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

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)