|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor Company**  |  | **Project title:** |  |
| **Contractor Contact** |  | **Project completion date:** |  |

# COMPETENCY Yes No Comments

* Did the vendor have the right skillset for this job?
* Was the job done according to specifications on

the proposal?

# CAPACITY yes no comments

* Did the vendor have adequate staff to get the job

complete?

* Did the vendor get the job done according to schedule?

# COMMITMENT Yes No Comments

* Did this vendor make the project a priority?
* Did this vendor seek a relationship with the community

 for future work?

# COMMUNICATION Yes No Comments

* Was this vendor easy to communicate with?
* Was this vendor aware of the cooperative structure?
* Did the vendor follow all verbal requests?

# COST Yes No Comments

* Was this bid lowest received?
* Was the bid done according to scope of work?

# PERSON COMPLETING EVALUATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | DATE OF EVALUATION |  |