

## CONSULTANT PERFORMANCE EVALUATION REVIEW FORM (CPERF)

Interim

| Project Title:   | Contract No.:            | Project No.:                     | Purchase Order (PO):   | Purchase Order (PO):   |        |  |
|--|--------------------------|----------------------------------|------------------------|------------------------|--------|--|
| Firm's Legal Name:       Firm's Operating Name:         Firm's Complete Mailing Address:       Contract Award Date:         CONTRACT INFORMATON       Interim Completion Date:         Contract Award Amount:       Final Completion Date:         Final Amount:       Final Completion Date:         The following criteria are to be assessed by considering, at minimum, the considerations listed in Annex A.       No. of Amendments:         ADMINISTRATION / MANAGEMENT       CATEGORY       SCALE         Comments:       No. of Amendments:       POINTS         Comments:       No. of Amendments:       POINTS         OUALITY OF WORK / DESIGN / STUDY       Unacceptable       0-5         Comments:       Not Satisfactory       6-10         Satisfactory       11-16       Superior         Superior       17-20       Infacceptable         Comments:       Unacceptable       0-5         Not Satisfactory       11-16       Superior         Superior       17-20       Infacceptable       0-5         Not Satisfactory       11-16       Superior       17-20         Comments:       Unacceptable       0-5       6-10         Satisfactory       11-16       Superior       17-20         QUALITY OF TPS/CPS (IF APPLI  |                          | 110,000 110                      |                        |                        |        |  |
| Firm's Complete Mailing Address:<br>CONTRACT INFORMATON<br>Contract Award Amount:<br>Interim Amount:<br>Final Amount:<br>Final Amount:<br>Final Amount:<br>The following oriteria are to be assessed by considering, at<br>minimum, the considerations listed in Annex A.<br>ADMINISTRATION / MANAGEMENT<br>Comments:<br>No. of Amendments:<br>No. of Satisfactory<br>Satisfactory<br>0.5<br>No. Satisfactory<br>0.6<br>0.5<br>No. Satisfactory<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.5<br>0.6<br>0.6<br>0.6<br>0.6<br>0.6<br>0.6<br>0.6<br>0.6  |                          |                                  |                        |                        |        |  |
| CONTRACT INFORMATON Contract Award Amount: Contract Award Date: Interim Amount: Interim Amount: Final Completion Date: Completion Date: Final Completion Date: Comp   | Firm's Legal Name:       |                                  | Firm's Operating Name: | Firm's Operating Name: |        |  |
| Contract Award Amount: Interim Amount: Interim Amount: Interim Amount: Interim Amount: Final Completion Date: The following criteria are to be assessed by considering, at minimum, the considerations taked in Annex A. ADMINISTRATION / MANAGEMENT Contract Award Date: Comments: Unacceptable Constract Award Amount: Unacceptable O-5 Not Satisfactory Superior 17-20 UNACCEVATION Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 Comments: Unacceptable O-5 Not Satisfactory Superior 0-5 Not Satisfactory Superior 0 Not Satisfactory Superior 0 Not Satisfactory S   | Firm's Complete Mailin   | ıg Address:                      | I                      |                        |        |  |
| Contract Award Amount: Interim Amount: Interim Amount: Interim Amount: Interim Amount: Final Completion Date: The following criteria are to be assessed by considering, at minimum, the considerations taked in Annex A. ADMINISTRATION / MANAGEMENT Contract Award Date: Comments: Unacceptable Constract Award Amount: Unacceptable O-5 Not Satisfactory Superior 17-20 UNACCEVATION Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 COST CONTROL Comments: Unacceptable O-5 Not Satisfactory Superior 17-20 Comments: Unacceptable O-5 Not Satisfactory Superior 0-5 Not Satisfactory Superior 0 Not Satisfactory Superior 0 Not Satisfactory S   |                          |                                  |                        |                        |        |  |
| Interim Amount: Interim Completion Date: Final Completion Date: Final Completion Date: The following criteria are to be assessed by considering, at minimum, the considerations listed in Annex A. ADMINISTRATION / MANAGEMENT CATEGORY SCALE POINTS Comments: Unacceptable 0-5 Not Satisfactory 6-10 Satisfactory 11-16 Superior 17-20 COMMENT OF WORK / DESIGN / STUDY Comments: Unacceptable 0-5 Satisfactory 6-10 Satisfactory 11-16 Superior 17-20 Comments: Unacceptable 0-5 Satisfactory 6-10 Satisfactory 11-16 Superior 17-20 Comments: Unacceptable 0-5 Satisfactory 11-16 Superior 17-20 Comments: Unacceptable 0-5 Satisfactory 11-16 Superior 17-20 CONTROL CONTROL COMMENT CONTROL CONTROL COMMENT CONT   |                          |                                  | Contract Award Date    | Contract Award Date    |        |  |
