



NATIONAL CARNIVAL COMMISSION
GOODS & SERVICES CONTRACT EVALUATION FORM FOR CONTRACTORS

The National Carnival Commission (NCC) in carrying out its mandate of ensuring the operations of a fair and transparent procuring system invites you to complete this evaluation form. The information garnered will be used in the establishment of rating a scheme for both the NCC and the Contractor. Contractors are therefore asked to kindly complete this form within 10 days of the practical completion of each contract and return the completed form to the National Carnival Commission, #11 St Clair Avenue Gray Street, St Clair Port -of -Spain.

1. Name of Contractor/ Business Name: _____
2. NCC Department: _____
3. Contract / Job No: _____
4. Contract Name : _____
5. Contractor Description: _____
6. Contract Location: _____

-
7. Schedules Project Start Date: _____ 8. Schedule Project End Date: _____
 9. Actual Start Date: _____ 10. Actual Completion Date: _____
 11. Original Contract Sum: _____ 12. Actual Contract Sum: _____

-
13. What was the level of support given by the NCC?
Very Good ☐ Good ☐ Fair ☐ Poor ☐

14. During the execution of the contract were there complaints lodged with NCC concerning factors which hindered the successful completion of the contract? Yes ☐ No ☐

If yes, please comment:

15. Were problems identified, rectified by the NCC in a timely manner? Yes ☐ No ☐

16. Were all regularity requirements necessary for the implementation of the contract met by the NCC prior to and / or during the life of the contract in timely manner? Yes ☐ No ☐

If no, please comment:



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17. Were there instances where key personal identified in the Project Proposal were not assigned to the Project? Yes ☐ No ☐ Not applicable ☐

If yes, please state reason (s):

18. Would you be willing to work for/with NCC again on a project of a similar size or nature? Yes ☐ No ☐

19. Please indicate if any of the following were experienced on the project:

Cost over-run Yes ☐ No ☐ Value of cost over –run\$ _____

Time over-run Yes ☐ No ☐ Time over-run: _____

20. Please indicate the reason (s) for time/cost overrun experienced:

Difficulty in sourcing material ☐ Contractor financial constraint ☐ Labour constraint ☐

Security issues ☐ Adverse climatic conditions ☐ Reasons related to NCC ☐

21. If "Reasons related to NCC" reasons was selected in item 20 above, please indicate the cause (s) below:

Change in Design ☐ Change in Scope of project ☐ Change in delivery dates ☐

Availability of funds ☐ Non- Access to site ☐ Late Change in product specifications ☐

22. Were payments made by NCC in a timely manner? Yes ☐ No ☐

23. Please indicate the reasons below if delay in completion / delivery time was due to the following:

Late Commencement

Extension of time

NCC Performance

Non- Availability of Site <input type="checkbox"/>	Problems with logistics <input type="checkbox"/>	Inadequate funding <input type="checkbox"/>
Design changes <input type="checkbox"/>	Designs changes <input type="checkbox"/>	Poor response to info. requests <input type="checkbox"/>
Unavailability of funds <input type="checkbox"/>	Adverse Climate <input type="checkbox"/>	Delay in handing over of site <input type="checkbox"/>
Adverse climate <input type="checkbox"/>	Availability of information <input type="checkbox"/>	Late mobilization payment <input type="checkbox"/>
Procuring entity reasons <input type="checkbox"/>	Force Majeure <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>



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Comments:

.....
Name of Project Manager

.....
Signature

.....
Date

Please place
company
seal here

For official
use only

NCC- Comments

.....
Name of OPTS Manager

.....
Signature

.....
Date

Thank you for completing this evaluation. Kindly return the Completed form to the National Carnival Commission.



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Appendix 1

Schedule of payments received from NCC

Item 22:

	Date of payment	Amount paid	Scheduled Activity
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____

Comments:

.....

Project Manager

.....

Date