

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. Project Supervisors 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 NCC Department:				
2. Name of Contractor/ Business Name:				
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:	<b>10.</b> Actual Completion Date:			
11. Original Contract Sum:	<b>12.</b> Actual Contract Sum:			
<b>13.</b> What is the quality of workmanship?	Very Good 🗆 Good 🗆 Fair 🗆 Poor 🗆			
<b>14.</b> Level of on-site supervision observed?	Very Good 🗆 Good 🗆 Fair 🗆 Poor 🗆			
<b>15.</b> During the execution of the contract were there complaints made by the contractors of factors which he or she believed hindered his or her successful completion of the contract? Yes $\square$ No $\square$				
If yes, please comment:				
<ul> <li>16. To the best of your knowledge were there instances where key personal identified in the Project Proposal were not assigned to the Project?</li> <li>Yes □ No □</li> </ul>				
<b>17.</b> Were there instances non-adherence to written technical specification? Yes $\Box$ No $\Box$				
18. What was the frequency of problem encountered? Very Often  Often  Rarely  Not at all  Not at all				
<b>19.</b> Were any applicable regulations violated by the Contractor? Yes $\Box$ No $\Box$				
<b>20.</b> Were problems identified rectified by the contra	actor? Yes $\Box$ No $\Box$			
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<b>21.</b> Has the contractor fulfill its mai	ntenance / war	•	h the NCC? s □ No □ Not applicable □	
<b>22.</b> Would you be willing to emplo	y this contracted	or again on a project o		
Yes   No     23. Value of Liquating Damages Levied against contractor:				
24. Please indicate if any one or all of the following were experienced on the project:				
Cost over-run Time over-run Sub-standard structural integrity	Yes No Ves No Ves No Ves No Ves No Ves	Time over-	st over –run\$ run:	
<b>25.</b> Please indicate the reason (s) for time/cost overrun experienced:				
Change in Design	Availability o Non- Access t		Force Majeure	
26. If "contractors reasons" was sele	ected in item 2	5 above, please indicat	te the cause (s) below:	
Delays in delivery of materials on siteContractor financial constraintInadequate planning / coordinationUse of inferior quality materialsAvailably of equipment on site				
27. Payment to Contractor- please complete payment schedule attached in appendix 1				
<b>28.</b> Were there instances of variatio	ns?		Yes 🗆 No 🗆	
<b>29.</b> If yes, please indicate the reason(s) below for variation(s) in the contract sum:				
Design change due to:	F	uctuation in:		
Clients Requirements		Labour cost		
Inadequate Contract Document		Cost of materials		
Inadequate Funds		Currency		
Unforeseen conditions (please s Unavailability of materials/ equ		Other	□ (please specify below)	
Kindly complete thi	is section if del	ay in completion time	was experienced	

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

Late Commencement Non- Availability of Site	<b>Extension of time</b> Non- Availability of Site	<b>Contractors Performance</b> Inadequate funding	
Design changes	Designs changes	Inadequate material supply	
Unavailability of funds	Adverse Climate	Inadequate Labour	
Adverse climate	Availability of information	Inadequate supervision	
Contractors reasons	Force Majeure	Inadequate equipment	
		Other (please specify below)	



Comments:		
Name of Project Coordinator	Signature	Date
or official se only		
mments		
Name of OPTS Manager	Signature	Date

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



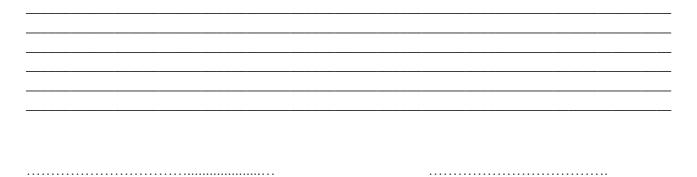
## Appendix 1

Schedule of payments made to Contractors

Item 27:

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

Comments:



**Operations and Technical Services Manager** 

Date