

**Escambia County, Florida**  
**CONSULTANT PERFORMANCE EVALUATION**

Contract / Task Order Number \_\_\_\_\_

Title \_\_\_\_\_

Firm \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Firm's Project Manager \_\_\_\_\_ Contract Completion Date \_\_\_\_\_

	<u>Not Applicable</u>	<u>Performed Notably Well</u>	<u>Satisfactory Performance</u>	<u>Inferior Performance</u>
1 Performing Design Services				
a. Functional Requirements	9	9	9	9
b. Cost Conscious	9	9	9	9
2 Preparing Construction Drawings				
a. Quality Control and Discipline Coordination	9	9	9	9
b. Constructability	9	9	9	9
3 Performing Construction Administration				
a. Inspections	9	9	9	9
b. Submittal Review	9	9	9	9
c. Pay Request Processing	9	9	9	9
d. Requests for Information	9	9	9	9
e. Administration	9	9	9	9
4 Meeting Budget Constraints	9	9	9	9
5 Meeting Schedules	9	9	9	9
6 Performing Non-Design Services				
a. Addressing Requirements	9	9	9	9
b. Adequacy of Work	9	9	9	9
7 Cooperating				
a. With County	9	9	9	9
b. With Contractors	9	9	9	9

*(See reverse for evaluation comments.)*

Recommended for future contracts?    9 Yes    9 No    9 Conditional    *(If "No" or "Conditional", comment below.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Title of Reviewing Official \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

