|  |  |
| --- | --- |
| **CONTRACTOR:** |  |

**INSTRUCTIONS:** The Contractor shall reference ACOM Policy 438, Section regarding Administrative Services Subcontractor Evaluation Report for detailed requirements that are to be incorporated in the report below.

| **ADMINISTRATIVE SERVICES SUBCONTRACTOR OR MANAGEMENT SERVICES AGREEMENT (MSA) NAME** | **DELEGATED DUTIES****AND RESPONSIBILITIES** | **REVIEW DATE OF DUTIES, RESPONSIBILITIES AND FINANCIAL POSITION OF SUBCONTRACTOR** | **COMPREHENSIVE SUMMARY** | **NEXT SCHEDULED REVIEW DATE** | **IDENTIFIED AREAS****OF DEFICIENCY** | **CORRECTIVE ACTION PLAN (CAP) ISSUED?** **Y/N**  | **STATUS OF CAP*****(PROVIDE IN SEPARATE SUMMARY)*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |