



Contract/Contractor Evaluation

Note to Contractor: this form provides a record of the contractor’s performance/behaviour and assists in determining future contract awards. The ministry may post this evaluation form internally to any system or website to enable sharing of information. If the Contractor disagrees with the evaluation, it can choose to formalize its objections through escalation to the highest level of authority in the tendering office location. If the Contractor’s disagreement is not resolved to its satisfaction at the tendering office, the Contractor may raise its concerns to the next highest level of authority at the branch level, whose decision will be final and conclusive. Any notice of disagreement to the evaluation or the tendering office’s response to a disagreement must be in writing, must provide detailed description of the disagreement and all relevant documents, and must be received by the ministry within 14 calendar days of delivery of this evaluation to the Contractor.

The evaluation shall be conclusively deemed to be validly given or delivered to and received by the Contractor at the work site or at the address, facsimile, or email address specified on the first page of the corresponding Agreement:

- (a) if hand delivered to the Contractor or its Contractor Representative, on the date of that personal delivery; or
- (b) if prepaid post and if mailed during any period when normal postal services prevail, on the fifth Business Day (means every day of the week except Saturday, Sunday and statutory holidays) after its mailing; or
- (c) if delivered by courier service, on the fifth Business Day after collection by the courier service; or
- (d) if sent by facsimile or electronic transmission, on the day of transmittal unless transmitted after the normal business hours of the addressee or on a day that is not a Business Day, in which cases it will be deemed to be received on the next following Business Day.

CONTRACT / FILE NUMBER:		CONTRACT START DATE: YY-MM-DD	CONTRACT END DATE: YY-MM-DD
TYPE OF WORK:		LOCATION OF WORK:	
SIZE OF CONTRACT (e.g., # of ha, plots, trees planted, kms, etc.):			
NAME OF TENDERING AUTHORITY (Ministry and geographic location)			
PROGRAM MANAGER/EXPENSE AUTHORITY:		CONTRACT MANAGER/RECEIVING AUTHORITY:	
CONTRACTOR LEGAL ENTITY NAME:			
NAME OF COMPANY DIRECTORS/OFFICERS OR PARTNERS:		NAME OF ASSOCIATED ORGANIZATIONS OR PERSONS:	

CONTRACT EVALUATION (Negative responses must be substantiated (i.e., monitoring and inspection forms, enforcement notices, file notes, correspondence, or other documentation.) Attach additional paper if required	Yes	No	Comments
1. Did the ministry achieve its project goals (ministry outcomes) efficiently, effectively or economically as a result of the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the product of the contract being used by the ministry?	<input type="checkbox"/>	<input type="checkbox"/>	Provide explanation if not
3. Was the contract completed according to ministry specifications/standards, including safety expectations?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Was the contract or milestones/phases completed on time?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were there difficulties encountered during the contract which could be attributed to the way the contract was structured (i.e., not the fault of the contractor or contract was too vague)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. If a site viewing or informational meeting was <u>not</u> required, would one have prevented any noted problems including safety?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Were all the risk factors identified and successfully dealt with including safety hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Did you need to engage with the contractor or external agencies to resolve any safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Were the financial security factors/instruments appropriate to this contract?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Was the contract monitoring plan appropriate and workable?	<input type="checkbox"/>	<input type="checkbox"/>	
11. If amendments or changes to the contract were made, were they necessary and successful?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Was the contract completed on the original or amended budget?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Were the contract payment plans and schedules appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Did ministry staff receive any new ideas or approaches for future contracts of this kind, including ways to improve safety for workers?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Should the work be contracted out again in the future if the need arises?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments:			

CONTRACTOR EVALUATION	Yes	No	Comments
(All relevant documentation, letters and monitoring reports/assessments are to be attached (reference to be included in the "Comments" section). Levels of performance should be based upon a recognized standard (ministry/industrial/professional, etc.)			

The Bidding Contract (Contract A)

1. Did the contractor withdraw an irrevocable tender?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did the contractor refuse to enter into the awarded contract without justification? (Note: an example of a justifiable reason would be if the ministry changed the terms of the contract between tender closing and the time it was forwarded for signature.)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, provide award letter reference date
3. Did the contractor enter into the awarded contract within the time limits specified in the award letter? If not, what steps were taken?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the contractor fail to submit or meet requirements of the contract award letter (e.g., submission of performance security, certificate of insurance, etc.? If so, what steps were taken?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

The Performance Contract (Contract B)

1. Did the contractor plan work in consideration of safety and as agreed upon by the ministry project plan, specifications, standards and schedule(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did the contractor have enough resources, equipment, supplies, personnel, etc. (contract inputs) to meet all of the contract objectives/outcomes safely, economically, efficiently and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did the contractor retain its Key Personnel and ensure adequate training of staff in order to meet the project goals and do it safely?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the contractor meet the contract objectives/outcomes (e.g., were final reports submitted on time and effective)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did the contractor work to a high standard, including safety?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Did the contractor complete the original or revised contract on schedule?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Did the contractor make unjustified claims for extra payment?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Was the contractor flexible and acceptable to ministry-imposed amendments/changes to the work plan/schedule?	<input type="checkbox"/>	<input type="checkbox"/>	

CONTRACTOR EVALUATION	Yes	No	Comments
9. Was the contractor's response to constructive criticism, safety concerns and progress evaluation reports satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Did the contractor effectively supervise all aspects of the contract/personnel, including safety?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Did the contractor (and staff) work well / communicate effectively with ministry staff, inspectors and outside agencies?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Did the contractor work well and communicate effectively with its staff and subcontractors (beneficial or detrimental to the ministry and/or the project)?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Did the contractor adhere to all the laws, safety, relevant technical, financial, and operational regulations? (Consider if there was a need to issue any compliance orders, or the terms and conditions of the contract breached.)	<input type="checkbox"/>	<input type="checkbox"/>	
14. Were there any safety related issues observed?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, were they reported to WSBC?
15. Were there any valid and legal claims from unpaid subcontractors, employees, or suppliers? Were they reported to Employment Standards Branch? Was a Statutory Declaration (NRS263) falsely sworn (NRS263 mandatory for works contracts utilizing FS623 or NRS625 agreement form)?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Was this contract terminated due to non-compliance?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide brief description of issues.
17. Was all or part of a contract performance security retained?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, why.
Was all or part of the final payment retained?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, why.
18. Was a charge assessed for failing to comply with the requirements of the contract?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Was there a charge or conviction of an offense relating to the contract or a forest, environmental, etc. practice?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Would you contract with this contractor again?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments:			

CONTRACTOR'S KEY PERSONNEL

1. If applicable, name the Key Personnel used in the performance of the work/services:

2. List any Key Persons you would not approve of again and provide reason

Name

Reason:

ADDITIONAL COMMENTS:

CONTRACTOR'S SUBCONTRACTORS

1. If applicable, name the Subcontractor(s) used in performance of the work/services:

2. List any Subcontractors you would not approve of again and provide reason.

Name

Reason:

ADDITIONAL COMMENTS:

DATE: YY-MM-DD	CONTRACT MANAGER / QUALIFIED RECEIVER	
	PRINTED NAME	SIGNATURE
DATE: YY-MM-DD	PROGRAM MANAGER / EXPENSE AUTHORITY or authorized delegate	
	PRINTED NAME	SIGNATURE

DISTRIBUTION: Original to Contract File

PDF Copy to Financial Services Branch CSNR.ContractSupport@gov.bc.ca

PDF Copy to Contractor