

VENDEX**MAYOR'S OFFICE OF CONTRACTS
CONTRACTOR PERFORMANCE EVALUATIONS****FORM 2: HUMAN SERVICE CONTRACTORS** **REVISED Date**

Use Form 2 to evaluate human service contracts (programs providing social, economic or cultural services directly to individuals and communities).

* = Required fields

Taxpayer and Contract Numbers

1. *EIN/SSN

2. *Current contract registration numbers

3. *Is this a multi-year contract? Yes No

4. Agency internal number (optional)

General Information

5. *Contractor name

6. *Address *City, State Zip:

7. Program site address(es) (if different)

 Additional electronic pages attached8. *Check one Not-for-profit For-profit9. City agency **New York City Department of Health and Mental Hygiene** Agency # **816*** --- Select Division --- --- Select Bureau --- Program/Unit10. *Contract description **EI**11. *Total contract award amount \$ **fee for service**12. *Performance-based contract? Yes No

Contract Schedule and Timeliness of Performance

13. *Original contract term	Start date	5/1/05	End date	8/31/06
14. *Final contract term	Start date	9/1/06	End date	12/31/07
If contract started or ended late, explain				

Key to responses: E=Excellent, VG=Very Good, S=Satisfactory, NI=Need Improvement, U=Unsatisfactory, NA=Not Applicable

Check one response

	E	VG	S	NI	U	NA
15. *Timeliness of deliverables and reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. *Timeliness of services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. *OVERALL TIMELINESS OF PERFORMANCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Comments						

Program Performance and Quality

	E	VG	S	NI	U	NA
19. *Fulfillment of scope of services Required by contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. *Achievement of level of services Required by contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. *Staff appropriateness and continuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. *Program procedures and methods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. *Program record keeping and reporting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. *Physical environment and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. *Adherence to target populations And target areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. *Number of site visits for program Evaluation and assessment (if more than 4, circle 4+)	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 4+
27. *Were major programmatic deficiencies identified during contract period? If "Yes," indicate status of corrective action:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> No progress <input type="checkbox"/> Unknown					
28. *OVERALL PROGRAM QUALITY AND PERFORMANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Comments						

Quality of Fiscal Administration and Accountability

E VG S NI U NA

30. Timeliness of Fiscal reports and payment requisitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Accuracy of fiscal reports and Payment requisitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Was a fiscal audit performed for this Contract during the contract term?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
33. Were major fiscal deficiencies identified during contract period? If "Yes," indicate status of corrective action:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> No progress <input type="checkbox"/> Unknown					
34. OVERALL QUALITY OF FISCAL ADMINISTRATION AND ACCOUNTABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Comments	<i>fiscal accountability based on last financial statements for FY 2005.</i>					

Check one response

Overall Performance

36. CONTRACTOR'S OVERALL PERFORMANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Comments						

Contract Enforcement

38. Did the agency terminate the contract decide not to renew the contract, or take any other action against the contractor due to the contractor's nonperformance, poor performance, or for any other reason? Check "Yes," if action is completed or in progress, and explain:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Agency Certification of Contractor Response

39. Completed evaluation sent to the contractor, allowing 15 days for written response	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
40. Written response received? (If "No," check "NA" for next two questions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
41. Response attached? ("No" means received but not attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
42. Agency response attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
43. If answer to 39. or 41. or 42. is "No," explain:			