

Contractor Evaluation



Division of Administration and Finance
 Planning + Design + Construction
 PO Box 210186 • Cincinnati, Ohio 45221-0186

Company Name: _____ Project Contact Name _____

Date _____ Project No. _____ Project Name _____

Trade Performed: Site General Electrical HVAC Plumbing Fire Other
 (check all that apply)

Contract Type: Prime Contractor Lead Contractor Subcontractor
 (check all that apply)

Please rate the effectiveness of the Contractor's performance on the named project, across the following dimensions:

Evaluation Criteria: 0 = N/A 1 = Low 5 = Moderate 10 = High

Performance Dimensions:		Value	Score
1) Expertise, knowledge and experience	Dedicated experienced people for duration of project & maintained EDGE commitment.	0-10	
2) Problem solving and decision making	Provided effective & creative problem solving, coordination & fair decision making on project.	0-10	
3) Timeliness and responsiveness	Performed responsibilities, coordination & provided information/documentation in a timely manner.	0-10	
4) Process facilitation, communication and partnering	Effective project documentation & communication in facilitating a successful project.	0-10	
5) Scope management	Identified issues & effectively managed changes within project.	0-10	
6) Schedule management	Effectively managed/coordinated project schedule to complete milestones and project on time.	0-10	
7) Budget management	Offered valuable input to owners for managing project on budget.	0-10	
8) Quality management	Performed quality construction in a safe manner through demonstrated QA/QC processes.	0-10	
9) Risk management	Provided prompt notification and effective action in managing/balancing project risks.	0-10	
10) Overall project management	Delivered effective overall project management for owners.	0-10	
Total		0-100	

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:

Name (optional) _____ Telephone Number (optional) () - _____

Stakeholder Group: Agency/Institution User Contracting Authority A/E CM Contractor
 (self representative)

If mailing completed evaluation, please forward to the address noted above, attention: Project Administrator.