

Contractor Evaluation Form (Community-Based Treatment Providers) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

CONTRACTOR EVALUATION REPORT	CONTRACT PERIOD:	BASE YEAR _____ or OPTION YEAR # _____	
	REPORTING PERIOD:	FROM:	TO:

1. CONTRACT NAME/ADDRESS

2. CONTRACT NUMBER	3. CONTRACT AWARD DATE	4. PLACE OF PERFORMANCE
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5. Consider both positive and negative attributes in the following areas:

(1) **Clinical Services.** Rate the contractor's timeliness in their intake process (i.e., intake screening and/or assessments, psychiatric evaluations, etc.), quality of therapy (i.e. direct observation, focus of treatment, etc.), adherence in providing the type and frequency of treatment services directed by the Bureau, quality of treatment related documentation (i.e., assessments, clinical treatment plans, monthly progress reports, discharge summaries/termination reports); Bureau's philosophy and approach (i.e., Cognitive Behavioral Therapy); and file maintenance.

COMMENTS: _____

(2) **Communication.** Rate the contractor's flexibility, pro-activeness, professionalism, and cooperation in their relationships with TDAT staff, residential reentry centers (RRCs), and the U.S. Probation Office. Rate the contractor's offender accountability procedures. Rate the contractor's compliance in timely reporting accountability issues, behavioral concerns, and the staffing of difficult cases with TDAT Staff .

COMMENTS: _____

(3) **Administration.** Rate the contractors ability to provide counseling space conducive to counseling (e.g confidentiality, staff-to-inmate ratio, condition of the therapy rooms, etc.). Rate the contractor's accuracy and timeliness of the bill submissions, responsiveness to requests and technical direction as provided by the TDAT staff and/or Contracting Officer. Rate the contractors compliance with licensure and certification requirements. Rate the contractor's overall adherence to Bureau requirements and to training.

COMMENTS: _____

6. ADJECTIVAL RATING _____

EXCELLENT

The contractor has consistently met the terms and conditions of the contract throughout the rating period. The contractor did not have any deficiencies during the rating period. Improvements are not needed.

GOOD

There are few, if any, problems with the contractor's performance. The contractor is generally operating within the terms and conditions of the contract. Only minor improvements are needed.

ACCEPTABLE

There are problem(s) with the contractor's compliance with the requirements of the contract. However, the contractor is responsive to the Bureau and applies corrective measures within specified time frames. Several improvements are on-going.

POOR

There is a major problem(s) with the contractor's performance. The contractor has been notified in writing as to the problem areas and given a specific time frame in which to remedy the situation. The contractor is marginally responsive.

UNSATISFACTORY

There is a major problem(s) with the contractor's performance which the contractor has not remedied, cannot remedy, or refuses to remedy. The contractor is not performing in accordance with the terms and conditions of the contract. The contract should not continue.

7. CONTRACT OFFICERS TECHNICAL REPRESENTATIVE SIGNATURE (Print/Sign Name)	DATE
8. CONTRACTING OFFICER'S SIGNATURE (Print/Sign Name)	DATE
9. CONTRACTOR SIGNATURE ____ I have reviewed the CEF and have no rebuttal comments. ____ I have reviewed the CEF and my rebuttal comments are attached.	DATE
10. SUPERVISORY CONTRACTING OFFICER'S SIGNATURE (Print/Sign Name) (I have reviewed the rebuttal comments submitted by the contractor and make the following determination):	Date

cc: Official Contract File
TDAT Working File