

ANY REPLY OR SUBSEQUENT REFERENCE SHOULD BE ADDRESSED TO THE FINANCIAL SECRETARY AND THE FOLLOWING REFERENCE NUMBER QUOTED:-

Telephone No. 92-28600-16
Website: <http://www.mof.gov.jm>
Email: info@mof.gov.jm

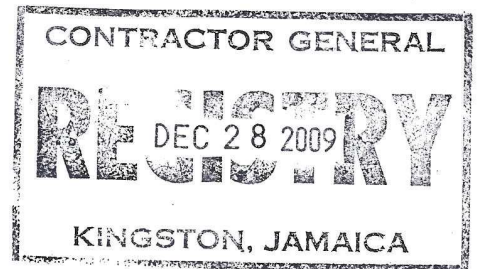
MINISTRY OF FINANCE AND THE PUBLIC SERVICE
30 NATIONAL HEROES CIRCLE
P.O. BOX 512
KINGSTON
JAMAICA

December 7, 2009

Circular No. 28
Division: Public Expenditure Policy Coordination

Permanent Secretaries
Heads of Departments
Chief Executive Officers
Heads of Procuring Entities

Re: Contractor Evaluation Form



Permanent Secretaries, Heads of Departments, Chief Executive Officers and all other Heads of Entities are hereby informed that effective January 1, 2010, all Procuring Entities and Contractors will be required to complete the following evaluation forms.

1. Works Contract Evaluation Form (to be completed by Contractors);
2. Works Contract Evaluation Form (to be completed by Procuring Entities);
3. Goods and Services Evaluation Form (to be completed by Contractors); and
4. Goods and Services Evaluation Form (to be completed by Procuring Entities).


The above forms must be completed for all contracts with original values exceeding \$4M, within fifteen (15) days of practical completion.

Completed evaluation forms should be forwarded to the National Contracts Commission (NCC) as follows:

- a) By Procuring Entities through their Accounting Officers;
- b) Directly by Contractors

These evaluation forms are available on the Ministry's and the National Contracts Commission's websites www.mof.gov.jm and www.ncc.gov.jm respectively.

Permanent Secretaries, Heads of Departments, Chief Executive Officers and all other Heads of Entities are required to ensure that all officers concerned are notified of this directive.


Wesley Hughes, CD
Financial Secretary

50/15-150/1029/ADG
GC
28/12/09

C50 12:30

Works Contract Evaluation Form for Contractors

The National Contracts Commission in carrying out its mandate of ensuring the operation of a fair and transparent procuring system invites you to complete this evaluation form. The information garnered will be used in the establishment of a rating scheme for both the Procuring Entity and the Contractor. Contractors are therefore asked to kindly complete this form within 15 days of the practical completion of each contract and return the completed form to the National Contracts Commission, 16 Oxford Road, Kingston 5.

1. Name of Contractor/Business Name: _____
2. Name of Procuring Entity: _____
3. Contractor NCC Registration No: _____ Contract No: _____
5. Contract Name: _____

6. Contract Description: _____

7. Contract Location: _____

8. Scheduled Project Start Date: _____ 9. Scheduled Project End Date: _____
10. Actual Start Date: _____ 11. Actual Completion Date: _____
12. Original Contract Sum: _____ 13. Actual Contract Sum: _____
14. In your opinion was the site identified by the Procuring Entity suitable for the construction of the required building/infrastructure? Yes ☐ No ☐
If no, please comment: _____

15. What was the level of support given by the Procuring Entity? Very Good ☐ Good ☐ Fair ☐ Poor ☐
16. During the execution of the contract were there complaints lodged with the procuring entity concerning factors which hindered the successful completion of the contract? Yes ☐ No ☐
If yes, please comment _____

17. Were problems identified, rectified by the Procuring Entity in a timely manner? Yes ☐ No ☐
18. Were all regulatory requirements necessary for the implementation of the contract met by the procuring entity prior to and/or during the life of the contract in timely manner? Yes ☐ No ☐
If no, please comment. _____

19. Were there instances where key personnel identified in the Project Proposal were not assigned to the project? Yes ☐ No ☐
If yes, please state reason(s) _____

20. Were any applicable regulations violated by the Procuring Entity? Yes ☐ No ☐

21. Would you be willing to work for with this procuring entity again on a project of a similar size or nature?

Yes ☐ No ☐

22. Please indicate if any one or all of the following were experienced on the project:

Cost over-run Yes ☐ No ☐ Value of cost over-run: \$ _____

Time Over-run Yes ☐ No ☐ Time overrun: _____ week(s)

Unsuitable site selection Yes ☐ No ☐

23. Please indicate the reason(s) for time/cost overrun experienced.

Difficulty in sourcing materials ☐ Contractor financial constraint ☐ Labour constraints ☐
Security issues ☐ Adverse climatic conditions ☐ Procuring Entity reasons ☐

24. If "Procuring Entity reasons" was selected in item 23 above, please indicate the cause(s) below:

Change in Design ☐ Change in Scope of project ☐

Availability of funds ☐ Non-availability of site ☐

25. Were payments made by the Procuring Entity in a timely manner? Yes ☐ No ☐

26. Please indicate the reasons below if delay in completion time was due to the following:

| Late commencement: | Extension of time: | Procuring Entity Performance |
|---|--|--|
| Non-Availability of Site <input type="checkbox"/> | Non- Availability of Site <input type="checkbox"/> | Inadequate funding <input type="checkbox"/> |
| Design Changes <input type="checkbox"/> | Design Changes <input type="checkbox"/> | Poor response to info. requests <input type="checkbox"/> |
| Unavailability of funds <input type="checkbox"/> | Adverse Climate <input type="checkbox"/> | Delay in handing over site <input type="checkbox"/> |
| Adverse climate <input type="checkbox"/> | Availability of information <input type="checkbox"/> | Late mobilization payment <input type="checkbox"/> |
| Procuring entity reasons <input type="checkbox"/> | Force Majeure <input type="checkbox"/> | Other (please specify below) <input type="checkbox"/> |

Comments

.....
Name of Project Manager

.....
Signature

.....
Date

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Name of Managing Director

.....
Signature

.....
Date

Please place
Company
seal here

NCC Secretariat - Comments

For official use only

Thank you for completing this evaluation. Kindly return the completed form to the National Contracts Commission.

National Contracts Commission

Appendix 1

Schedule of Payments Received from the Procuring Entity

Item 25

| Date of Payment | Amount Paid | Scheduled Activity |
|-----------------|-------------|--------------------|
| 1. _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | _____ |
| 7. _____ | \$ _____ | _____ |
| 8. _____ | \$ _____ | _____ |
| 9. _____ | \$ _____ | _____ |
| 10. _____ | \$ _____ | _____ |
| 11. _____ | \$ _____ | _____ |
| 12. _____ | \$ _____ | _____ |
| 13. _____ | \$ _____ | _____ |
| 14. _____ | \$ _____ | _____ |
| 15. _____ | \$ _____ | _____ |

Please use additional sheets as needed

Comments:

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Project Manager

.....
Date

National Contracts Commission

Works Contract Evaluation Form for Procuring Entities

The National Contracts Commission in carrying out its mandate of ensuring the operation of a fair and transparent procuring system invites you to complete this evaluation form. The information garnered will be used in the establishment of a rating scheme for both the Procuring Entity and the Contractor. Procuring entities are therefore asked to kindly complete this form within 15 days of the practical completion of each contract with original contract sums valuing over \$4M and submit the completed form through the Accounting Officers to the National Contracts Commission, 16 Oxford Road, Kingston 5.

1. Name of Procuring Entity: _____

2. Name of Contractor: _____

3. Contractor NCC Registration No: _____ 4. Contract No: _____

5. Contract Name: _____

6. Contract Description: _____

7. Contract Location: _____

8. Scheduled Project Start Date: _____ 9. Scheduled Project End Date: _____

10. Actual Start Date: _____ 11. Actual Completion Date: _____

12. Original Contract Sum: _____ 13. Actual Contract Sum: _____

14. What is the quality of workmanship? Very Good ☐ Good ☐ Fair ☐ Poor ☐

15. Level of on-site supervision observed: Very Good ☐ Good ☐ Fair ☐ Poor ☐

16. During the execution of the contract were there complaints made by the contractor of factors which he/she believed hindered his/her successful completion of the contract? Yes ☐ No ☐

If yes, please comment

17. To the best of your knowledge were there instances where key personnel identified in the Project Proposal were not assigned to the project? Yes ☐ No ☐

18. Were there instances of non-adherence to written technical specifications? Yes ☐ No ☐

19. What was the frequency of problems encountered? Very often ☐ Often ☐ Rarely ☐ Not at all ☐

20. Were any applicable regulations violated by the Contractor? Yes ☐ No ☐

21. Were problems identified, rectified by the Contractor? Yes ☐ No ☐

22. Has the contractor fulfilled its maintenance / warranty obligation(s) on previous contracts with this procuring entity? Yes ☐ No ☐ Not applicable ☐