| Final Amount:       Final Completion Date:         The following criteria are to be assessed by considering, at minimum, the considerations listed in Annex A.       No. of Amendments:         ADMINISTRATION / MANAGEMENT       CATEGORY       SCALE       POINTS         Comments:       Unacceptable       0-5       0-5         OUALITY OF WORK / DESIGN / STUDY       Unacceptable       0-6       0-5         Comments:       Unacceptable       0-6       0-6         Not Satisfactory       11-16       Satisfactory       11-16         Superior       17-20       0-0       0-0         Comments:       Unacceptable       0-5       0-5         Not Satisfactory       11-16       0-5       0-5         TIME       Unacceptable       0-5       0-0         COST CONTROL       Unacceptable       0-5       0-5         Comments:       Unacceptable       0-5       0-5         Comments:       Unacceptable       0-5       0-5         Control       Satisfactory       11-16       Superior       17-20         QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF       0-5       0-5       0-5         QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF       0-5       0-5       0-5   |                          | π.                               |                        |                        |        |  |
| The following criteria are to be assessed by considering, at<br>minimum, the considerations listed in Annex A. No. of Amendmenits:<br>ADMINISTRATION / MANAGEMENT<br>Comments:<br>Comments:<br>ADMINISTRATION / MANAGEMENT<br>Comments:<br>ADMINISTRATION / MANAGEMENT<br>Comments:<br>ADMINISTRATION / MANAGEMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>COMMENT<br>C |                          |                                  |                        |                        |        |  |
| minimum, the considerations listed in Annex A. No. of Amendments:<br>ADMINISTRATION / MANAGEMENT CATEGORY SCALE POINTS<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>COST CONTROL<br>COST CONTROL<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 6-10<br>Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT<br>Comments: 0<br>Total Porcentage Rating: 0%<br>Type of Report: Final<br>General Comments: Title: Signature: Date: (synymmod)<br>NAC Authorization  | The following criteria a | re to be assessed by considerinc |                        |                        |        |  |
| ADMINSTRATION / MANAGEMENT         CATEGORY         SCALE         POINTS           Comments:         Unacceptable         0.5         0.5           Not Satisfactory         6.10         Satisfactory         11.16           Superior         17.20         0.5         0.5           QUALITY OF WORK / DESIGN / STUDY         0.5         0.5         0.5           QUALITY OF WORK / DESIGN / STUDY         0.5         0.5         0.5           Comments:         Unacceptable         0.5         0.5           Not Satisfactory         11.16         1.17.20         0.5           TIME         Satisfactory         6.10         1.16         1.16           Comments:         Unacceptable         0.5         0.5         0.5         1.16   |                          |                                  |                        | No. of Amendments:     |        |  |
| Not Satisfactory<br>Satisfactory<br>Unacceptable         6-10<br>(11-16)           GUALITY OF WORK / DESIGN / STUDY         0-5           Comments:         Unacceptable         0-5           Not Satisfactory<br>Satisfactory         11-16<br>(11-16)         0-5           TIME         0-5         0-5           Comments:         Unacceptable         0-5           Not Satisfactory         6-10<br>(11-16)         0-5           TIME         0-5         0-5           Comments:         Unacceptable         0-5           Not Satisfactory         6-10<br>(11-16)         0-5           COST CONTROL         0-5         0-5           Comments:         Unacceptable         0-5           Not Satisfactory         6-10         0-5           Comments:         Unacceptable         0-5           Not Satisfactory         6-10         0-10           Satisfactory         11-16         0-10           Superior         17-20         0-10           QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF         Not Satisfactory         1-16           Superior         17-20         0-10           Satisfactory         1-16         0-10           Satisfactory         1-17-20         0   |                          |                                  |                        |                        | POINTS |  |
| Satisfactory     11-16       Superior     17-20       QUALITY OF WORK / DESIGN / STUDY     0-5       Comments:     Unacceptable     0-5       Not Satisfactory     0-1     Satisfactory       Satisfactory     0-1     Satisfactory       Satisfactory     11-16     Satisfactory       Satisfactory     0-5     Not Satisfactory       TIME     0-5     Not Satisfactory       Comments:     Unacceptable     0-5       Not Satisfactory     6-10     Satisfactory       Satisfactory     11-16     Superior       COST CONTROL     Unacceptable     0-5       Comments:     Unacceptable     0-5       Not Satisfactory     6-10     Satisfactory       Satisfactory     11-16     Superior       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF     RESULT       Comments:     Unacceptable     0-5       Not Satisfactory     6-10     Satisfactory       Superior     17-20     Total Points:     0       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF     Total Points:     0       Result     Not Satisfactory     6-10     Satisfactory       Superior     17-20     Total Points:     0       General Comments:     0     Total   | Comments:                |                                  |                        |                        |        |  |
| Superior         17-20           QUALITY OF WORK / DESIGN / STUDY  |                          |                                  |                        |                        |        |  |
| QUALITY OF WORK / DESIGN / STUDY       0-5         Comments:       Unacceptable       0-5         Not Satisfactory       11-16         Superior       17-20         TIME       0-5         Comments:       Unacceptable       0-5         Not Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         COST CONTROL       0-5         Comments:       Unacceptable         O-5       6-10         Satisfactory       11-16         Superior       17-20         COST CONTROL       0-5         Comments:       Unacceptable         O-5       6-10         Satisfactory       11-16         Superior       17-20         QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF         RESULT       Onstatisfactory         Comments:       Unacceptable       0-5         Not Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         Total Points:       0         Total Points:       0         General Comments:       Signature:       Date: (syny/mm/dd)         NAC  |                          |                                  | -                      |                        |        |  |
| Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>TIME<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>COST CONTROL<br>COST CONTROL<br>COST CONTROL<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 6-10<br>Superior 17-20<br>COST CONTROL<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>COST CONTROL<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>Total Points: 0<br>Total Points: 0<br>Total Points: 0<br>Total Points: 0<br>Total Points: 0<br>Total Percentage Rating: 0%<br>Type of Report: Final<br>General Comments: Signature: Date: (yyy/mm/dd)   |                          |                                  | Superior               | 17-20                  |        |  |
| Not Satisfactory         6-10           Satisfactory         11-16           Superior         17-20           TIME         0-5           Comments:         Unacceptable         0-5           Not Satisfactory         6-10         Satisfactory           Satisfactory         11-16         Satisfactory           Satisfactory         11-16         Superior         17-20           COST CONTROL         Unacceptable         0-5         Not Satisfactory         6-10           Comments:         Unacceptable         0-5         Not Satisfactory         6-10           Satisfactory         11-16         Superior         17-20         Unacceptable         0-5           QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF         Superior         17-20         Unacceptable         0-5           Comments:         Unacceptable         0-5         Not Satisfactory         11-16         Superior         17-20         U   |                          | DESIGN / STUDY                   |                        |                        |        |  |
| Satisfactory         11-16           Superior         17-20             Comments:         Unacceptable         0-5           Not Satisfactory         6-10           Satisfactory         11-16           Superior         17-20   COST CONTROL COST CONTROL Comments: Unacceptable Unacceptable 0-5 Not Satisfactory 6-10 Satisfactory 11-16 Superior           QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF RESULT Comments: Unacceptable Not Satisfactory 6-10 Satisfactory 11-16 Superior   Comments: Unacceptable 0-5 Not Satisfactory 6-10 Satisfactory 11-16 Superior 17-20 OUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF RESULT Comments: Unacceptable Not Satisfactory 6-10 Satisfactory 11-16 Superior 17-20 OUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF RESULT Comments: Unacceptable Not Satisfactory 6-10 Satisfactory 6-  | Comments:                |                                  |                        |                        |        |  |
| Superior         17-20           TIME         0-5           Comments:         Unacceptable<br>Not Satisfactory<br>Satisfactory         6-10           Superior         17-20           COST CONTROL         11-16           Comments:         Unacceptable<br>Not Satisfactory         6-10           Comments:         Unacceptable<br>Not Satisfactory         6-10           QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT         Unacceptable<br>Not Satisfactory         6-10           Comments:         Unacceptable<br>Not Satisfactory         6-10           Comments:         Unacceptable<br>Not Satisfactory         6-10           Satisfactory         11-16         9           Superior         17-20         11-16           Superior         17-20         0           General Comments:         Unacceptable<br>Not Satisfactory         0-5           Satisfactory         11-16         0           Superior         17-20         0           Total Points:         0         0           Total Points:         0         0           Total Percentage Rating:<br>Def Report         0%         1           Signature:         Date: (yyy/mm/dd)         1           NAC Evaluator         - <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>  |                          |                                  |                        |                        |        |  |
| TIME       Onacceptable       0-5         Comments:       Unacceptable       0-5         Not Satisfactory       11-16         Superior       17-20         COST CONTROL         Comments:       Unacceptable       0-5         Not Satisfactory       6-10         Satisfactory       6-10         Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF       RESULT         Comments:       Unacceptable       0-5         Not Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         Total Points:         O       Total Points:       0         Superior       17-20       0%         Total Points:       0       0%         General Comments:       O       Total Points:       0         MAC Evaluator       Name:       Signature:       Date: (yyy/mmidd)         NAC Authorization   |                          |                                  | -                      |                        |        |  |
| Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>COST CONTROL<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>Total Points: 0<br>Total Points: 0<br>Total Points: 0<br>Total Points: 0<br>Total Points: Final<br>General Comments:<br>MAC Evaluator<br>Name: Ext./cell: Title: Signature: Date: (yyyy/mm/dd)  |                          |                                  | Superior               | 17-20                  |        |  |
| Not Satisfactory         6-10           Satisfactory         11-16           Superior         17-20   Comments:           Unacceptable         0-5           Not Satisfactory         6-10           Satisfactory         6-10           Satisfactory         11-16           Satisfactory         6-10           Satisfactory         11-16           Superior         17-20           QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF         Not Satisfactory           RESULT         Unacceptable         0-5           Not Satisfactory         6-10           Satisfactory         6-10           Satisfactory         11-16           Superior         17-20           Comments:         Unacceptable         0-5           Not Satisfactory         6-10           Satisfactory         11-16           Superior         17-20           General Comments:         0           Total Points:         0           General Comments:         11-16           Signature:         View of Report:           Final         General Comments:   |                          |                                  |                        |                        |        |  |
| Satisfactory     11-16       Superior     17-20       COST CONTROL     Unacceptable     0-5       Comments:     Unacceptable     0-5       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF     11-16       RESULT     Superior     17-20       Comments:     Unacceptable     0-5       Not Satisfactory     11-16       Superior     17-20       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF     0-5       RESULT     Unacceptable     0-5       Comments:     Unacceptable     0-5       Not Satisfactory     6-10     Satisfactory       Superior     17-20     11-16       Superior     17-20     17-20       General Comments:     0     17-20       Total Points: 0       Total Points: 0       Type of Report:     Final       General Comments:     Signature:     Date: (yyy/mm/dd)       NAC Evaluator   | Comments:                |                                  |                        |                        |        |  |
