. How would you rate this Consultant’s overall performance? Select one of the following:**  **[ ] Outstanding [ ] Very Good [ ] Adequate [ ] Poor [ ] Unacceptable**   |  |  | | --- | --- | | **Rating** | **Definition** | | **OUTSTANDING** | The Consultant provided excellent support and routinely provided increased efficiencies beyond minimum requirements. The Consultant performed exceptionally and delivered the highest quality work in an efficient manner. The Consultant routinely exceeded requirements and added significant value to the project. The Consultant’s work rarely, if ever, required revisions to content or form. | | **VERY GOOD** | The Consultant provided very good support and sometimes provided increased efficiencies beyond minimum requirements. The Consultant performed well and delivered quality work in an efficient manner. The Consultant sometimes exceeded requirements and added some additional value to the project. The Consultant’s work sometimes required revisions to content or form. | | **ADEQUATE** | The Consultant provided adequate support and rarely increased efficiencies beyond minimum requirements. The Consultant met requirements and added no additional value to the project. The Consultant’s work may have required several revisions to content and form. | | **POOR** | The Consultant provided poor support and may have occasionally contributed to project delays. The Consultant occasionally failed to meet requirements and added insufficient value to the project. The Consultant’s work may have required substantial revisions to content and form. | | **UNACCEPTABLE** | The Consultant provided unacceptable support and was unable to deliver acceptable levels of quality in their work. The Consultant routinely failed to meet the expectations and requirements of the contract. The Consultant’s work was not acceptable even after multiple intensive revisions to form or content. | | |
| **29. MCA Entity Project Director Name:**  **Phone/FAX/Internet Address:**  **Signature: Date:** | **30. Approval by the MCA Procurement Director:**  **Yes \_\_\_No**  **Name:**  **Signature:**  **Date:** |

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| **31. MCC Review**  **Comments (if any):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MCC Sector Director** | |  | **MCC PLSD** | | | **Signature** |  |  | **Signature** |  | | **Date** |  |  | **Date** |  | | |
| **32. MCA CEO signature indicating approval of the Report prior to Consultant’s Review.**  **Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **33. Consultant’s Review. Were comments or additional information provided? Yes No. If yes, attach comments or additional information. Number of Pages of Attachment** | |
| **34. Consultant's Contact Name: Phone/FAX/Internet Address:** | **Signature: Date:** |
| **35. MCA Entity Review. If provided, did the Director General or Chief Executive Officer of the MCA Entity respond to the Consultant’s comments? \_\_\_\_\_Yes \_\_\_\_No.**  **If yes, attach comments of MCA Entity Director General/CEO. Number of Pages of comments** | |
| **36. MCA Entity Director General/CEO Name:**  **Phone/FAX/Internet Address:** | **Signature: Date:** |
| **37. Is the Key Personnel Reference form attached? Yes No.** | |
| **END OF FORM** | |



# Additional Guidance on Completing the Forms:

Block 5: State how many contract modifications were executed under this contract.

Block 11: Contract dollar value shall include base period plus all options. If funding was increased or decreased during the evaluation period, it should be reflected in the overall value.

Block 12: Provide a brief description and location of the services. Block 13: Describe any early termination of the contract, if applicable.

Block 18: Describe any circumstances that may have required unanticipated resources from the MCA Entity due to a fault of the Consultant (e.g., MCA Entity was required to establish additional oversight to monitor Consultant performance, MCA Entity increased contract funding in order to facilitate delivery, etc.).

Block 27: Provide supporting rationale for why you would or would not select this Consultant to provide consulting services in the future.

Block 28: Provide an overall rating of the Consultant based upon the definitions supporting each adjectival rating description.

Block 31: **MCC’s Review:** Once the MCA Entity has completed its review, the MCA Procurement Director should send the file to the MCC point of contact so that MCC’s Sector Director may provide its assessment of the contractor/ consultant’s performance based on MCC’s oversight of the relevant project (in the “MCC Review” box). The MCC Practice Lead will also review and sign the form before returning it to MCA.

