

CITY OF POMPANO BEACH, FLORIDA  
Purchasing Division  
Tel: 954-786-4098, Fax: 954-786-4168  
[purchasing@copbfl.com](mailto:purchasing@copbfl.com)

EXHIBIT L  
PERFORMANCE EVALUATION SURVEY

Audit Firm Name: \_\_\_\_\_

Audit Senior and Manager: \_\_\_\_\_

Audit Firm was Primary Contractor     Yes     No

Please evaluate the performance of the firm (10 means you are very satisfied and have no questions about hiring them again, 5 is if you don't know, and 1 is if you would not hire them again because of very poor performance).

	<b>CRITERIA</b>	<b>RANGE</b>	<b>SCORE</b>
1	Ability to provide professional auditing services	(1-10)	
2	Qualification of project team	(1-10)	
3	Timely completion of engagement (issuance of reports)	(1-10)	
4	Professionalism and ability to ensure compliance with professional standards review (knowledge of team members of accounting principles and standards)	(1-10)	
5	Quality of audit reports	(1-10)	
6	Overall customer satisfaction and hiring again based on performance (comfort level in hiring contractor again)	(1-10)	
	Total Rating		

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency or Contact Reference Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone and e-mail: \_\_\_\_\_

Date of Services (contract term): \_\_\_\_\_

Approximate Timeframe for Interim (i.e. August) & Final (i.e. November)  
Audit: \_\_\_\_\_

Type of Service Provided (i.e. CAFR audit, single audit  
etc.): \_\_\_\_\_

Dollar Amount for Services: \_\_\_\_\_

**PLEASE FAX OR EMAIL THIS QUESTIONNAIRE, NO LATER THAN **MAY 18, 2011** (BY 2:00 P.M.), TO LEETA HARDIN, GENERAL SERVICES DIRECTOR; FAX 954-786-4168, OR EMAIL [PURCHASING@COPBFL.COM](mailto:PURCHASING@COPBFL.COM)**