

PAST PERFORMANCE EVALUATION FORM

Instructions: Workforce Connections (WC) is the local workforce development board charged with administering Federal Workforce Innovation and Opportunity Act (WIOA) funding in Southern Nevada. As part of an upcoming funding cycle, WC is requesting that respondents to Requests for Proposals (RFPs) submit evidence of past performance. Please complete this form and email it directly to WC at sog@snvwc.org on behalf of the organization listed below.

Please answer honestly – your identity and responses will remain confidential. Thank you for your cooperation!

Name of organization being evaluated: _____

Fiscal Agent/Respondent, if applicable: _____

Reviewer Information:

Name of individual providing information: _____

Title: _____

Signature: _____ Date: _____

Reviewing Organization Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Program Information:

Contract/Project Title: _____

Contract Number: _____

Funding Source: _____

Population Served: _____

Period of Performance (must be a minimum of 6 months): _____

Description of Services Provided: _____

Quantitative Analysis:

Fill out one (1) and only one matrix below that indicates the programmatic and fiscal performance of the organization you are reviewing. Use the most recently completed performance period. For incumbent WIOA providers of WC funds within the review period specified in the Request for Proposal(s), WC will use information from the most recently completed program year (e.g., PY 2017).

Non-WIOA Performance Matrix		Remarks
Performance start date		
Performance end date		
Program Performance		
Number contracted to serve		
Actual number served		
Number of contracted positive outcomes		
Actual number of positive outcomes		
Fiscal Performance		
Amount awarded		
Amount expended		
Actual cost per enrollment		
Actual cost per positive outcome		

WIOA Performance Matrix **FOR WC USE ONLY**		Remarks
Performance start date		
Performance end date		
Program Performance		
Number contracted to serve		
Actual number served		
Number of training starts		
Number of training completions		
Number of placements		
Average wage		
Fiscal Performance		
Amount awarded		
Amount expended		
Overall WBL/training percentage		
Actual cost per enrollment		
Actual cost per placement		

Qualitative Analysis:

Please circle one (1) and only one score for each item and use the space below each item to provide narrative remarks, as desired, for each of the performance elements. You may continue on a separate sheet if needed.

1. Overall quality of program services

Very Low Quality	Somewhat Low Quality	Somewhat High Quality	Very High Quality
1	2	3	4

2. Effectiveness of program management

Very Ineffective	Somewhat Ineffective	Somewhat Effective	Very Effective
1	2	3	4

3. Initiative in meeting contracted program requirements

Very Low Initiative	Somewhat Low Initiative	Somewhat High Initiative	Very High Initiative
1	2	3	4

4. Responsiveness to technical direction or technical assistance

Very Low Responsiveness	Somewhat Low Responsiveness	Somewhat High Responsiveness	Very High Responsiveness
1	2	3	4

5. Responsiveness to performance challenges

Very Low Responsiveness	Somewhat Low Responsiveness	Somewhat High Responsiveness	Very High Responsiveness
1	2	3	4

6. Overall programmatic performance

Very Low Performance	Somewhat Low Performance	Somewhat High Performance	Very High Performance
1	2	3	4

7. Accuracy of financial invoicing and reporting

Very Low Accuracy	Somewhat Low Accuracy	Somewhat High Accuracy	Very High Accuracy
1	2	3	4

8. Amount/type of fiscal issues identified (during formal monitoring or other review)

Many/Concerning	Some/Relatively Concerning	Few/Relatively Minor	Very Few/Minor
1	2	3	4
