

New Product Evaluation Committee Project Evaluation Form

Project Description and Scope: _____

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

Project Address: _____
Street/P.O. Box City State Zip

Project Owner: _____

Contact Name: _____

Contact Address: _____
Street/P.O. Box City State Zip

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: _____

