



PAST PERFORMANCE QUESTIONNAIRE

Please complete this questionnaire for the Workforce Partnership, Workforce Innovation and Opportunity Act (WIOA) Youth RFP's [Operation and Management of the Youth One-Stop Career Center Services or Population Specific Services] and submit by no later than 5:00 p.m. PST, May 6, 2021, to youthRFP@workforce.org.

Name of organization for which the questionnaire is being completed:

Click here to enter text.

Name of individual and organization providing information:

Click here to enter text.

Title: Click here to enter text.

Signature: Click here to enter text. Date: Click here to enter a date.

Mailing Address: Click here to enter text.

Telephone: Click here to enter text. Click here to enter text.

E-mail Address: Click here to enter text.

Contract Information if current WIOA funded youth provider (Supplied by respondent organization in the proposal)

Contract Title: Click here to enter text.

Contract Number: Click here to enter text.

Period of Performance: Click here to enter text.

Description of Services Provided:

Click here to enter text.

Population Served:

1. If funded through WIOA, indicate the type of population served (i.e. adult, dislocated worker, youth)

[Click here to enter text.](#)

If funded through an agency/organization/grant other than WIOA, specify the funding source and the specific population(s) served.

[Click here to enter text.](#)

2. Performance

What has been the performance of the proposed respondent when providing services? (If current or past WIOA provider, then the Workforce Partnership will provide the performance). If respondent has not provided WIOA services, provide other funding source performance measures.

[Click here to enter text.](#)

3. Measurement Method

Please explain how performance was measured and tracked. Discuss actual versus expected performance.

[Click here to enter text.](#)

Qualitative Analysis

Please provide narrative remarks and data, as appropriate, for each of the performance elements. You may continue on a separate sheet if needed.

- Quality of service

[Click here to enter text.](#)

- Effectiveness of management (including subcontractors)

[Click here to enter text.](#)

- Initiative in meeting requirements

[Click here to enter text.](#)

- Responsiveness to technical direction or technical assistance

[Click here to enter text.](#)

- Responsiveness to performance challenges

[Click here to enter text.](#)

- Overall performance

[Click here to enter text.](#)

- Please describe one area that needed improvement during your partnership, and how the applicant was able to adapt and shift to improve results.

[Click here to enter text.](#)

- General Remarks:
[Click here to enter text.](#)

- Would you do business with this organization (the bidder) again? ☐ Yes ☐ No
 - Why or why not?
[Click here to enter text.](#)