**AGENCY FEEDBACK FORM AT THE COMPLETION OF AN**

**STATEWIDE AUDIT SERVICES CONTRACT’S (ASC) TASK ORDER AGREEMENT (TOA)**

***Return completed form to DGS OSP Contract Manager via email at dgs.osp-cmo@maryland.gov***

Please provide a response to each question to help in the management of the ASC. The information must be completed in order for your Agency to utilize the ASC for future audit services task orders (TO). The Task Order Manager (TOM) and/or Procurement Officer (PO) that was assigned to the TOA should complete this form. This form must be returned to the DGS OSP Contracts Manager within three (3) weeks of the ASC TOA end-date. You may expand the number of lines needed to type the information.

1. TORFP/TOA No: \_ \_ \_ \_ - \_ \_ - \_ \_ \_ (\_\_\_)
2. The TOA Master Contractor name and their Contract Representative:
3. Agency’s Purchase Order No. that was released off of the BPO:
4. Was this a SBR TORFP?: Y or N
5. Agency Name:
6. Agency TOM/PO Name:
7. Agency TOM/PO Email:
8. Agency TOM/PO Telephone:
9. The MBE Participation Goal for this TOA? \_\_\_\_%
10. The MBE Compliance achieved? $ \_\_\_\_\_\_\_\_ = \_\_\_\_%
11. The MBE(s) utilized on this TOA:

Firm Name MDOT Certification No.

1. The VSBE Participation Goal for this TOA? \_\_\_\_%
2. The VSBE Compliance achieved? $ \_\_\_\_\_\_\_\_ = \_\_\_\_%
3. VSBE(s) utilized on this Task Order:

Firm Name MDOT Certification No.

1. The date your Agency completed entering all MBE and VSBE actual data/information into the ADPICS P.O. (2355 Screen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Has the ASC process been user-friendly?

15. Has the ASC process met your expectations for audit services?

16. Would you like to utilize the ASC process again in the future?