



State of Colorado
Contract Management Information
FINAL Contractor Performance Evaluation
Colorado Revised Statutes §24-102-205(6)

Upon completion of each personal services contract with a value over \$100,000, the individual selected by the state agency or institution of higher education (IHE), pursuant to CRS §24-103.5-101(3), to monitor the contractor's work under the contract (Contract Monitor) shall complete this FINAL Contractor Performance Evaluation (Evaluation) and submit the completed Evaluation to the contractor for review and comment pursuant to CRS §24-103.5-101(6). This Evaluation and contractor's response, if any, shall be added to the statewide Contract Management System (CMS) within 30 days after contract completion and become publically available as part of the State's searchable website. Soliciting state agencies and IHEs are required to review completed Evaluations prior to making future contract awards to ensure that the prospective contractor meets applicable responsibility. A contractor who disputes any information contained in an Evaluation may exercise the contract rights set forth in CRS §§24-109-106, 107, 201 or 202.

Completing this Form

- > Before completing this Evaluation, the Contract Monitor shall ensure that **ALL applicable fields in CMS** are completed upon conclusion of the contract.
- > The Contract Monitor or Procurement Staff shall submit the completed Evaluation to the contractor for review and comment within 30 days of contract completion.
- > The state agency or IHE shall maintain this Evaluation and contractor's response, if any, as part of its official contract file and shall post the Evaluation on CMS within 30 days of contract completion.
- > This Evaluation shall remain a part of CMS for at least 5-years following the date it is attached to the CMS contract record. C.R.S. §24-105-102(4).
- > If the contract is for construction services with a value of \$500,000 or more, the Contract Monitor *also* shall complete the form entitled "Construction Contractor Final Performance Evaluation Report".
- > This Evaluation is not required for contracts under Medicare, the "Colorado Medical Assistance Act", Articles 4 to 6 of Title 25.5, CRS, the "Children's Basic Health Plan Act", Article 8 of Title 25.5, CRS, or the "Colorado Indigent Care Program", Part I of Article 3 of Title 25.5, CRS.

CMS Identification Number: 62565

Contract Completion Date: 11/24/14

Name of State Agency / IHE: **Department of Military and Veterans Affairs**

Name of Contractor / Grantee: **Bob Ames Excavating**

Name of Project / Program: **F13S06 – Colorado Springs Parking**

>>**Contractor Performance – evaluation conducted after completion of services** <<

Contractor met requirements related to Quality	Yes	<input checked="" type="checkbox"/>	No*	<input type="checkbox"/>
Contractor met requirements related to Cost	Yes	<input checked="" type="checkbox"/>	No*	<input type="checkbox"/>
Contractor met requirements related to Timeliness	Yes	<input checked="" type="checkbox"/>	No*	<input type="checkbox"/>

*Briefly indicate area(s) of non-compliance and steps taken to remedy

NO ISSUES, CONTRACTOR WAS WONDERFUL TO WORK WITH + COMPLETED IN A TIGHT SCHEDULE!

Indicate number and dates of interim performance evaluation worksheets completed for this contract

Overall Rating of Contractor Performance	Below Standard	<input type="checkbox"/>	Standard	<input checked="" type="checkbox"/>	Above Standard	<input type="checkbox"/>
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>>**The following to be completed by the State following submittal to Contractor for review** <<

Provided contractor with opportunity to review Evaluation? (Date sent:)	Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
Contractor submitted response to Evaluation? (Date rebuttal received:)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contractor disputed Evaluation? (Date Dispute received:)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
*If No, Explain				

By signing below, I acknowledge that I have completed this Final Contractor Performance Evaluation in accordance with C.R.S. §24-102-205(6)

DRB
Signature

Print Name Darren Brand Date 1/22/15 Title Desing/Planner
Phone 720-250-1388