Block 33: **Consultant’s Review**: The Consultant should be provided an opportunity to review and endorse the past performance report. Forward the completed report to the Consultant and instruct them to review and sign the document on Block 33 within 15 calendar days of the date of your correspondence. If comments are unfavorable, the Consultant **must** be afforded an opportunity to comment. More time may be granted, as reasonable, but should not extend beyond 30 calendar days. Signature by the Consultant does not necessarily indicate agreement. If concern or disagreement is received from the Consultant, additional MCA Entity review at a level higher than the MCA Entity Project Director/Procurement Director is required.

Blocks 35-36 **MCA Entity Review**: This is the review by the Director General/CEO of the MCA Entity. Review cannot be delegated below the Deputy Director/DCEO. Comments should be provided, as appropriate. Attach additional pages as needed. The Director General/CEO’s signature certifies that they have reviewed the entire file and have either concurred with the original rating or established a different final rating.



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| **1. Contractor Name and Address:** | **2. MCA Entity:**  **\_ Country: Point of Contact (POC)**  **Name: POC Position: \_** | **3. [ ] Final Report**  **From: \_ To: [ ] Interim Report**  **From: \_ To:** |
| **4. Contract Number:** | **8. Total Value of Base Period:** |  |
| **5. Number of Contract Modifications:** | **9. Total Value of Option(s):** |  |
| **6. Contract Award Date:** | **10. Number of Options:** |  |
| **7. Contract End Date:** | **11. Total Contract Value (Base Period (+) All Option Periods):** | |
| **12. Describe the works performed on the contract in Block 4; include the specific location(s) of performance.** | | |
| **13. Was the contract Terminated for Cause during the reporting period? Yes ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **14. Was a Notice of Intent to Terminate the Contract ever issued? Yes ­\_\_\_ No. If yes, explain the circumstances and the corrective actions taken, if any:** | | |
| **15. Was the Contractor notified that any Options would not be exercised? Yes ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **16. Did the Contractor receive a Cure Notice at any time? Yes ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **17. Did the Contractor ever receive notification that they would be required to address and correct/remedy deficiencies in their performance?**  **Yes ­­ ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **18. Were there any Claims or Disputes filed during the performance of this contract? Yes ­\_\_\_ No. If yes, explain who filed, what the outcomes were, and whether arbitration was used.** | | |
| **19. Due to any fault of the Contractor, did the MCA Entity need to devote any unanticipated resources to the contract in order to ensure satisfactory performance? Yes ­\_\_\_ No. If yes, explain.** | | |
| **20. Did the Contractor’s performance cause any Delay Damages? \_\_\_\_Yes \_\_\_\_ No.**  **If no, were there any other schedule delays, particularly to the critical path?** | | |





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| **21. Were Liquidated Damages provisions included in this contract? Yes \_\_\_\_ No. If yes, were any Liquidated Damages applied to the Contractor for any reason? Yes \_\_\_\_ No. If yes, explain.** |
| **22. Was all work completed in a technically acceptable manner? Yes \_\_\_\_No. If no, in what respect were they technically unacceptable?**  **If no, did the MCA Entity have to go back and correct the deliverables after the Contractor’s submission?** |
| **23. Did any deliverables exceed the standards set forth in the contract? Yes \_\_\_\_ No. If yes, in what respect did they exceed the standards?** |
| **24. How many Variation Orders were requested by the Contractor? How many variations were issued by the MCA Entity?** |
| **25. Was the Contractor able to ensure the retention of qualified Key Personnel? Yes \_\_\_ No. If no, was there an adverse impact to the contract cost, schedule, or scope? Were additional resources readily and easily on-boarded?** |
| **26. Was the Contractor able to maintain an adequate workforce for successful completion of the contract? Yes \_\_\_ No. If no, explain.** |
| **27. Was a significant portion of the work subcontracted? Yes \_\_\_ No. If yes, provide the name and address of each significant subcontractor and the subcontract value.** |
| **28. Did the Contractor encounter any supply chain issues that adversely impacted their performance or the success of the contract? Yes \_\_\_No. If yes, explain.** |
| **29. Did the Contractor encounter any problems procuring and using the appropriate hardware, equipment, or tools for this contract? \_\_\_Yes \_\_\_\_No. If yes, explain.** |
| **30. Was the Contractor ever asked to correct, cure, or remedy any health or safety violations during performance? Yes \_\_\_No. If yes, explain. Was the Contractor able to correct their poor performance? Yes \_\_\_\_No. If no, explain.** |
| **ESA Director of MCA Entity Signature is required for this answer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



