

Proposal Evaluation Form for Contractors

Contractor Information:

Company Name: _____

Project Title: _____

Submission Date: _____

Evaluator's Name: _____

Contractor Evaluation Table

Criteria	Meets (✓)	Partially Meets (✓)	Does Not Meet (✓)	Comments
Relevant Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Timeline & Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cost Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Recommendation:

- Recommend for Contract
- Recommend with Revisions
- Do Not Recommend

Evaluator's Signature: _____

Date: _____