



Please fax completed Evaluation Survey to KCDA at 253-395-5402

Capital Projects # _____ District _____ Date _____
District Contact _____ KCDA Field Rep _____

- 1. Our district used the KCDA Capital Projects Program primarily for:
 - Replacement Furniture and Equipment _____
 - New Furniture and Equipment _____
 - Other _____

- 2. Items delivered to our district were:
 - Delivered to locations without installation _____
 - Installed with carton removal _____

3. Evaluating the KCDA Program we found:

	<u>Worked Well</u>	<u>Needs Improvement</u>
Requests for pricing	_____	_____
On-time delivery	_____	_____
Installation	_____	_____
Accurate invoicing	_____	_____
Monthly Status Reports	_____	_____

- 4. During this project our district worked closely with the following KCDA Vendors.

<u>Vendor</u>	<u>Performance Rating</u>		
	<u>Excellent</u>	<u>Satisfactory</u>	<u>Poor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any vendors were rated poor, please give details.

- 5. Are there any outstanding product or service issues? _____

- 6. This program was useful to our district because _____

- 7. The following are suggested program improvements _____

- 8. Our district plans to utilize the KCDA Capital Projects Program in the future _____