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| **31. Would you select this Contractor in the future? Explain.** | |
| **32. How would you rate this Contractor’s overall performance? Select one of the following:**  **[ ] Outstanding [ ] Very Good [ ] Adequate [ ] Poor [ ] Unacceptable**   |  |  | | --- | --- | | **Rating** | **Definition** | | **OUTSTANDING** | The Contractor provided excellent support and routinely provided increased efficiencies beyond minimum requirements. The Contractor performed exceptionally and delivered the highest quality work in an efficient manner. The Contractor routinely exceeded requirements and added significant value to the project. The Contractor’s work rarely, if ever, required revisions to content or form. | | **VERY GOOD** | The Contractor provided very good support and sometimes provided increased efficiencies beyond minimum requirements. The Contractor performed well and delivered quality work in an efficient manner. The Contractor sometimes exceeded requirements and added some additional value to the project. The Contractor’s work sometimes required revisions to content or form. | | **ADEQUATE** | The Contractor provided adequate support and rarely increased efficiencies beyond minimum requirements. The Contractor met requirements and added no additional value to the project. The Contractor’s work may have required several revisions to content and form. | | **POOR** | The Contractor provided poor support and may have occasionally contributed to project delays. The Contractor occasionally failed to meet requirements and added insufficient value to the project. The Contractor’s work may have required substantial revisions to content and form. | | **UNACCEPTABLE** | The Contractor provided unacceptable support and was unable to deliver acceptable levels of quality in their work. The Contractor routinely failed to meet the expectations and requirements of the contract. The Contractor’s work was not acceptable even after multiple intensive revisions to form or content. | | |
| **33. MCA Entity Project Director Name:**  **Phone/FAX/Internet Address:**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **34. Approval by the MCA Procurement Director:**  **\_\_\_Yes \_\_\_No**  **Name:**  **Signature:**  **Date:** |



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| **35. MCC Review**  **Comments (if any):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MCC Sector Director** | |  | **MCC PLSD** | | | **Signature** |  |  | **Signature** |  | | **Date** |  |  | **Date** |  | | |
| **36. MCA CEO signature indicating approval of the Report prior to Contractor’s Review.**  **Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **37. Contractor’s Review. Were comments or additional information provided? Yes \_\_\_\_ No. If yes, attach comments or additional information. Number of Pages of Attachment** | |
| **38. Contractor's Contact Name: Phone/FAX/Internet Address:** | **Signature: Date:** |
| **39. MCA Entity Review. If provided, did the Director General or Chief Executive Officer of the MCA Entity respond to the Contractor’s comments? \_\_\_\_\_Yes \_\_\_\_No.**  **If yes, attach comments of MCA Entity Director General/CEO.**  **Number of Pages of comments** | |
| **40. MCA Entity Director General/CEO Name: Phone/FAX/Internet Address:** | **Signature: Date:** |
| **41. Is the Key Personnel Reference form attached? Yes \_\_\_\_No.** | |
| **END OF FORM** | |

# Additional Guidance on Completing the Forms:

Block 5: State how many contract modifications were executed under this contract.

Block 11: Contract dollar value shall include base period plus all options. If funding was increased or decreased during the evaluation period, it should be reflected in the overall value.

Block 12: Provide a brief description and location of the works.

Block 13: Describe any early termination of the contract, if applicable.

Block 19: Describe any circumstances that may have required unanticipated resources from the MCA Entity due to a fault of the Contractor (e.g., the MCA Entity was required to establish additional oversight to monitor Contractor performance, the MCA Entity increased contract funding in order to facilitate delivery, etc.).

Block 31: Provide supporting rationale for why you would or would not select this Contractor to provide consulting services in the future.

Block 32: Provide an overall rating of the Contractor based upon the definitions supporting each adjectival rating description.

Block 35: MCC’s Review: Once the MCA Entity has completed its review, the MCA Procurement Director should send the file to the MCC point of contact so that MCC’s Sector Director may provide its assessment of the contractor/ consultant’s performance based on MCC’s oversight of the relevant project (in the “MCC Review” box). The MCC Practice Lead will also review and sign the form before returning it to MCA.