| Superior     17-20       COST CONTROL       Comments:     Unacceptable<br>Not Satisfactory     0-5       Superior     11-16     Superior       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT     Unacceptable<br>Not Satisfactory     0-5       Comments:     Unacceptable<br>Not Satisfactory     6-10       Satisfactory     6-10     Satisfactory       Satisfactory     11-16     Superior       Superior     17-20     11-16       Superior     11-16     Superior       Satisfactory     6-10     6-10       Satisfactory     6-10     11-16       Superior     11-16     11-16       Superior     Total Points:     0       Total Percentage Rating:     0%     17-20       General Comments:     Vippe of Report:     Final       Name:     Signature:     Date: (yyyy/mm/dd)       Ext./cell:     Intervention     Intervention  |                          |                                  |                        |                        |        |  |
| COST CONTROL       Unacceptable       0-5         Comments:       Unacceptable       0-5         Not Satisfactory       11-16         Superior       17-20         QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF       0-5         RESULT       Unacceptable       0-5         Comments:       Unacceptable       0-5         Not Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         Comments:       Unacceptable         Not Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         Total Points:       0         Total Points:       0         Total Percentage Rating:       0%         Type of Report:       Final         General Comments:       Signature:       Date: (yyyy/mm/dd)         Name:       Title:       Signature:       Date: (yyy/mm/dd)         NAC Authorization   |                          |                                  | -                      |                        |        |  |
| Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT<br>Comments: Unacceptable 0-5<br>Not Satisfactory 6-10<br>Satisfactory 11-16<br>Superior 17-20<br>Total Points: 0<br>Total Points: 0<br>Total Points: 0<br>Total Percentage Rating: 0%<br>Type of Report: Final<br>General Comments:<br>NAC Evaluator<br>Name: Title: Signature: Date: (yyyy/mm/dd)   |                          |                                  | Superior               | 17-20                  |        |  |
| Not Satisfactory<br>Satisfactory<br>Unacceptable<br>RESULT     6-10<br>11-16<br>Superior       Comments:     Unacceptable<br>Not Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>11-16<br>Superior     0-5<br>0<br>6-10<br>Satisfactory<br>11-16<br>Superior       Comments:     Unacceptable<br>Not Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>Satisfactory<br>S   |                          |                                  |                        | ·                      |        |  |
| Satisfactory<br>Superior     11-16<br>17-20       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT     0-5<br>Not Satisfactory<br>Satisfactory<br>Satisfactory     0-5<br>6-10<br>11-16<br>17-20       Comments:     Unacceptable<br>Not Satisfactory     0-1<br>17-20       Total Points:     0<br>Total Percentage Rating:<br>0%<br>Type of Report:     0<br>Final       General Comments:     Final       NAC Evaluator     Signature:     Date: (yyyy/mm/dd)       Name:<br>Ext./cell:     Title:     Signature:     Date: (yyyy/mm/dd)   | Comments:                |                                  |                        |                        |        |  |
| Superior     17-20       QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF<br>RESULT     Unacceptable     0-5       Comments:     Unacceptable     6-10       Satisfactory     6-10     11-16       Superior     17-20     17-20       Total Points: 0       Total Percentage Rating:     0%       Type of Report:     Final   |                          |                                  | -                      |                        |        |  |
| QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF         RESULT         Comments:       Unacceptable         0-5         Not Satisfactory         6-10         Satisfactory         11-16         Superior         17-20         Total Points:         0         Total Percentage Rating:         0%         Type of Report:         Final  |                          |                                  |                        |                        |        |  |
| RESULT       Unacceptable       0-5         Comments:       Not Satisfactory       6-10         Satisfactory       11-16         Superior       17-20         Total Points:         O       0         Total Percentage Rating:       0%         Type of Report:       Final         General Comments:       Final         NAC Evaluator       Signature:         Name:       Title:         Ext./cell:       Signature:         Date: (yyyy/mm/dd)   |                          |                                  |                        | 17-20                  |        |  |
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## ANNEX A – MINIMUM CRITERIA CONSIDERATIONS

ADMINISTRATION / MANAGEMENT This is the rating of how the project was administered including the project delivery and overall consultant services. The extent to which the firm takes charge of and effectively manages the work has a direct effect on the inputs required of NAC. Consideration should be given to: -contract administration-correctness; -delivery of a comprehensive, reliable and effective services in a responsive, orderly and 'surprise free' manner; -appropriate understanding of the Consultant role, within the context of NAC operating environment, objectives and of the needs of the project; -application of initiative, judgement and attentiveness in providing services; management of Consultant Team: leadership, efficiency, fairness and ensuring proper level of service; -co-ordination of sub-consultants, if applicable; -sensitivity of external factors: awareness of current conditions in the building industry, in the local community and use of the information for the benefits of the project. QUALITY OF WORK / DESIGN / STUDY This is the rating of the quality of work. The following items should be considered: -understanding of the project objectives and constraints; -thoroughness of a logical approach in problem analysis and exploration of alternatives; -appropriatness of concept and sensitivity to context (physical and non-physical, image, site geography, function, client, etc.); -functional/technical requirements: effectiveness of concept in providing for functional and technical requirements: including flexibility and expansion; -aesthetic/spatial qualities and/or engineering 'elegance', if applicable: -functional performance for users: efficiency, safety, comfort and convenience, ease of operation and maintenance including engineering and architectural support elements/services, if applicable; -building science and engineering technology: equipment and construction systems, materials selections and detailing conductive to efficient construction and good life-cycle performance economics; judgement in balancing between use of new technology vs. reliance on proven technology, if applicable; -comprehensive investigation work; -logical analysis; -firm and substantiated recommendations; -larity of presentation; -quality of working documents (completeness, accuracy, co-ordination); -responsiveness to NAC input; -coverage of all aspects of process (all technical issues addressed, approval authorities, departmental and the NAC's procedures, etc.). TIME This is the rating of time planning and schedule control during the life of the project. Consideration must be given to conditions beyond the firm's control including NAC. The NAC Evaluator is to consider whether the following was provided: -timely and accurate contract administration and progress reporting; -on-schedule delivery of services in every stage; -effective effort to meet the scheduled milestone and completion dates as stipulated in the contract; -timeliness of estimating and cost plan monitoring. COST CONTROL This is the rating of the quality of cost planning and control during the life of the project. The following items should be considered: Consultant Costs: -management of the consultant services compared to the consultant's original proposal; -management of the design (if applicable) within NAC's original project budget; Construction Costs (if applicable): -consultant's final project estimate vs. contract award amount; -application of value engineering to design decisions; -appropriate balance of cost between building elements; -final construction contract value vs. final consultant estimate (project cost growth related to the original design quality). QUALITY OF TPS/CPS (IF APPLICABLE) / QUALITY OF RESULT This is the rating of the quality of tender and construction phase services, if applicable. The following items should be considered: -quality and timeliness of Amendments / Addendums during tender phase; -responsiveness to NAC requests; -quality of response to NAC requests; -timeliness of shop drawings / submission reviews; -quality and timeliness of reporting; -did the Consultant keep NAC informed of all activities relating to the project work? -did the Consultant promptly correct and provide solutions to mistakes in their work, at no cost? -did the Consultant's actions cause delay to the overall project?