

**Proposal/Statement of Qualifications
Evaluation**

FOR SHORT-LISTING / INTERVIEWS

The following model is provided for your use as appropriate for your specific situation. The weights and rating values assigned should be the same as those used for the interviews, which you will do later. Complete a sheet for each firm submitting a proposal/qualifications.

The highest number represents the most value for each column. **Rating column:** 1-5 points. In this column you rate the firm based on each qualification. **Weight column:** 1-10 depending on value to the project. Use the weight column to indicate the level of importance (in your judgment), in each area, to the particular project. Multiply the rating by the weight for each category and enter the total. Add all totals to establish the grand total.

Firm:	<input type="text"/>
Contact Person:	<input type="text"/>
Project Description:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>

INDIVIDUAL EVALUATION

	RATING	X	WEIGHT	=	TOTAL
1. Firm's history and resource capabilities to perform required services.	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
2. Evaluation of assigned personnel.	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
3. Related experience (as appropriate). - design services - planning - feasibility studies - other _____	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
4. Budget, cost controls, experience, and results.	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
5. Familiarity with local experience and results.	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
6. Ability to relate to project.	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
7. Analysis of narrative statement. (One page)	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>
8. Reference check (evaluation transfer from reference check form).	<input type="text"/>	X	<input type="text"/>	=	<input type="text"/>

Name of Reviewer:	Grand Total:
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THE REFERENCE CHECK

Firm Being Checked:	
Project Referenced:	
Person Contacted:	
Phone:	

Based on references provided in firm's proposal or through networking with other owners who have worked with the firm.

SAMPLE QUESTIONS TO BE ASKED: (Owner may wish to add to this list of questions.)	5 Excellent	4 Good	3 Average	2 Fair	1 Poor
1. What project did the firm perform for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When was it completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What was the scope of services? (Design work, construction phase services, studies, other).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the project completed on schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the budget, cost control and financial administration within the planned controls and limitations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the firm and (you) the owner work well as a team in relation to the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the firm's personnel work well with the committee/board's staff and on all of the project's specific requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How would you rate the value you received to the cost of the firm's services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. What is your overall evaluation of the firms based on your experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you use this firm on a similar project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRAND TOTAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GROUP QUALIFICATIONS EVALUATION SUMMARY
SHORT-LISTING**

The group evaluation form is provided for the chairperson of the evaluation group to evaluate the results of the process. Use it to develop a short - list of firms who submitted qualifications down to the number desired (firms to be interviewed.)

FIRM NAME				
Reviewer 1				
Reviewer 2				
Reviewer 3				
Reviewer 4				
Reviewer 5				
GRAND TOTALS				