23. Would you be willing to employ this contractor again on a project of a similar size or nature? Yes ☐ No ☐

24. Value of Liquidating Damages levied against contractor: _____

26. Please indicate if any one or all of the following were experienced on the project:

Cost over-run Yes ☐ No ☐ Value of cost over-run: \$ _____
Time Over-run Yes ☐ No ☐ Time overrun: _____ week(s)
Sub-standard structural integrity Yes ☐ No ☐

27. Please indicate the reason(s) for time/cost overrun experienced.

Changes in Design ☐ Availability of Funds ☐ Force Majeure ☐
Adverse climatic conditions ☐ Non-availability of Site ☐ Contractor Reasons ☐

28. If "contractor reasons" was selected in item 27 above, please indicate the cause(s) below:

Delays in delivery of material to site ☐ Contractor financial constraint ☐
Inadequate planning/coordination ☐ Use of inferior quality material ☐
Availability of equipment at site ☐

29. Payments to Contractor – please complete payment schedule attached in appendix I

30. Were there instances of variations? Yes ☐ No ☐

31. If yes, please indicate below the reason(s) for variation(s) in the contract sum.

| Design Changes due to: | Fluctuations in: |
|---|---|
| Client Requirements <input type="checkbox"/> | Labour costs <input type="checkbox"/> |
| Inadequacy of Contract Documents <input type="checkbox"/> | Cost of Material(s) <input type="checkbox"/> |
| Inadequate Funds <input type="checkbox"/> | Currency <input type="checkbox"/> |
| Unforeseen Conditions (please specify) <input type="checkbox"/> | Other <input type="checkbox"/> (Please specify below) |
| Unavailability of Material / Equipment <input type="checkbox"/> | |

Kindly complete this section if a delay in completion time was experienced.

32. Please indicate the reasons below if delay in completion time was due to the following:

| Late commencement: | Extension of time: | Contractor Performance |
|---|--|---|
| Non-Availability of Site <input type="checkbox"/> | Non-Availability of Site <input type="checkbox"/> | Inadequate funding <input type="checkbox"/> |
| Design Changes <input type="checkbox"/> | Design Changes <input type="checkbox"/> | Inadequate material supply <input type="checkbox"/> |
| Unavailability of funds <input type="checkbox"/> | Adverse Climate <input type="checkbox"/> | Inadequate Labour <input type="checkbox"/> |
| Adverse climate <input type="checkbox"/> | Availability of information <input type="checkbox"/> | Inadequate Supervision <input type="checkbox"/> |
| Contractor reasons <input type="checkbox"/> | Force Majeure <input type="checkbox"/> | Inadequate Equipment <input type="checkbox"/> |
| | | Other (please specify below) <input type="checkbox"/> |

Comments _____

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Accounting Officer

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Head of Procuring Entity

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Project Manager

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Date

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Date

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Date

NCC Secretariat Comments:

Thank you for completing this evaluation. Kindly return the completed form to the National Contracts Commission.

National Contracts Commission

Appendix 1

Schedule of Payments Made to the Contractor

Item 29

| Date of Payment | Amount Paid | Scheduled Activity |
|-----------------|-------------|--------------------|
| 1. _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | _____ |
| 7. _____ | \$ _____ | _____ |
| 8. _____ | \$ _____ | _____ |
| 9. _____ | \$ _____ | _____ |
| 10. _____ | \$ _____ | _____ |
| 11. _____ | \$ _____ | _____ |
| 12. _____ | \$ _____ | _____ |
| 13. _____ | \$ _____ | _____ |
| 14. _____ | \$ _____ | _____ |
| 15. _____ | \$ _____ | _____ |

Please use additional sheets as needed

Comments:

.....
Head of Procuring Entity

.....
Date

National Contracts Commission
Goods & Services Contract Evaluation Form for Contractors

The National Contracts Commission in carrying out its mandate of ensuring the operation of a fair and transparent procuring system invites you to complete this evaluation form. The information garnered will be used in the establishment of a rating scheme for both the Procuring Entity and the Contractor. Contractors are therefore asked to kindly complete this form within 15 days of the practical completion of each contract with original contract sums valuing over \$4M and return the completed form to the National Contracts Commission, 16 Oxford Road, Kingston 5.

