



Commonwealth of the Northern Mariana Islands
Office of the Secretary of Public Works
 2nd floor - Oleai Joeten Commercial Center
 Saipan, MP 96950



TECHNICAL SERVICES DIVISION, A&E FACILITIES BRANCH
POST-EVALUATION FORM

DATE: _____

PROJECT INFORMATION	
PROJECT TITLE:	
CONTRACTOR:	CONTRACT NO.:
PROJECT DESCRIPTION:	
USING AGENCY:	PHONE and FAX:
OFFICIAL(S) WITH EXPENDITURE AUTHORITY	
NAME OF PERSON FILLING OUT FORM:	DEPARTMENT AND POSITION:
EMAIL ADDRESS:	PHONE and FAX:
CONCURED BY:	
_____ OFFICIAL WITH EXPENDITURE AUTHORITY (PRINT NAME AND SIGN)	_____ DATE
EVALUATION CRITERIA	CIRCLE ONE
1. Was the contracted work or service(s) completed as specified in the contract? <i>If no, please provide details:</i>	YES OR NO
2. Were there any cost overruns or a delay in completion? <i>If yes, please provide details:</i>	YES OR NO
3. Did the contracted work or service(s) meet the quality standards specified in the contract? <i>If no, please provide details:</i>	YES OR NO
4. Did the contractor fulfill all the requirements of the contract? <i>If no, in what ways did they not fulfill the contract?</i>	YES OR NO
5. Were there factors outside the control of the contractor that caused difficulties in contractor performance? <i>If yes, please provide details:</i>	YES OR NO
FOR DPW TSD USE ONLY	
The contract results and findings will be utilized to meet the goals of the official with expenditure authority by:	
APPROVED BY:	
_____ TSD DIRECTOR	_____ DATE