



NATIONAL CARNIVAL COMMISSION
WORKS 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. In your opinion was the site identified by NCC entity suitable for the construction of the required building / Infrastructure? Yes ☐ No ☐

If no, please comment:

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

15. 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:

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



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17. 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:

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

If yes, please state reason(s):

19. Were any applicable regulations violated by the NCC? Yes ☐ No ☐

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

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

| | | |
|---------------------------|--|---------------------------------|
| Cost over-run | Yes <input type="checkbox"/> No <input type="checkbox"/> | Value of cost over –run\$ _____ |
| Time over-run | Yes <input type="checkbox"/> No <input type="checkbox"/> | Time over-run: _____ weeks (s) |
| Unsuitable site selection | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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

| | | | | | |
|---------------------------------|--------------------------|---------------------------------|--------------------------|------------------------|--------------------------|
| Difficulty in sourcing material | <input type="checkbox"/> | Contractor financial constraint | <input type="checkbox"/> | Labour constraint | <input type="checkbox"/> |
| Security issues | <input type="checkbox"/> | Adverse climatic conditions | <input type="checkbox"/> | Reasons related to NCC | <input type="checkbox"/> |

23. If "Reasons related to NCC" reasons was selected in item 22 above, please indicate the cause (s) below:

| | | | |
|-----------------------|--------------------------|----------------------------|--------------------------|
| Change in Design | <input type="checkbox"/> | Change in Scope of project | <input type="checkbox"/> |
| Availability of funds | <input type="checkbox"/> | Non- Access to site | <input type="checkbox"/> |

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

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

| Late Commencement | Extension of time | NCC Performance | |
|---------------------------|--------------------------|---------------------------------|--------------------------|
| Non- Availability of Site | <input type="checkbox"/> | Non- Availability of Site | <input type="checkbox"/> |
| Design changes | <input type="checkbox"/> | Designs changes | <input type="checkbox"/> |
| Unavailability of funds | <input type="checkbox"/> | Adverse Climate | <input type="checkbox"/> |
| Adverse climate | <input type="checkbox"/> | Availability of information | <input type="checkbox"/> |
| Procuring entity reasons | <input type="checkbox"/> | Force Majeure | <input type="checkbox"/> |
| | | Inadequate funding | <input type="checkbox"/> |
| | | Poor response to info. requests | <input type="checkbox"/> |
| | | Delay in handing over of site | <input type="checkbox"/> |
| | | Late mobilization payment | <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 24:

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

Comments:

.....

Project Manager

.....

Date