

CITY OF POMPANO BEACH, FLORIDA

Purchasing Division

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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 never hire them again because of very poor performance).

| NO. | CRITERIA | UNIT | |
|------------|--|-------------|--|
| 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 Points | | |

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 16, 2016 (BY 2:00 P.M.), TO CASSANDRA LEMASURIER, PURCHASING SUPERVISOR, AT 954-786-4168 OR PURCHASING@COPBFL.COM.