

Project Evaluation Form

Contact ID: _____

Primary Contact Information

Name: _____

Occupation: _____

Address: _____

Phone: _____

Notes: _____

Project ID: _____

Primary Project Information

Name: _____

Address: _____

Notes: _____

Project Rating _____

Resource Requirements

Mold Mix: _____

Volume: _____

Complexity: _____

Project Duration _____

Customer Rating _____

Project Timeline

Probability of Close: _____

Award Date: _____

Notes: _____

Project Timeline (PTL)

	Estimated	Actual
4.3 Pre-Qualify		
6. Evaluate Project		
6.1 Get Plans		
6.2 Evaluate Plans		
7.1 Pre-Bid Consultation		
7.2 Prepare Bid (Sales Call)		
7.4 Submit Bid		
7.5 Bid Submittal Follow Up		
8.5 Finalize Contract		
8.6 Receive Signed Contract		
9.1 Job Set Up		
10.4.1 Submittal Send to Customer		
10.5 Submittal Receipt from Customer		
10.9 Blue Dot Release		
11. Production		
12. Shipping		
13. Financial Close		
14. Follow-up Mandate		

Salesman:		Plan Review Required:	
Bid Assigned to:		Hours Required to Bid:	
Date Arriving in Estimating:		SellMgr Review Date:	
Bid Start Date:		Bid End Date:	
Client's Requested Date:		Project Manager Assigned:	
Notes: _____			