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: