

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: Patrick Johnson, Office of Procurement by \_\_\_\_\_**