**AGENCY LETTERHEAD**

##### **Service Provider Performance Report**

#### PREQUALIFICATION SCHEME: FINANCIAL ASSESSMENT SERVICES

The Scheme Conditions require that all agencies using the financial assessment services of prequalified Service Providers under the Scheme are required to submit a Performance Report for each engagement where:

* the performance of, and the services provided by, the Service Provider are considered by the Agency to be unsatisfactory; or
* the Service Provider has been engaged by an Agency for a comprehensive level of financial assessment.

Completed performance reports should be e-mailed to [FinancialAssessments@treasury.nsw.gov.au](mailto:FinancialAssessments@treasury.nsw.gov.au). The reports are due at the completion date of the engagement or whenever a critical aspect of performance is deemed unsatisfactory. Agencies are required to provide a copy of the Performance Report to the Service Provider.

This report may be used to assist in assessing the ongoing suitability of a Service Provider for the Scheme. The NSW Treasury may contact the Agency to verify or clarify aspects of this Report.

For further guidance on the requirement, agencies can refer to the Scheme Conditions and Guidelines for Agencies.

**PROJECT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project or Engagement Name** |  | | | |
| **Brief Description** |  | | | |
| **Contract Value** | $ | | **Date of engagement** |  |
| **Financial Assessment Services** | **Level** |  | | |
| **Type** |  | | |
| **Total Fee** |  | | |
| **Service Provider Name** |  | | | |
| **Service Provider’s Representative** | **Name** |  | | |
| **Title** |  | **Phone:** |  |
| **Email** |  | | |

**SERVICE PROVIDER PERFORMANCE**

| **Evaluation Criteria** | | **N/A** | **Un-**  **satisfactory** | **Marginal** | **Acceptable** | **Good** | **Superior** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Requirements**  Understanding of client requirements |  |  |  |  |  |  |
|  | **Time**  Completion and delivery of the reports on time |  |  |  |  |  |  |
|  | **Quality**  Financial assessment completed to the specified standard of quality of service |  |  |  |  |  |  |
|  | **Claims**  Reasonableness of claims |  |  |  |  |  |  |
|  | **Early Warning**  Provision of sufficient time to consider and help resolve problems |  |  |  |  |  |  |
|  | **Cooperation**  Cooperation with the client |  |  |  |  |  |  |
|  | **Recommendation**  Would you recommend the Service Provider for future financial assessment services? | **Yes ⏵** | |  | **No ⏵** | |  |

**Additional Comments on the Service Provider’s performance**

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| --- |
|  |

**SIGN-OFF BY AGENCY REPRESENTATIVE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Signature** |  |
| **Title** |  | **Date** |  |
| **Agency Name** |  | | |
| **Tel No.** |  | **Mobile No.** |  |
| **E-mail** |  | | |

DEFINITION AND RELATIVE RATING OF GRADE

|  |  |  |
| --- | --- | --- |
| **Grade** | **Definition** | **Rating** |
| Superior | Performance is above the expected standard | 10 |
| Good | Performance is of the expected standard | 7 |
| Acceptable | Meets all acceptable standard of performance | 5 |
| Marginal | Mostly meets the acceptable standard of performance but has some weaknesses | 3 |
| Unsatisfactory | Well below the acceptable standard of performance | 0 |
| N/A | Criteria not observed and/or performance not assessed | N/A |