|  |  |
| --- | --- |
| **MED2linehzpos(CMYK)FM Transparent Background** |  |
| **Professional Services Evaluation** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project No. |       |  | Project Name: |       |
| Firm Name-Architecture:  |       |  | Contact Name |       |
| Firm Name-Engineering:  |       |  | Contact Name |       |
| Firm Name-(Other):  |       |  | Contact Name |       |
|  |
| Service(s) Rated:(check all that apply) |  | [ ]  | Architecture | [ ]  | Engineering | [ ]  | Other |       |  |
|  |
| Phase Project Service(s) Rated | [ ]  | Pre-Construction (planning, design & bidding) | [ ]  | Construction(construction & closeout) |

**Please rate the effectiveness of the professional service firms’ performances on the capital improvement project across the following dimensions:**

*Evaluation criteria:*

*5= Met Expectations*

*4= Achieved Project Objectives*

*3= Good*

*2=Below*

*1= Did Not Meet Expectations*

*N/A*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Dimensions:** | **Value** | **Architecture Score** | **Engineering Score** | **(Other) Score** |
| **1) Expertise, knowledge and experience** | Demonstrated utilization of knowledge and experience with project team | 1-5 |    |    |    |
| **2) Problem solving and decision making** | Provided effective and creative problem solving and good decision making. | 1-5 |    |    |    |
| **3) Timeliness and responsiveness** | Performed responsibilities and provided feedback to inquiries in a timely manner. | 1-5 |    |    |    |
| **4) Process facilitation, communication and partnering** | Effective project documentation and communication. | 1-5 |    |    |    |
| **5) Scope management** | Clearly identified scope, tracked and managed changes within project. | 1-5 |    |    |    |
| **6) Schedule management** | Effectively managed project schedule and completed deliverables on time | 1-5 |    |    |    |
| **7) Budget management** | Provided valuable input and leadership to manage project on budget. | 1-5 |    |    |    |
| **8) Quality management** | Ensured quality design/construction and deliverables. | 1-5 |    |    |    |
| **9) Risk management** | Provided thorough guidance and effective action in managing/balancing project risks. | 1-5 |    |    |    |
| **10) Overall project management** | Delivered effective overall project management. | 1-5 |    |    |    |
| **11) Quality of the architects’ meeting notes, field reports, punch list & back check** | Delivered effective notes, field reports, punch list and back check.  | 1-5 |    |    |    |
| **12) Invoice/pay application timeliness** | Invoices/pay applications were received on time.  | 1-5 |    |    |    |
| **13) Invoice/pay application accuracy** | Invoices/pay applications were correct and vendor provided all required backup. | 1-5 |    |    |    |
| **14) Invoice/pay application corrections/additions** | Vendor responded in a timely manner to all corrections/additional information. | 1-5 |    |    |    |
| **Total** |  |     |     |     |

**Would you recommend the professional service firm/team for comparable work in the future?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Architecture: | [ ]  Yes | [ ]  No | Engineering: | [ ]  Yes | [ ]  No | (Other) | [ ]  Yes | [ ]  No |

**Please provide any comments regarding the professional service firms:**

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Evaluator’s Name:  |       |  | Telephone Number: | (   )     -      |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Department:  |       |  |  |  |