

CAPITAL PROJECTS ADVISORY REVIEW BOARD

JOC Evaluation Committee

Items required to be given to CPARB:

1. Reporting Period:
2. Contract Number:
3. Award Date of JOC Contract:
4. Agency Information:
 - a. Agency Name:
 - b. Agency Contact Name:
 - c. Agency Contact Phone:
 - d. Agency Contact Email:
5. Contractor Information:
 - a. JOC Contractor Name:
 - b. JOC Contractor Contact Name:
 - c. JOC Contractor Contact Phone:
 - d. JOC Contractor Contact Email:
 - e. JOC Contractor OMWBE Certification Number (if applicable):
6. List of Projects:
 - a. Work Order Number:
 - b. Project Name:
 - c. Notice to Proceed Date:
 - d. Finish Date:
 - e. Final Work Order Amount (not incl. WSST):
 - f. Apprenticeship % obtained (if applicable):
 - g. JOC Contractor Self Perform Amount:
 - h. Subcontract(s)/Vendor(s) Amount:
 - i. Subcontractor(s)/Vendor(s) OMWBE Certification Number (if applicable):
 - j. Subcontractor(s)/Vendor(s) Agency Accepted Diverse (if applicable):
7. Data Summary
 - a. Total Contract Value (not incl. WSST):
 - b. Total Subcontractor/Vendor Amount:
 - c. Total Number of Work Orders:
 - d. Total JOC Contractor Self Perform Amount:
 - e. % of JOC Contractor Self Perform:
 - f. Total Value of OMWBE Certified:
 - g. % of Agency Accepted Diverse Firms:
 - h. Total Value of Accepted Agency Diverse Firms:
 - i. % of Agency Accepted Diverse Firms: