

Office of Management & Enterprise Services ■ Capital Assets Management ■ Department of Real Estate Services ■ Construction and Properties

This document, once completed, should be sent directly to cap@omes.ok.gov for the official record. If requested by a solicitation, submit directly to cap@omes.ok.gov and also include it within the response to the solicitation

DATED this, the _____ day of _____ in the year 20__.

EVALUATION FOR:

- Contractor
- Construction Manager
- Owner's Representative AE (AE1), Designer (AE2)
- Design-Builder
- Other: _____

PROJECT:

(CAP Project Number) *(Solicitation Number)*

(Project Name)

(Address/Location)

OWNER/USING AGENCY/PUBLIC or PRIVATE ENTITY:

(Name) *(Contact Printed Name)*

AND THE VENDOR:

(Contractor – Construction Manager – Builder Company Name)

(Project Manager Name) *(Superintendent Name)*

(Owner's Representative AE (AE1) – Designer (AE2))

(Project Manager Name) *(Construction Administration Observer (if applicable))*

(Other – Company Name)

(Project Manager Name) *(Superintendent Name)*

NO	EVALUATION CRITERIA	RATING
1	Ability to manage the project cost (minimize change orders)	
2	Ability to maintain project schedule (complete on-time or early)	
3	Quality of workmanship	
4	Professionalism and ability to manage (includes responses and prompt payment to suppliers and subcontractors)	
5	Close-out process (no punch list upon turnover, warranties, O&M manuals, etc. submitted promptly)	
6	Communication, explanation of risk, and documentation	
7	Ability to follow the State's and/or Agency's rules, regulations, and requirements (housekeeping, safety, etc.)	
8	Overall customer satisfaction and comfort level in hiring the vendor again based on performance	

EVALUATOR:

(Evaluator Signature) *(Evaluator Printed Name)*

(Telephone Number) *(Email Address)*

(Position/Title) *(Using Agency/Company Name)*

COMMENTS: *(Include separate sheet if necessary)*

- 1) Indicate the date the evaluation was completed for DATE at top.
- 2) Select the appropriate check box for the company to which the EVALUATION FOR is being performed:
 - a) *Contractor* would be for a general contractor that performed work under a design-bid build (low bid) construction project.
 - b) *Construction Manager* would be for a construction manager hired under a qualifications-based selection that performed both pre-construction services and construction services under a construction manager at risk project. A construction manager that performed services under a construction manager as advisor would not be listed here, but under *Other*.
 - c) *Owner's Representative AE (AE1), Designer (AE2)* would be for an Architectural/Engineering (AE) firm that was hired under a qualifications-based selection that performed as any of the following:
 - i) acted on behalf of an owner entity as their representative in performing architectural/engineering design responsibilities and construction oversight/inspections duties;
 - ii) acted as a criteria consultant in the creation of or guidance on an RFQ and provided an RFP with performance-based criteria for a design-build project, otherwise known as an AE1; and
 - iii) performed as the "Design" portion of a Design-Builder, otherwise known as an AE2.
- 3) The PROJECT should be completed as follows:
 - a) *CAP Project Number* would be for state projects of which the evaluation is being performed upon;
 - b) *Solicitation Number* should be provided if the evaluation is being simultaneously turned in for a Architect/Engineer, Construction Management, or Design-Build solicitation being performed by the state. If this is the case, the form should be submitted directly to the state as indicated AND included within the solicitation response being requested by the Using Agency;
 - c) *Project Name* should indicate the project of which the evaluation is being performed upon; and
 - d) *Address/Location* should indicate the address or location of the project referenced under *Project Name*.
- 4) The OWNER/USING AGENCY/PUBLIC or PRIVATE ENTITY that the project was for should be provided for the entity *Name* and that entity's project manager for the *Contact Printed Name*.
- 5) For the AND THE VENDOR should be completed just for that company for which this evaluation is for with the exception of a Design-Build team, that would have both the Builder on the *Builder* line with contacts and the Designer (AE firm) on the *Designer (AE2)* line with contacts. If the evaluation is for an *Other* checkbox under EVALUATION FOR, this is where that company with contacts would be indicated.
- 6) The EVALUATION RATING would utilize a scale of **1** to **10**, with **10** representing that you were extremely satisfied/in complete agreement with the statement and **1** representing that you were very unsatisfied/in disagreement with the statement. Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge in a particular area or it is not applicable, please leave it blank.
- 7) The Evaluator doing the evaluation would provide their information under the EVALUATOR and any comments regarding the company(s) being evaluated under COMMENTS, attaching a separate sheet if necessary.