1. Name of Contractor: _____
2. Name of Procuring Entity: _____
3. Contractor NCC Registration No: _____ 4. Contract No: _____
5. Contract Name: _____

6. Contract Description: _____

7. Contract Location: _____

8. Scheduled Project Start Date: _____ 9. Scheduled Project End Date: _____
10. Actual Start Date: _____ 11. Actual Completion Date: _____
12. Original Contract Sum: _____ 13. Actual Contract Sum: _____
15. What was the level of support given by the Procuring Entity?
Very Good ☐ Good ☐ Fair ☐ Poor ☐
16. During the execution of the contract were there complaints lodged with the procuring entity concerning factors which hindered the successful completion of the contract? Yes ☐ No ☐
If yes, please comment

17. Were problems identified, rectified by the Procuring Entity in a timely manner? Yes ☐ No ☐
18. Were all regulatory requirements necessary for the implementation of the contract met by the procuring entity prior to and/or during the life of the contract in timely manner? Yes ☐ No ☐
If no, please comment

19. Were there instances where key personnel identified in the Project Proposal were not assigned to the project? Yes ☐ No ☐ Not applicable ☐
If yes, please state reason(s)

21. Would you be willing to work for with this procuring entity again on a project of a similar size or nature?

Yes ☐ No ☐

22. Please indicate if any one or all of the following were experienced on the project:

Cost over-run Yes ☐ No ☐ Value of cost over-run: \$ _____

Time Over-run Yes ☐ No ☐ Time overrun: _____ week(s)

23. Please indicate the reason(s) for time/cost overrun experienced.

Difficulty in sourcing materials ☐ Contractor financial constraint ☐ Labour constraints ☐
Security issues ☐ Adverse climatic conditions ☐ Procuring Entity reasons ☐

24. If "Procuring Entity reasons" was selected in item 23 above, please indicate the cause(s) below:

Change in Design ☐ Change in Scope of project ☐ Change in delivery dates ☐
Availability of funds ☐ Non-availability of site ☐ Late change in product specification ☐

25. Were payments made by the Procuring Entity in a timely manner?

Yes ☐ No ☐

26. Please indicate the reasons below if delay in completion/delivery time was due to the following:

| Late commencement: | Extension of time: | Procuring Entity Performance |
|---|--|--|
| Non-Availability of Site <input type="checkbox"/> | Problems with logistics <input type="checkbox"/> | Inadequate funding <input type="checkbox"/> |
| Design Changes <input type="checkbox"/> | Design Changes <input type="checkbox"/> | Poor response to info. requests <input type="checkbox"/> |
| Unavailability of funds <input type="checkbox"/> | Adverse Climate <input type="checkbox"/> | Delay in handing over site <input type="checkbox"/> |
| Adverse climate <input type="checkbox"/> | Availability of information <input type="checkbox"/> | Late mobilization payment <input type="checkbox"/> |
| Procuring entity reasons <input type="checkbox"/> | Force Majeure <input type="checkbox"/> | Other (please specify below) <input type="checkbox"/> |

Comments

.....
Name of Project Manager

.....
Signature

.....
Date

Please place
seal here

.....
Name of Managing Director

.....
Signature

.....
Date

NCC Secretariat - Comments

For official use only

Thank you for completing this evaluation. Kindly return the completed form to the National Contracts Commission.

National Contracts Commission

Appendix 1

Schedule of Payments Received from the Procuring Entity

Item 25

| Date of Payment | Amount Paid | Scheduled Activity |
|-----------------|-------------|--------------------|
| 1. _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | _____ |
| 7. _____ | \$ _____ | _____ |
| 8. _____ | \$ _____ | _____ |
| 9. _____ | \$ _____ | _____ |
| 10. _____ | \$ _____ | _____ |
| 11. _____ | \$ _____ | _____ |
| 12. _____ | \$ _____ | _____ |
| 13. _____ | \$ _____ | _____ |
| 14. _____ | \$ _____ | _____ |
| 15. _____ | \$ _____ | _____ |

Please use additional sheets as needed

Comments:

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Project Manager

.....
Date

National Contracts Commission

Goods & Services Contract Evaluation Form for Procuring Entities.

The National Contracts Commission in carrying out its mandate of ensuring the operation of a fair and transparent ^{procuring} system invites you to complete this evaluation form. The information garnered will be used in the establishment of a rating scheme for both the Procuring Entity and the Contractor. Procuring entities are therefore asked to kindly complete this form within 15 days of the practical completion of each contract with original contract sums valuing over \$4M and submit the completed form through the Accounting Officers to the National Contracts Commission, 16 Oxford Road, Kingston 5.

1. Name of Procuring Entity: _____
2. Name of Contractor: _____
3. Contract No: _____ 4. Contractor NCC Registration No: _____
5. Contract Name: _____

6. Contract Description: _____

7. Contract Location: _____

8. Scheduled Delivery Date: _____ 9. Actual Delivery Date: _____
10. Original Contract Sum: _____ 11. Actual Contract Sum: _____
12. Was the service delivered within the agreed time span? Yes ☐ No ☐
13. How do you rate the customer service level of the supplier/service provider?
Very Good ☐ Good ☐ Fair ☐ Poor ☐
14. Were there instances of non-adherence to written specification? Yes ☐ No ☐
15. Were appropriate action(s) taken by the contractor to rectify the problem(s)? Yes ☐ No ☐
16. Was the scope of the contract modified? Yes ☐ No ☐
17. Please indicate if any one or all of the following were experienced on the project:
Cost over-run Yes ☐ No ☐ Value of cost over-run: \$ _____
Time Over-run Yes ☐ No ☐ Time overrun: _____ week(s)
18. Please indicate the reason(s) for time/cost overrun experienced.
RFP Incomplete ☐ Changes in Design/scope ☐ Availability of Funds ☐
Force Majeure ☐ Labour Dispute ☐ Contractor Reasons ☐
19. If "contractor reasons" was selected in 18 above, please indicate the cause(s) below:
Availability of key personnel ☐ Contractor financial constraint ☐
Inadequate planning/coordination ☐ Misinterpretation of the scope of work ☐
20. Was the price quoted in the bid document altered by the consultant/service provider? Yes ☐ No ☐
21. To what extent was knowledge transfer achieved?
1-30% ☐ 31-50% ☐ 51-70% ☐ 71-100% ☐ Not applicable ☐
22. Was the Contractor paid on time? (Please complete payment schedule attached in appendix 1) Yes ☐ No ☐

23. During the execution of the contract were there complaints made by the contractor of factors which he/she believed hindered his/her successful completion of the contract? Yes ☐ No ☐

If yes, please comment

24. Were there instances of variations? Yes ☐ No ☐

25. If yes, please indicate below the reason(s) for variation(s) in the contract sum

Changes to design/scope due to:

Fluctuations in:

Client Requirements ☐

Labour costs ☐

Inadequacy of Contract Documents ☐

Cost of Material(s) ☐

Inadequate Funds ☐

Currency ☐

Unforeseen Conditions (please specify below) ☐

Other ☐ (Please specify below)

26. Would the entity be willing to enter into a contract with the service provider again for the provision of a similar service of this magnitude? Yes ☐ No ☐

27. What is the quality of goods received?

Very Good ☐ Good ☐ Fair ☐ Poor ☐

28. Would the entity be willing to purchase products of a similar nature and volume from this supplier in the future? Yes ☐ No ☐

29. Were the goods delivered within the agreed time span? Yes ☐ No ☐

30. Were all goods delivered in conformance with the specifications? Yes ☐ No ☐

31. Were goods delivered in the quantities specified? Yes ☐ No ☐

32. Were there instances of non-adherence to written specification regarding the required features of the goods? Yes ☐ No ☐

33. In instances of delivery of goods damaged in transit, were replacements made in a timely manner?

Yes ☐ No ☐ Not applicable ☐

33. Were all requests for information acknowledged and addressed? Yes ☐ No ☐

34. Has the contractor fulfilled its maintenance / warranty obligation(s) on previous contracts with this procuring entity? Yes ☐ No ☐ Not applicable ☐

35. Is there knowledge of related party transactions or instances of conflict of interest? Yes ☐ No ☐

36. Comments re item 25 above:

37. Other General Comments

Accounting Officer

Head of Procuring Entity

Project Manager

Date

Date

Date

NCC Secretariat Comments:

Thank you for completing this evaluation. Kindly return the completed form to the National Contracts Commission.

National Contracts Commission

Appendix 1

Schedule of Payments Made to the Contractor

Item 22

| Date of Payment | Amount Paid | Scheduled Activity |
|-----------------|-------------|--------------------|
| 1. _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | _____ |
| 7. _____ | \$ _____ | _____ |
| 8. _____ | \$ _____ | _____ |
| 9. _____ | \$ _____ | _____ |
| 10. _____ | \$ _____ | _____ |
| 11. _____ | \$ _____ | _____ |
| 12. _____ | \$ _____ | _____ |
| 13. _____ | \$ _____ | _____ |
| 14. _____ | \$ _____ | _____ |
| 15. _____ | \$ _____ | _____ |

Please use additional sheets as needed

Comments:

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Head of Procuring Entity

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Date