



**NATIONAL CARNIVAL COMMISSION**  
**WORKS CONTRACT EVALUATION FORM FOR NCC PROJECTS**

*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: \_\_\_\_\_
  10. Actual Completion Date: \_\_\_\_\_
  11. Original Contract Sum: \_\_\_\_\_
  12. Actual Contract Sum: \_\_\_\_\_

---

13. What is the quality of workmanship?      Very Good ☐    Good ☐    Fair ☐    Poor ☐

14. Level of on-site supervision observed?      Very Good ☐    Good ☐    Fair ☐    Poor ☐

15. 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 ☐    No ☐

If yes, please comment:

---

---

16. To the best of your knowledge were there instances where key personal identified in the Project Proposal were not assigned to the Project?      Yes ☐    No ☐

17. Were there instances non-adherence to written technical specification?      Yes ☐    No ☐

18. What was the frequency of problem encountered?      Very Often ☐    Often ☐    Rarely ☐    Not at all ☐

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

20. Were problems identified rectified by the contractor?      Yes ☐    No ☐



**NATIONAL CARNIVAL COMMISSION**  
**WORKS CONTRACT EVALUATION FORM FOR NCC PROJECTS**

21. Has the contractor fulfill its maintenance / warranty obligation(s) with the NCC?  
Yes ☐ No ☐ Not applicable ☐

22. Would you be willing to employ this contractor again on a project of a similar size or nature?  
Yes ☐ No ☐

23. Value of Liquidating Damages Levied against contractor: \_\_\_\_\_

24. Please indicate if any one or all 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: _____
Sub-standard structural integrity	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

Change in Design	<input type="checkbox"/>	Availability of funds	<input type="checkbox"/>	Force Majeure	<input type="checkbox"/>
Adverse climatic conditions	<input type="checkbox"/>	Non- Access to site	<input type="checkbox"/>	Contractors reasons	<input type="checkbox"/>

26. If "contractors reasons" was selected in item 25 above, please indicate the cause (s) below:

Delays in delivery of materials on site	<input type="checkbox"/>	Contractor financial constraint	<input type="checkbox"/>
Inadequate planning / coordination	<input type="checkbox"/>	Use of inferior quality materials	<input type="checkbox"/>
Availability of equipment on site	<input type="checkbox"/>		

---

27. Payment to Contractor- please complete payment schedule attached in appendix 1

---

28. Were there instances of variations? Yes ☐ No ☐

29. If yes, please indicate the reason(s) below for variation(s) in the contract sum:

<b>Design change due to:</b>		<b>Fluctuation in:</b>	
Clients Requirements	<input type="checkbox"/>	Labour cost	<input type="checkbox"/>
Inadequate Contract Document	<input type="checkbox"/>	Cost of materials	<input type="checkbox"/>
Inadequate Funds	<input type="checkbox"/>	Currency	<input type="checkbox"/>
Unforeseen conditions (please specify)	<input type="checkbox"/>	Other	<input type="checkbox"/> (please specify below)
Unavailability of materials/ equipment	<input type="checkbox"/>		

---

***Kindly complete this section if delay in completion time was experienced***

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

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



NATIONAL CARNIVAL COMMISSION  
WORKS CONTRACT EVALUATION FORM FOR NCC PROJECTS

Comments:

---

---

---

---

---

.....  
Name of Project Coordinator

.....  
Signature

.....  
Date

For official  
use only

**Comments**

---

---

---

---

.....  
Name of OPTS Manager

.....  
Signature

.....  
Date

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



**NATIONAL CARNIVAL COMMISSION**  
**WORKS CONTRACT EVALUATION FORM FOR NCC PROJECTS**

**Appendix 1**

Schedule of payments made to Contractors

Item 27:

	<b>Date of payment</b>	<b>Amount paid</b>	<b>Scheduled Activity</b>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____

Comments:

---

---

---

---

---

---

.....  
**Operations and Technical Services Manager**

.....  
**Date**