

Consultant Selection Rating Form

Project: \_\_\_\_\_

Selection Committee Members: \_\_\_\_\_

Consultant Name: \_\_\_\_\_

| Category   | Total Value | Scoring Criteria | Score |
|--|-------------|------------------|-------|
| <b>Management &amp; Team</b>                                   |             |                  |       |
| Project Manager  | 10          |                  |       |
| Strength/Experience of Assigned Staff including Subconsultants | 25          |                  |       |
| Firm's Current Workload/ Availability of Personnel             | 10          |                  |       |
| <b>Consultant's Past Performance</b>                           | 30          |                  |       |
| <b>Project Approach</b>  | 25          |                  |       |
| <b>Total</b>   | 100         |                  |       |

If Applicable: Adequate good faith efforts made to meet DBE goal

Y/N