State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
Construction and Properties

Construction Manager Screening Evaluation Form

Suggested Evaluation Scale: 10 – Excellent 8 – Good 6 – Acceptable 4 – Unacceptable

_____ For Using Agency: _____
(Name)

_____ CAP Solicitation #: _____
(Date)

Firm Name and Location	Professional Qualifications For Project Type	Capacity For Completing Project On Time	Past Performance on State Project	Specialized Or Similar Experience	Total Score
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

As an evaluator, I hereby claim that I have conducted these evaluations in a fair and unbiased manner to the best of my abilities and that the scoring contained herein reflect my evaluations.

_____
(Signature)