

USER DEPARTME	ENT/SCHOOL			
ADDRESS				
PHONE	CONTACT	E-MAIL		
CPS Board Repor	t#			
Vendor / Contractor				
CPS Vendor #		-		
Address				
Contact				
Telephone Numl	oer			

Dear Colleague:

The Department of Procurement & Contracts needs to determine whether the vendor above met your best expectations as it relates to services performed as authorized by the Board on the Board Report. The purpose of this evaluation is to measure vendor performance and user satisfaction. Your response will allow us to determine whether or not to renew services with the vendor.

Sincerely,

Opal L. Walls

Chief Purchasing Officer

For any questions regarding this form, please contact: **The Department of Procurement & Contracts, Chicago Public Schools, 125 South Clark Street, 10**⁽⁷⁾ **Floor, Chicago Illinois, 60603, PHONE 773-553-2280; FAX 773-553-2251; MAILRUN 125.** Please keep a copy of this form and any other evaluative information in your files for possible future audit. This form <u>must</u> be completed by each school/department for each vendor and returned to the Department of Procurement & Contracts.



To be completed by CPS employee <u>DIRECTLY INVOLVED</u> with vendor's performance:

1	Did not meet commitment
2	Met minimum requirements, substantial improvements desirable
3	Met requirements
4	Exceeded requirements

Please circle the appropriate answer below. If you rate a vendor unsatisfactory, please provide a more detailed evaluation or suggestions for improved service at the end of this form.

COMMITMENT		EV	ALUATI	ON
1) <u>Communication</u> Consider whether the vendor answered questions, issues, or concerns the customer may have had, in a timely manner.	1	2	3	4
2) <u>Performance</u> Consider whether the vendor achieved all deliverables as specified in the Board Report.	1	2	3	4
3) <u>Timeliness</u> Consider whether the vendor performed the agreement within the prescribed or allotted period.	1	2	3	4
 <u>Management</u> Consider whether the vendor efficiently administered and directed the requirements of the agreement. (i.e. whether the vendor was able to quickly adjust to any suddenly altered internal/external conditions, and to resume stable operation of the agreement without undue delay) 	1	2	3	4
5) <u>Professionalism</u> Consider whether the vendor met personal commitments and promises made to the customer; complied with CPS corporate policies and procedures; demonstrated high quality service standards; maintained a strong relationship with the customer.	1	2	3	4
 <u>Outcome</u> Consider whether the expected outcome and effect on students or District operations was achieved. 	1	2	3	4

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To be completed by CPS employee <u>DIRECTLY INVOLVED</u> with vendor's performance:

Name of CPS Employee completing this form:	
Title/Position:	
Date performance began pursuant to signed contract:	_
Date performance ended:	
Today's date:	
Amount of contract: \$	
Total amount of department/school expenditures to vendor this Fiscal Year: \$	
s the vendor on a pre-qualified vendor list? Yes [] No [] don't know []	
Would you use this vendor again? Yes [] No []	
Would you recommend this vendor? Yes [] No []	
f you've answered NO to either of the last two questions, please use the Additional Comments improve their service, and why renewal of this contract would not be recommended.	section found below to explain how the vendor can

Additional Comments:

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Internal Use Only				
Recommend continued use? Yes [] No []				
CPS employee completing form	Date			
Recommend continued use? Yes [] No []				
Chief of User Department	Date			
Recommend continued use? Yes [] No []				
Chief Purchasing Officer	Date			

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