|  |  |  |
| --- | --- | --- |
| 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= 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** | **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:**

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

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