



Construction Contractor Performance Evaluation

Contract No.: _____

Original Contract Amount: _____

Project Title: _____

Final Contract Amount: _____

Contractor: _____

No. of Change Orders: _____

Agency: _____

Project Duration: _____

A/E Firm: _____

Construction Manager: _____

City Project Manager: _____

Please check the box that best describes your answer to the following questions and provide comments for each in the space below each question.

1. How well has the Contractor's Project Manager performed?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. How well has the Contractor's Project Superintendent performed?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

3. How would you rate the quality of the project management in regards to subcontractors and suppliers?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

4. How was the Contractor's ability to perform per the project schedule?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

5. How was the quality of the Contractor's subcontractors/suppliers?

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

6. Describe the Contractor's coordination between the City, A/E firm, and Construction Manager (if applicable).

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

7. Describe the quality of the Contractor's finished project.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

8. Describe the quality of the Contractor's submitted change orders and back-up documentation.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

9. Describe the quality of the Contractor's submitted payment invoices.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

10. Describe the quality of the Contractor's project submittals.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

11. Describe the quality of the Contractor's project closeout documents.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

12. Describe the Contractor's ability to adapt and overcome project difficulties.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

13. Describe the quality of the Contractor's safety program implemented on the jobsite.

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

14. How would you rate the overall performance of project?

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

15. Other evaluation comments:

Evaluator's Name: _____

Evaluator's Signature: _____

Date of Evaluation: _____

****Upon completion, the Evaluator shall provide a copy of the completed evaluation to the Contractor and the City's Department of Procurement Services.****