

MONTGOMERY COLLEGE
QUALITY ASSURANCE PROGRAM
QUALITY ASSURANCE IN CONTRACTING FORM

The purpose of this form is to monitor contractor performance as part of the Quality Assurance in Contracting (QAC) Program. This form will become a permanent part of the contractor's file. Each unit administrator is responsible for determining the cost effectiveness of contracted services annually, including a cost/benefit analysis; an assessment of outcomes achieved; and a determination with recommendation to continue contracting the services, to discontinue contracting the services and perform the services in-house, or to eliminate the services.

Contractor Name: _____

Contract No.: _____

Contract Title: _____

Current Contract Performance Period: _____

I. For the current contract performance period, please respond to the following questions (attach additional pages as necessary and refer to the specific item number, e.g., "A-1"):

A. Contractor Performance

1. Has the contractor's performance been acceptable in view of contract provisions? (If 'No', please indicate the nature, scope, and severity of the unacceptable or unsatisfactory performance.) ☐ Yes ☐ No
2. Has the contractor been informed of the unacceptable or unsatisfactory performance, if applicable? (If 'Yes', provide the documentation, including correspondence, memoranda, etc., between the contractor and you to resolve the unacceptable/unsatisfactory performance requirements.) ☐ Yes ☐ No
☐ N/A
3. Are there any other unresolved issues? (If 'Yes', please explain or attach any other correspondence, memoranda, etc.) ☐ Yes ☐ No

B. Cost/Benefit Analysis

1. Have the benefits of the services met the original decision to contract the services? (If 'No', please explain.) ☐ Yes ☐ No
2. Can these services be performed by in-house staff? (If 'No', please explain.) ☐ Yes ☐ No

C. Outcomes Achieved

1. Were the outcomes that were expected achieved as a result of this contracted service? (If 'No', please explain.) ☐ Yes ☐ No

D. Contract Value

1. Is the contract value above \$25,000 annually? ☐ Yes ☐ No

E. Continuation of Contract Services

1. Based on the above information, I recommend that the above contract be extended one additional year, starting _____. (If 'No', please explain.) ☐ Yes ☐ No

Printed Name and Signature of Authorized Manager

Title

Date

II. Please return this form to: Office of Procurement by _____