PAST PERFORMANCE QUESTIONNAIRE

Please complete this questionnaire for the Workforce Investment Board of Tulare County- Request for Proposal. Email no later than April 9, 2021 at 12:00 PM to *WIBProcurement@tularewib.org* with the subject line title “Past Performance and “Agency”.

Name of organization for which the questionnaire is being completed:

Click here to enter text.

Name of individual and organization providing information:

Click here to enter text.

Click here to enter text.

Title:

Click here to enter a date.

Signature Date:

Click here to enter text.

Mailing Address:

Click here to enter text.

Click here to enter text.

Telephone: Fax:

Click here to enter text.

Email Address:

### Contract Information if current WIOA funded provider for [ ]  Youth Program, [ ]  Adult

### [ ]  Dislocated Worker services. (Supplied by respondent organization in the proposal)

Click here to enter text.

Contract Title:

Click here to enter text.

Contract Number:

Click here to enter text.

Period of Performance:

Description of Services Provided:

Click here to enter text.

Please refer to the following description when providing rating of each performance element.

|  |  |
| --- | --- |
| PERFORMANCE LEVEL | Description |
| EXCELLENT | The contractor’s performance clearly exceeds contractual requirements. |
| SATISFACTORY | No problems exist or only minor problems for which solutions are in hand. |
| MARGINAL | Problems exits for which the identified solution may not be adequate, but the problem appears to be within the contractor’s ability to solve. |
| UNSATISFACTORY | Serious problems exist which may be outside the contractor’s ability to solve. The contractor is in danger of not being able to satisfy contractual requirements and timely recovery is not likely. |
| NEUTRAL/NOT APPLICABLE (N/A) | Not applicable or unable to provide information. |

**The evaluator identified above supplies the rating below, NOT the Respondent organization**

Please check the appropriate box for each performance element and provide narrative information on the following pages.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Performance Elements | N/A | Excellent | Satisfactory | Marginal | Unsatisfactory |
| Quality of Product or Services |[ ] [ ] [ ] [ ] [ ]
| Effectiveness of Management (including subcontractors) |[ ] [ ] [ ] [ ] [ ]
| Initiative in Meeting Requirements |[ ] [ ] [ ] [ ] [ ]
| Responsiveness to Technical Director or Technical Assistance |[ ] [ ] [ ] [ ] [ ]
| Responsiveness to Performance Problems |[ ] [ ] [ ] [ ] [ ]
| Customer Satisfaction |[ ] [ ] [ ] [ ] [ ]
| Overall Performance |[ ] [ ] [ ] [ ] [ ]

Please provide narrative remarks and data, as appropriate, for each of the performance elements, particularly for rating of Excellent or Unsatisfactory. You may continue on a separate sheet if needed.

1. Quality of Product or Services:

 Click here to enter text.

1. Effectiveness of Management (including subcontractors):

Click here to enter text.

1. Initiative in Meeting Requirements:

Click here to enter text.

1. Responsiveness to Technical Direction or Technical Assistance:

Click here to enter text.

1. Responsiveness to Performance Problems:

Click here to enter text.

1. Customer Satisfaction:

Click here to enter text.

1. Overall Performance

Click here to enter text.

1. General Remarks on Excellent Performance:

Click here to enter text.

1. General Remarks on Unsatisfactory Performance:

Click here to enter text.

1. Would you do business with this organization (the bidder) again? [ ] Yes [ ]  No
	1. Why or why not?

Click here to enter text.