

EVALUATION SCHEDULE: CLIENT REFERENCES (SCHEDULE 1)

**REPORT ON CONTRACTOR COMPETENCE & PERFORMANCE ON PROJECT IN
SIMILAR CATEGORY FOR BID RECOMMENDATIONS PURPOSES**

The following are to be completed by the Client and is to be supported in each case by a letter of award and proof of service rendered and completed.

Project Name:.....

Client:.....

Contract Amount:.....

Contract Duration:.....

Actual Contract Duration:.....

Description/Performance	Excellent	Very Good	Good	Fair	Poor
Communication and Reporting					
Efficiency (e.g., Delivery Timelines)					
Knowledge of applicable regulations					
Quality of Work/ Service Rendered					
Team Work					

Any other remarks considered necessary to assist in the evaluation of the service provider?

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Client Name:.....

Telephone:.....**Email:**.....

I hereby declare that the information completed above is true and correct, and I understand that I will be held responsible for any misrepresentation.

Client Signature:.....

Date:.....

STAMP