

Specialty Product Evaluation Committee Project Evaluation Form

Project Description and Scope: _____

Cost of Project: \$ _____ Cost of Materials being evaluated: \$ _____

Project Address: _____
City State Zip

Project Owner: _____

Contact Name: _____ Contact Phone: _____

Contact Address: _____
City State Zip

Project Owner Type: Federal State County/Parish Private

Accessibility after 6-12 months? Yes No

Contact person and information for 6-12 month final evaluation site visit:

