EXHIBIT E

CONTRACTOR PERFORMANCE RATING (May 2020)				
Contractor/Company Name Resource Type and Equ		•	Fire Name and Number	
	(Engine/Dozer/Water Tender/	'etc.)		
Agreement Number		Equipment	Dates covered by this evaluation	
		Resource Order #	,	
Contracting Officer Name				
Evaluation Form Instruction: The intent of this form is to communicate information from the incident to contracting officers, contracting officer representatives and administrators. Please ensure that contact information is correct and LEGIBLE so that				
follow up communication is possible, when needed. This form is available for use by any government representative that				
interacts with vendors (IE: fire line supervisors, dispatchers, finance sections, inspectors, ets.)				
In Summary:				
✓ Check either SATISFACTORY or UNSATISFACTORY for each question.				
✓ Use the space allowed to provide a short synopsis or bullet-points, as needed. A narrative/justification is not necessary for vendors that were rated Satisfactory in all categories on this evaluation. Additional pages can be used as need.				
Quality of Service: Was the Vendor's <i>Quality of Service</i> (knowledge of the job, physical condition of personnel, attitude, decisions under stress, initiative, use of safe practices, crew organization, performance of resource, equipment organization/reliability, and				
supervisory performance) satisfactory on this incident?				
SATISFACTORY UNSATISFACTORY				
Narrative/justification:				
Timeliness: Did the Contractor arrive when instructed and complete assigned work in a timely and satisfactory manner while on the incident?				
SATISFACTORY UNSATISFACTORY				
Narrative/justification:				
Business Relations: Did the Contractor complete administrative work as required (IE: check in, finance and demob) and conduct themselves in a professional and satisfactory manner while on the incident?				
themselves in a professional and satisfactory mariner while on the incident:				
SATISFACTORY UNSATISFACTORY				
Narrative/justification:				
Rated by (Government signature):	Home Unit P	hone Number and A	Address:	Date:
, , , , , , , , , , , , , , , , , , , ,				
Printed Name / Position on Incide	ent:			
Contractor Comments:				
Resource Operator/Lead (Signature				Date:
	Phone Numb	er:		