Blocks 37: **Contractor’s Review**: The Contractor should be provided an opportunity to review and endorse the past performance report. Forward the completed report to the Contractor and instruct them to review and sign the document on Block 37 within 15 calendar days of the date of your correspondence. If comments are unfavorable, the Contractor **must** be afforded an opportunity to comment. More time may be granted, as reasonable, but should not extend beyond 30 calendar days. Signature by the Contractor does not necessarily indicate agreement. If concern or disagreement is received from the Contractor, additional MCA Entity review at a level higher than the MCA Entity Project Director/Procurement Director is required.

Blocks 39-40 **MCA Entity Review**: This is the review by the Director General/CEO of the MCA Entity. Review cannot be delegated below the Deputy Director/DCEO. Comments should be provided, as appropriate. Attach additional pages as needed. The Director General/CEO’s signature certifies that they have reviewed the entire file and have either concurred with the original rating or established a different final rating.



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| **1. Service Provider Name and Address:** | **2. MCA Entity:**  **\_ Country: Point of Contact (POC)**  **Name: POC Position: \_** | **3. [ ] Final Report**  **From: \_ To: [ ] Interim Report**  **From: \_ To:** |
| **4. Contract Number:** | **8. Total Value of Base Period:** |  |
| **5. Number of Contract Modifications:** | **9. Total Value of Option(s):** |  |
| **6. Contract Award Date:** | **10. Number of Options:** |  |
| **7. Contract End Date:** | **11. Total Contract Value (Base Period (+) All Option Periods):** | |
| **12. Describe the services performed on the contract in Block 4; include the specific location(s) of performance.** | | |
| **13. Was the contract Terminated for Cause during the reporting period? Yes \_No. If yes, explain the circumstances.** | | |
| **14. Was a Notice of Intent to Terminate the Contract issued? Yes No. If yes, explain the circumstances and the corrective actions taken, if**  **any:** | | |
| **15. Was the Service Provider notified that any Options would not be exercised? Yes \_\_\_No. If yes, explain the circumstances.** | | |
| **16. Did the Service Provider ever receive notification that they would be required to address and correct/remedy deficiencies in their performance?**  **Yes No. If yes, explain the circumstances.** | | |
| **17. Were there any Claims or Disputes filed during the performance of this contract? Yes \_\_\_No. If yes, explain who filed, what the outcomes were, and whether arbitration was used.** | | |
| **18. Due to any fault of the Service Provider, did the MCA Entity need to devote any unanticipated resources to the contract in order to ensure satisfactory performance? Yes No. If yes, explain.** | | |
| **19. Were all submitted deliverables technically acceptable? Yes No. If no, in what respect were they technically unacceptable?**  **If no, did the MCA Entity have to personally go back and correct the deliverables after the Service Provider’s submission?** | | |
| **20. Did any deliverables exceed the expectations set forth in the contract? Yes \_\_\_No. If yes, in what respect did they exceed the expectations?** | | |



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| **Description of Services** | **Days Late** | **Reason** |
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| **Position** | **Duration** | **Reason For Vacancy** |
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| **21. Were all deliverables provided on time? Yes \_\_No. If no, how late were they? What was the reason?** |
| **22. If applicable, were all key personnel positions filled during the reporting period? Yes No. If no, how long were they vacant? Why?** |
| **23. If applicable, were the Key Personnel used the same persons originally proposed? Yes No. If no, was this change approved by the MCA Entity?** |
| **24. If applicable, were there any requests to change and/or replace Key Personnel during the period of performance? Yes \_\_\_No.**  **If yes, what was the reason? Was the request(s) granted?** |
| **25. Was a significant portion of the services subcontracted? Yes No.**  **If yes, provide the name and address of each significant subcontractor and the subcontract value.** |
| **26. Was a significant portion of the services performed by a consortium member or joint venture partner? Yes \_\_\_\_No.**  **If yes, provide the name, address, and approximate percentage of work performed by each such member or partner.** |
| **27. Would you select this Service Provider in the future? Explain.** |



