**Construction Contractor Evaluation**

|  |  |  |
| --- | --- | --- |
| Company Name: |  | Contractor Project Mgr. |
| Date: | Project No. | Project Name |
|  |  |  |

Trade Performed: General

(check all that apply)

Specialty(note type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Type: Stipulated Sum Continuing Services Other

(check all that apply)

Please rate the effectiveness of the Contractor’s performance on the capital improvement project across the following dimensions:

*Evaluation criteria:*

*5= Exceeded All Project Objectives*

*4= Exceeded Project Objectives*

*3= Achieved Project Objectives*

*2=Marginally Achieved Project Objectives*

*1= Did Not Meet Project Objectives*

*N/A*

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Dimensions:** | | **Value** | **Contractor Score** |
| **1) Expertise, knowledge and experience** | Dedicated, experienced people for duration of project. | 1-5 |  |
| **2) Commitment to University Guidance** | Provided best effort on MBE/WBE and apprentice utilization. | 1-5 |  |
| **3) Problem solving and decision making** | Provided effective & creative problem solving coordination & fair decision making on project. | 1-5 |  |
| **4) Timeliness and Responsiveness** | Performed responsibilities, coordination & provided information/documentation in a timely manner. | 1-5 |  |
| **5) Process facilitation, communication and partnering** | Effective project documentation & communication in facilitating a successful project. | 1-5 |  |
| **6) Scope Management** | Identified issues & effectively managed changes within project. | 1-5 |  |
| **7) Schedule Management** | Effectively managed/coordinated project schedule to complete milestones and project on time. | 1-5 |  |
| **8) Budget Management** | Offered valuable input to owners for managing project on budget. | 1-5 |  |
| **9) Quality Management** | Performed quality construction in a safe manner through demonstrated Quality Assurance. | 1-5 |  |
| **10) Risk Management** | Provided prompt notification and effective action in managing/balancing project risks | 1-5 |  |
| **11) Overall Project Management** | Delivered effective overall project management for owners. | 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** | |  |  |

Based on these comments, would you recommend this Contractor for comparable work in the future?

Yes No

Please provide any comments regarding the Contractor’s performance or the quality of its work.

**Comments:**

Evaluator’s Name: Telephone Number: Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_