

## Exhibit 3M

### ODF Mobile Food Services Incident Resource Agreement



### Type 3 Mobile Food Service Unit Performance Evaluation

Incident Name: \_\_\_\_\_ Incident No: \_\_\_\_\_

Resource Order Request No: E-\_\_\_\_\_ Reporting Location: \_\_\_\_\_

Resource Provider Name/Agreement No: \_\_\_\_\_

Inclusive Dates: \_\_\_\_\_

Ratings: Summarize Resource Provider performance and circle in the column on the right the number that corresponds to the performance rating for each rating category. The rating official must provide comments supporting each numerical rating assigned.

Rating Category	Comments	Rating Number
Quality of Service		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Equipment		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Schedule: Timeliness of Performance		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business Relations: Working with Government and other Resource Providers		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

# Type 3 Mobile Food Service Unit Performance Evaluation

## Continuation Sheet

Incident Name: \_\_\_\_\_ Incident No: \_\_\_\_\_

Resource Order Request No: E-\_\_\_\_\_ Reporting Location: \_\_\_\_\_

Resource Provider Name/Agreement No: \_\_\_\_\_

Inclusive Dates: \_\_\_\_\_

Rating Category	Comments	Rating Number
Management of Key Personnel		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Key Personnel Performance	Comments	
Name:		
Name:		
Name:		

Given the choice, would you select this Resource Provider again?    Yes \_\_\_\_ No \_\_\_\_

Comments:

Agency Rating Official Name: \_\_\_\_\_

Agency Rating Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Provider Representative Name: \_\_\_\_\_

Resource Provider Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Type 3 Mobile Food Service Unit Performance Evaluation

## Rating Factors

**1 Very Good:** Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with some minor problems for which corrective actions taken by the contractor were effective.

**2 Satisfactory:** Performance meets contractual requirements. The contractual performance of the element or subelement contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.

**3 Marginal:** Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being evaluated reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.

**4 Unsatisfactory:** Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains a serious problem(s) for which the contractor's corrective actions appear or were ineffective.

### All Rating Factors

**Exceptional:** Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being evaluated was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective. ***Note: It is expected that this rating will be used in those RARE circumstances where contractor performance clearly exceeds the performance levels described as "Very Good".***