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| **28. How would you rate this Service Provider’s overall performance? Select one of the following:**  **[ ] Outstanding [ ] Very Good [ ] Adequate [ ] Poor [ ] Unacceptable**   |  |  | | --- | --- | | **Rating** | **Definition** | | **OUTSTANDING** | The Service Provider provided excellent support and routinely provided increased efficiencies beyond minimum requirements. The Service Provider performed exceptionally and delivered the highest quality work in an efficient manner. The Service Provider routinely exceeded requirements and added significant value to the project. The Service Provider’s work rarely, if ever, required revisions to content or form. | | **VERY GOOD** | The Service Provider provided very good support and sometimes provided increased efficiencies beyond minimum requirements. The Service Provider performed well and delivered quality work in an efficient manner. The Service Provider sometimes exceeded requirements and added some additional value to the project. The Service Provider’s work sometimes required revisions to content or form. | | **ADEQUATE** | The Service Provider provided adequate support and rarely increased efficiencies beyond minimum requirements. The Service Provider met requirements and added no additional value to the project. The Service Provider’s work may have required several revisions to content and form. | | **POOR** | The Service Provider provided poor support and may have occasionally contributed to project delays. The Service Provider occasionally failed to meet requirements and added insufficient value to the project. The Service Provider’s work may have required substantial revisions to content and form. | | **UNACCEPTABLE** | The Service Provider provided unacceptable support and was unable to deliver acceptable levels of quality in their work. The Service Provider routinely failed to meet the expectations and requirements of the contract. The Service Provider’s work was not acceptable even after multiple intensive revisions to form or content. | | |
| **29. MCA Entity Project Director Name:**  **Phone/FAX/Internet Address:**  **Signature: Date:** | **30. Approval by the MCA Procurement Director:**  **Yes \_\_\_No**  **Name:**  **Signature:**  **Date:** |

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| **31. MCC Review**  **Comments (if any):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MCC Sector Director** | |  | **MCC PLSD** | | | **Signature** |  |  | **Signature** |  | | **Date** |  |  | **Date** |  | | |
| **32. MCA CEO signature indicating approval of the Report prior to Service Provider’s Review.**  **Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **33. Service Provider’s Review. Were comments or additional information provided? Yes No. If yes, attach comments or additional information. Number of Pages of Attachment** | |
| **34. Service Provider's Contact Name: Phone/FAX/Internet Address:** | **Signature: Date:** |
| **35. MCA Entity Review. If provided, did the Director General or Chief Executive Officer of the MCA Entity respond to the Service Provider’s comments? \_\_\_\_\_Yes \_\_\_\_No.**  **If yes, attach comments of MCA Entity Director General/CEO. Number of Pages of comments** | |
| **36. MCA Entity Director General/CEO Name:**  **Phone/FAX/Internet Address:** | **Signature: Date:** |
|  | |
| **END OF FORM** | |



# Additional Guidance on Completing the Forms:

Block 5: State how many contract modifications were executed under this contract.

Block 11: Contract dollar value shall include base period plus all options. If funding was increased or decreased during the evaluation period, it should be reflected in the overall value.

Block 12: Provide a brief description and location of the services. Block 13: Describe any early termination of the contract, if applicable.

Block 18: Describe any circumstances that may have required unanticipated resources from the MCA Entity due to a fault of the Service Provider (e.g., MCA Entity was required to establish additional oversight to monitor Service Provider performance, MCA Entity increased contract funding in order to facilitate delivery, etc.).

Block 27: Provide supporting rationale for why you would or would not select this Service Provider to provide consulting services in the future.

Block 28: Provide an overall rating of the Service Provider based upon the definitions supporting each adjectival rating description.

Block 31: **MCC’s Review:** Once the MCA Entity has completed its review, the MCA Procurement Director should send the file to the MCC point of contact so that MCC’s Sector Director may provide its assessment of the Supplier’s performance based on MCC’s oversight of the relevant project (in the “MCC Review” box). The MCC Practice Lead will also review and sign the form before returning it to MCA.

Block 33: **Service Provider’s Review**: The Service Provider should be provided an opportunity to review and endorse the past performance report. Forward the completed report to the Service Provider and instruct them to review and sign the document on Block 33 within 15 calendar days of the date of your correspondence. If comments are unfavorable, the Service Provider **must** be afforded an opportunity to comment. More time may be granted, as reasonable, but should not extend beyond 30 calendar days. Signature by the Service Provider does not necessarily indicate agreement. If concern or disagreement is received from the Service Provider, additional MCA Entity review at a level higher than the MCA Entity Project Director/Procurement Director is required.

Blocks 35-36 **MCA Entity Review**: This is the review by the Director General/CEO of the MCA Entity. Review cannot be delegated below the Deputy Director/DCEO. Comments should be provided, as appropriate. Attach additional pages as needed. The Director General/CEO’s signature certifies that they have reviewed the entire file and have either concurred with the original rating or established a different final rating.



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| **1. Supplier Name and Address:** | **2. MCA Entity:**  **\_ Country: Point of Contact (POC)**  **Name: POC Position: \_** | **3. [ ] Final Report**  **From: \_ To: [ ] Interim Report**  **From: \_ To:** |
| **4. Contract Number:** | **8. Total Value of Base Period:** |  |
| **5. Number of Contract Modifications:** | **9. Total Value of Option(s):** |  |
| **6. Contract Award Date:** | **10. Number of Options:** |  |
| **7. Contract End Date:** | **11. Total Contract Value (Base Period (+) All Option Periods) if applicable:** | |
| **12. Describe the goods supplied on the contract in Block 4; include the specific location(s) of performance.** | | |
| **13. Was the contract Terminated for Cause during the reporting period? Yes ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **14. Was a Notice of Intent to Terminate the Contract ever issued? Yes ­\_\_\_ No. If yes, explain the circumstances and the corrective actions taken, if any:** | | |
| **15. Was the Supplier notified that any Options would not be exercised? Yes ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **16. Did the Supplier receive a Cure Notice at any time? Yes ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **17. Did the Supplier ever receive notification that they would be required to address and correct/remedy deficiencies in their performance?**  **Yes ­­ ­\_\_\_ No. If yes, explain the circumstances.** | | |
| **18. Were there any Claims or Disputes filed during the performance of this contract? Yes ­\_\_\_ No. If yes, explain who filed, what the outcomes were, and whether arbitration was used.** | | |
| **19. Due to any fault of the Supplier, did the MCA Entity need to devote any unanticipated resources to the contract in order to ensure satisfactory performance? Yes ­\_\_\_ No. If yes, explain.** | | |
| **20. Did the Supplier’s performance cause any Delay Damages? \_\_\_\_Yes \_\_\_\_ No.**  **If no, were there any other schedule delays, particularly to the critical path?** | | |





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| **21. Were Liquidated Damages provisions included in this contract? Yes \_\_\_\_ No. If yes, were any Liquidated Damages applied to the Supplier for any reason? Yes \_\_\_\_ No. If yes, explain.** |
| **22. Were all goods technically acceptable? Yes \_\_\_\_No. If no, in what respect were they technically unacceptable?**  **If no, did the MCA Entity have to go back and correct the deliverables after the Supplier’s delivery/installation?** |
| **23. Did any deliverables exceed the standards set forth in the contract? Yes \_\_\_\_ No. If yes, in what respect did they exceed the standards?** |
| **24. N/A** |
| **25. If applicable, was the Supplier able to ensure the retention of qualified Key Personnel? Yes \_\_\_ No. If no, was there an adverse impact to the contract cost, schedule, or scope? Were additional resources readily and easily on-boarded?** |
| **26. Was the Supplier able to maintain an adequate workforce for successful completion of the contract? Yes \_\_\_ No. If no, explain.** |
| **27. Was a significant portion of the work subcontracted? Yes \_\_\_ No. If yes, provide the name and address of each significant subcontractor and the subcontract value.** |
| **28. Did the Supplier encounter any supply chain issues that adversely impacted their performance or the success of the contract? Yes \_\_\_No. If yes, explain.** |
| **29. Did the Supplier encounter any problems procuring and using the appropriate hardware, equipment, or tools for this contract? \_\_\_Yes \_\_\_\_No. If yes, explain.** |
| **30. Was the Supplier ever asked to correct, cure, or remedy any health or safety violations during performance? Yes \_\_\_No. If yes, explain. Was the Supplier able to correct their poor performance? Yes \_\_\_\_No. If no, explain.** |



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| **31. Would you select this Supplier in the future? Explain.** | |
| **32. How would you rate this Supplier’s overall performance? Select one of the following:**  **[ ] Outstanding [ ] Very Good [ ] Adequate [ ] Poor [ ] Unacceptable**   |  |  | | --- | --- | | **Rating** | **Definition** | | **OUTSTANDING** | The Supplier provided excellent support and routinely provided increased efficiencies beyond minimum requirements. The Supplier performed exceptionally and delivered the highest quality work in an efficient manner. The Supplier routinely exceeded requirements and added significant value to the project. The Supplier’s work rarely, if ever, required revisions to content or form. | | **VERY GOOD** | The Supplier provided very good support and sometimes provided increased efficiencies beyond minimum requirements. The Supplier performed well and delivered quality work in an efficient manner. The Supplier sometimes exceeded requirements and added some additional value to the project. The Supplier’s work sometimes required revisions to content or form. | | **ADEQUATE** | The Supplier provided adequate support and rarely increased efficiencies beyond minimum requirements. The Supplier met requirements and added no additional value to the project. The Supplier’s work may have required several revisions to content and form. | | **POOR** | The Supplier provided poor support and may have occasionally contributed to project delays. The Supplier occasionally failed to meet requirements and added insufficient value to the project. The Supplier’s work may have required substantial revisions to content and form. | | **UNACCEPTABLE** | The Supplier provided unacceptable support and was unable to deliver acceptable levels of quality in their work. The Supplier routinely failed to meet the expectations and requirements of the contract. The Supplier’s work was not acceptable even after multiple intensive revisions to form or content. | | |
| **33. MCA Entity Project Director Name:**  **Phone/FAX/Internet Address:**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **34. Approval by the MCA Procurement Director:**  **\_\_\_Yes \_\_\_No**  **Name:**  **Signature:**  **Date:** |



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| **35. MCC Review**  **Comments (if any):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MCC Sector Director** | |  | **MCC PLSD** | | | **Signature** |  |  | **Signature** |  | | **Date** |  |  | **Date** |  | | |
| **36. MCA CEO signature indicating approval of the Report prior to Supplier’s Review.**  **Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **37. Supplier’s Review. Were comments or additional information provided? Yes \_\_\_\_ No. If yes, attach comments or additional information. Number of Pages of Attachment** | |
| **38. Supplier's Contact Name: Phone/FAX/Internet Address:** | **Signature: Date:** |
| **39. MCA Entity Review. If provided, did the Director General or Chief Executive Officer of the MCA Entity respond to the Supplier’s comments? \_\_\_\_\_Yes \_\_\_\_No.**  **If yes, attach comments of MCA Entity Director General/CEO.**  **Number of Pages of comments** | |
| **40. MCA Entity Director General/CEO Name: Phone/FAX/Internet Address:** | **Signature: Date:** |
| **END OF FORM** | |

# Additional Guidance on Completing the Forms:

Block 5: State how many contract modifications were executed under this contract.

Block 11: Contract dollar value shall include base period plus all options. If funding was increased or decreased during the evaluation period, it should be reflected in the overall value.

Block 12: Provide a brief description and location of the works.

Block 13: Describe any early termination of the contract, if applicable.

Block 19: Describe any circumstances that may have required unanticipated resources from the MCA Entity due to a fault of the Supplier (e.g., the MCA Entity was required to establish additional oversight to monitor Supplier performance, the MCA Entity increased contract funding in order to facilitate delivery, etc.).

Block 31: Provide supporting rationale for why you would or would not select this Supplier to provide goods in the future.

Block 32: Provide an overall rating of the Supplier based upon the definitions supporting each adjectival rating description.

Block 35: MCC’s Review: Once the MCA Entity has completed its review, the MCA Procurement Director should send the file to the MCC point of contact so that MCC’s Sector Director may provide its assessment of the Supplier’s performance based on MCC’s oversight of the relevant project (in the “MCC Review” box). The MCC Practice Lead will also review and sign the form before returning it to MCA.

Blocks 37: **Supplier’s Review**: The Supplier should be provided an opportunity to review and endorse the past performance report. Forward the completed report to the Supplier and instruct them to review and sign the document on Block 37 within 15 calendar days of the date of your correspondence. If comments are unfavorable, the Supplier **must** be afforded an opportunity to comment. More time may be granted, as reasonable, but should not extend beyond 30 calendar days. Signature by the Supplier does not necessarily indicate agreement. If concern or disagreement is received from the Supplier, additional MCA Entity review at a level higher than the MCA Entity Project Director/Procurement Director is required.

