

Adding comments; not done

CPARS Construction Evaluation Form

Instructions are in RED text

Contract Number: DTFH70_____ Task Order No:_____

Name of CO who signed the contract on page A-3:_____

Contractor Information

To be completed by Acquisition

Product Service Code:

NAICS:

Contractor Name/Address:

DUNS Number:

Contract Information

Evaluation type: (check one) _Final _Interim (Percent complete_____) _Addendum

Period of performance being assessed: From: _____ To: _____

Project location: (ex: Approximately 25 miles NE of Kalispell, Montana)

County:

Client Agency:

Contract Dates

Award date:

Final fixed completion date:

Actual completion date: (If terminated, use the date the termination became effective)

Dollar Values

Award amount:

Final amount: (final eval only)

Current Amount: (interim eval only)

Complexity (check one)

_High (Highly skilled personnel, stringent tolerance limits, high degree of management effort required, could involve new technology)

_Medium (moderately complex, uses proven methods/means, moderate tolerance in specs, moderate management effort required)

_Low (routine, not complex, simple contract requirements, does not require highly skilled labor, low management effort required)

Was this project terminated?

_no

_yes, for convenience

_yes, for default

_yes, for cause

* A factual detailed narrative is required (even for "Satisfactory" ratings). It must be clear and concise. This is where you list the facts that support your rating.

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(Completed by Acquisition)

Competition Type:

Contract Type:

Contract Type

Firm-fixed Price

Firm-fixed price with incentives SCR

Other (explain)

Miscellaneous Information

Project No:

Project Name:

Project length:

Work performed under this contract:

Key subcontractors, DUNS number and work performed (complete for subcontractors performing more than 25% of the project work; otherwise leave blank)

Subcontractor name:

DUNS:

Work performed:

Subcontractor name:

DUNS:

Work performed:

This contract (check one) does does not include a subcontracting plan.

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Ratings

Quality Rating: (select one)



_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Quality reflects the Contractor's management of the quality control program, as well as the quality of the work itself. (i.e. Has a quality project been constructed?)
Describe things like the contractor's:

- Ability to maintain quality control
- Testing performance
- Implementation of an effective inspection process
- Contractor quality control documentation
- Identification and correction of deficient work
- Reviews of materials and shop drawings
- Use of unspecified materials

Your comments should support your rating. Your rating should be supported by documented facts. Include successes and failures. Note corrective actions taken.

Comments: * (required) [24,000 character limit]

Schedule Rating: (select one)

_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Assess the timeliness of the Contractor against the completion of the contract milestones and delivery schedule. Address what they did to contribute to or affect the schedule variance. Address the significance of the missed milestones. Note adverse actions, such as liquidated damages, issuance of Cure Notices, Show Cause Notices, etc.

Questions you might consider:

- Is the contractor completing the project in a timely manner?
- Did the contractor adequately schedule the work?
- Has the contractor met administrative deadlines (i.e. submittals received timely?)
- Has the contractor met milestone dates?
- If the schedule slipped due the contractor's action/inaction, what efforts were made to correct this?
- Have construction activities been completed in a timely manner?
- Has the contractor submitted updated project schedules in a timely manner?
- If liquidated damages apply, how much has been assessed (dollars)?

Comments: * (required) [24,000 character limit]

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Cost Control Rating: (not applicable to firm-fixed price contracts)

Not Applicable Exceptional Very Good Satisfactory Marginal Unsatisfactory

Management Rating: (select one)

Not Applicable Exceptional Very Good Satisfactory Marginal Unsatisfactory

Assess the integration and coordination of all activity needed to complete the contract. Consider timeliness, completeness, quality of problem identification, corrective action plans, proposal submittals, Contractor's history of reasonable & cooperative behavior, timely identification of issues, focus on customer satisfaction, and timely award & management of subcontractors.

Questions you might consider:

- Is the contractor customer focused? What is the quality of interaction between the Government and the contractor? Is management reasonable and cooperative?
- Did contractor's management (onsite and home office) exhibit the capacity to adequately plan, schedule, resource, organize, and otherwise manage the work. Did the contractor identify and apply adequate resources to meet schedule requirements? Did the contractor share the right information with the right people at the right time?
- Responsiveness: Assess the timeliness, completeness, and quality of problem identification, corrective action plans, and proposal submittals.
- Subcontract Management: Are subcontracts awarded timely? How well does contractor manage subcontractors? How early do they identify and address subcontract issues? Are subcontractors paid on time? Do they ensure subcontractors comply with labor and safety requirements?
- If the contract has a substantial amount of government furnished property, how well did the contractor manage this property?
- If the contract has a Key Personnel Clause (1252.237-73), assess the contractor's performance in selecting, retaining, supporting, and replacing (if necessary) key personnel?

Comments: * (required) [24,000 character limit]

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(Completed by Acquisition)



Utilization of Small Business (If the contract has a subcontracting plan, complete this section; otherwise, check "N/A".)

_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Comments * (required) [24,000 character limit]

Regulatory Rating (select one)

_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Assess compliance with all terms and conditions in the contract relating to regulations and codes. Consider financial, environmental, safety, labor, and other regulations or laws.

Questions you might consider:

- Has the contractor complied with reporting requirements found in various FAR clauses?
- Has the contractor complied with safety requirements? Have they implemented an effective safety program?
- Has the contractor complied with labor laws?
- Has the contractor complied with hazardous Material Identification and Material Safety Data?
- Has the contractor complied with Environmental requirements?
- Has the contractor complied with EEO?
- Has the contractor complied with combating human trafficking?

Comments: * (required) [24,000 character limit]

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Other Areas Rating (optional)

Specify additional evaluation areas that are unique to this contract or that were not captured elsewhere.

Name of area _____

(Select one)

_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Name of area _____

(Select one)

_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Name of area _____

(Select one)

_Not Applicable _Exceptional _Very Good _Satisfactory _Marginal _Unsatisfactory

Comments: * (If you add evaluation areas in this section, comments are required) [24,000 character limit]

Recommendation:

Given what I know today about the contractor's ability to perform in accordance with this contract or order's most significant requirements, I (check one) **__would** **__would not** recommend them for similar requirements in the future.

Comments: * Use this area for general comments not directly related to an evaluation area. [24,000 character limit]

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Signatures

Assessing Official Info

Name:

Signature_____

Title: Project Engineer

Date_____

Evaluation Reviewed by

Name:

Signature_____

Title: Construction Operations Engineer

Date_____

Phone:

Second Level Review

Name:

Signature_____

Title: Contracting Officer

Date_____

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