

Tall Pine Council, BSA

Properties Committee Project Evaluation Form

Project Title: _____ **Completion Date:** _____
Evaluation Completed By: _____ **Phone:** _____ **Date Evaluated:** _____

Properties Comm. Rep: _____ Contact Information: _____ _____	Contractor: _____ Contractors Rep: _____ Contact Information: _____
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Description of Work Completed: _____

Overall assessment of Work Completed: _____

<u>Donor</u>	<u>Material</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Purchased Material</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____

<u>Donated Labor</u>	<u>Value</u>
Donor: _____	_____
Donor: _____	_____
Donor: _____	_____

<u>Purchased Labor</u>	<u>Value</u>
Contractor: _____	_____
Contractor: _____	_____
Contractor: _____	_____

Risk Management Committee

Notification Date: _____ Evaluated By: (print name) _____ Date: _____

Comments: _____

Signature (Title): _____ (_____) Date Signed: _____