

EVALUATION SCHEDULE: SIMILAR PROJECT EXPERIENCE

The Tenderer shall provide details of his performance on each of the previous relevant projects. Bidders must provide/attach appointment letter and Completion certification in a form of Practical or Final completion certificate or Client referral letter listed under the “**Similar Project Experience**” returnable schedule below.

Failure to complete the table below will result in no points allocated. **No “see attached” will be accepted**

LIST THE <u>FIVE</u> SIMILAR PROJECTS EXPERIENCE COMPLETED BY YOUR FIRM IN THE LAST TEN (10) YEARS			
Name of Project Completed and Scope of work	Name of Project Manager & Telephone no.	Name of Client & Telephone no.	Value of Project
Project 1:			
Project 2:			
Project 3:			
Project 4:			
Project 5:			

EVALUATION SCHEDULE: CLIENT REFERENCES

The Tenderer shall provide details of his performance on each of the previous projects listed in the "Similar Relevant Experience" returnable schedule. Client References" scorecards will be completed by each of the respective Clients for the projects listed in the "Similar Relevant Experience" returnable schedule. Forms not signed, stamped and completed by the client will result in no allocation of points (zero points).

The following are to be completed by the Client:

PROJECT 1: Name & Scope –

Client Department:

Contract Amount:

Contract Duration:

Actual Contract Duration:

Description / Performance	Very poor (1)	Poor (2)	Fair (3)	Good (4)	Excellent (5)
Quality of office administration					
Quality of site management					
Competence of foreman					
Co-operation during contract					
Quality of workmanship					
Quality of materials					
Program management					
Rectification of condemned work					
Tidiness of site					
Adequacy of equipment					
Adequacy of labour force					
Procurement of materials					
Labour relations					

Any other remarks to be considered necessary to assist in evaluation of the contractor?

.....

Name of Client Representative:

Designation:

Telephone:

Client Signature: **Date:**

Stamp

EVALUATION SCHEDULE: CLIENT REFERENCES

The Tenderer shall provide details of his performance on each of the previous projects listed in the “Similar Relevant Experience” returnable schedule. Client References” scorecards will be completed by each of the respective Clients for the projects listed in the “Similar Relevant Experience” returnable schedule. Forms not signed, stamped and completed by the client will result in no allocation of points (zero points).

The following are to be completed by the Client:

PROJECT 2: Name & Scope –

Client Department:

Contract Amount:

Contract Duration:

Actual Contract Duration:

Description / Performance	Very poor (1)	Poor (2)	Fair (3)	Good (4)	Excellent (5)
Quality of office administration					
Quality of site management					
Competence of foreman					
Co-operation during contract					
Quality of workmanship					
Quality of materials					
Program management					
Rectification of condemned work					
Tidiness of site					
Adequacy of equipment					
Adequacy of labour force					
Procurement of materials					
Labour relations					

Any other remarks to be considered necessary to assist in evaluation of the contractor?

.....

Name of Client Representative:

Designation:

Telephone:

Stamp

Client Signature:

Date:

EVALUATION SCHEDULE: CLIENT REFERENCES

The Tenderer shall provide details of his performance on each of the previous projects listed in the “Similar Relevant Experience” returnable schedule. Client References” scorecards will be completed by each of the respective Clients for the projects listed in the “Similar Relevant Experience” returnable schedule. Forms not signed, stamped and completed by the client will result in no allocation of points (zero points).

The following are to be completed by the Client:

PROJECT 3: Name & Scope –

Client Department:

Contract Amount:

Contract Duration:

Actual Contract Duration:

Description / Performance	Very poor (1)	Poor (2)	Fair (3)	Good (4)	Excellent (5)
Quality of office administration					
Quality of site management					
Competence of foreman					
Co-operation during contract					
Quality of workmanship					
Quality of materials					
Program management					
Rectification of condemned work					
Tidiness of site					
Adequacy of equipment					
Adequacy of labour force					
Procurement of materials					
Labour relations					

Any other remarks to be considered necessary to assist in evaluation of the contractor?

.....

Name of Client Representative:

Designation:

Telephone:

Client Signature:

Date:

Stamp

EVALUATION SCHEDULE: CLIENT REFERENCES

The Tenderer shall provide details of his performance on each of the previous projects listed in the "Similar Relevant Experience" returnable schedule. Client References" scorecards will be completed by each of the respective Clients for the projects listed in the "Similar Relevant Experience" returnable schedule. Forms not signed, stamped and completed by the client will result in no allocation of points (zero points).

The following are to be completed by the Client:

PROJECT 4: Name & Scope –

Client Department:

Contract Amount:

Contract Duration:

Actual Contract Duration:

Description / Performance	Very poor (1)	Poor (2)	Fair (3)	Good (4)	Excellent (5)
Quality of office administration					
Quality of site management					
Competence of foreman					
Co-operation during contract					
Quality of workmanship					
Quality of materials					
Program management					
Rectification of condemned work					
Tidiness of site					
Adequacy of equipment					
Adequacy of labour force					
Procurement of materials					
Labour relations					

Any other remarks to be considered necessary to assist in evaluation of the contractor?

.....

Name of Client Representative:

Designation:

Telephone:

Stamp

Client Signature:

Date:

EVALUATION SCHEDULE: CLIENT REFERENCES

The Tenderer shall provide details of his performance on each of the previous projects listed in the “Similar Relevant Experience” returnable schedule. Client References” scorecards will be completed by each of the respective Clients for the projects listed in the “Similar Relevant Experience” returnable schedule. Forms not signed, stamped and completed by the client will result in no allocation of points (zero points).

The following are to be completed by the Client

PROJECT 5: Name & Scope –

Client Department:

Contract Amount:

Contract Duration:

Actual Contract Duration:

Description / Performance	Very poor (1)	Poor (2)	Fair (3)	Good (4)	Excellent (5)
Quality of office administration					
Quality of site management					
Competence of foreman					
Co-operation during contract					
Quality of workmanship					
Quality of materials					
Program management					
Rectification of condemned work					
Tidiness of site					
Adequacy of equipment					
Adequacy of labour force					
Procurement of materials					
Labour relations					

Any other remarks to be considered necessary to assist in evaluation of the contractor?

Name of Client Representative:

Designation:

Telephone:

Stamp

Client Signature: _____ Date:

Record of Addenda to Bid documents

We confirm that the following communications received from the Employer before the submission of this Bid offer, amending the Bid documents, have been taken into account in this Bid offer:

	Date	Title or Details
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

--	--	--

Attach additional pages if more space is required.

Signed

Date

.....
Name

.....
Position

.....
Identity
number

.....
Bidder