Blocks 39-40 **MCA Entity Review**: This is the review by the Director General/CEO of the MCA Entity. Review cannot be delegated below the Deputy Director/DCEO. Comments should be provided, as appropriate. Attach additional pages as needed. The Director General/CEO’s signature certifies that they have reviewed the entire file and have either concurred with the original rating or established a different final rating.



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| **1. Individual’s Name and Position**  **(Key Personnel):** | **2. Individual’s Firm:** | **3. Contract Number:** |  |
| **4. Total Contract Value (Base and Options):** |  |
| **5. Contract Award Date:** |  |
| **6. Contract Completion**  **Date:** |  |
| **7. Describe the project scope for the contract identified in Block 3 above. Also describe this individual’s role on this contract. What was the duration of his/her assignment in the position(s)?** | | | |
| **8. Does this person possess technical expertise and competence that is relevant to successful contract performance? Yes \_\_\_\_\_No.**  **If no, explain.** | | | |
| **9. Has this person ever worked with or for your organization before? Yes \_\_\_\_\_No. If yes, provide a brief description of their previous involvement.** | | | |
| **10. Does this person work calmly and effectively under pressure? Yes \_\_\_\_No. If no, explain.** | | | |
| **11. Does this person display tact in difficult situations? Yes No. If no, explain.** | | | |
| **12. Does this person effectively collaborate with other contractor personnel and outside officials to quickly resolve problems?**  **Yes No. If no, explain.** | | | |
| **13. Does this person demonstrate flexibility and a willingness to adapt to changing circumstances? Yes \_\_\_\_\_No. If no, explain.** | | | |
| **14. Is this person ethical in his/her dealings with his/her employer, other contractors, and other individuals? Yes No.**  **If no, explain.** | | | |
| **15. Does this person communicate effectively with internal and external personnel and staff? Yes No. If no, explain.** | | | |
| **16. Does this person create and deliver effective written and oral presentations? Yes \_\_\_\_No. If no, explain.** | | | |





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| **17. Does this person have strong organizational skills and an ability to effectively prioritize actions? Yes \_\_\_\_\_No. If no, explain.** | |
| **18. Does this person deliver complete and accurate work products, deliverables, and action items in a timely manner? Yes \_\_\_\_\_No. If no, explain.** | |
| **19. Was this person’s proposed professional experience and background directly applicable to the work performed under this contract?**  **Yes \_\_\_\_ No. If no, explain.** | |
| **20. Does this person exhibit sound judgment? Yes \_\_\_\_\_No. If no, explain.** | |
| **21. Does this person demonstrate trustworthiness? Yes \_\_\_\_\_No. If no, explain.** | |
| **22. Would you recommend this person be used on future contracts? Yes \_\_\_\_\_No. If no, explain.** | |
| 1. **Provide additional comments, if appropriate.** 2. **How would you rate this person’s overall performance? Select one of the following:**   **[ ] Outstanding [ ] Very Good [ ] Adequate [ ] Poor [ ] Unacceptable**   |  |  | | --- | --- | | **Rating** | **Definition** | | **OUTSTANDING** | The person provided excellent support and routinely provided increased efficiencies beyond minimum requirements. The person performed exceptionally and delivered the highest quality work in an efficient manner. The person routinely exceeded requirements and added significant value to the project. The person’s work rarely, if ever, required revisions to content or form. | | **VERY GOOD** | The person provided very good support and sometimes provided increased efficiencies beyond minimum requirements. The person performed well and delivered quality work in an efficient manner. The person sometimes exceeded requirements and added some additional value to the project. The person’s work sometimes required revisions to content or form. | | **ADEQUATE** | The person provided adequate support and rarely increased efficiencies beyond minimum requirements. The person met requirements and added no additional value to the project. The person’s work may have required several revisions to content and form. | | **POOR** | The person provided poor support and may have occasionally contributed to project delays. The person occasionally failed to meet requirements and added insufficient value to the project. The person’s work may have required substantial revisions to content and form. | | **UNACCEPTABLE** | The person provided unacceptable support and was unable to deliver acceptable levels of quality in their work. The person routinely failed to meet the expectations and requirements of the contract. The person’s work was not acceptable even after multiple intensive revisions to form or content. | | |
| **25. Evaluator Name & Position: \_ Phone/FAX/E-Mail Address:** | **Signature: Date:** |
| **26. Provide the Institution and/or Agency for whom this work was completed:** | |
| **END OF FORM** | |