**Date of Evaluation:**

**Local Agency:**

**Consultant:**

**Federal Project Number:**

**Project Description:**

Consultant Evaluations – each section below must be filled out and comments MUST be provided for each evaluation criteria in order for this evaluation to be accepted.

**Evaluation Criteria:**

**Performance** – The consulting firm will be evaluated on their performance on this project. Consideration must be given to timeliness i.e. meeting the project schedule, plan quality and overall management of the project.

**Qualifications of Personnel** – The consulting firm will be evaluated based on the qualifications of employee(s) managing the project. Evaluate the project manager’s ability to deliver the project on time and within budget.

**Familiarity/Capability** – Evaluate the firm’s familiarity with federal projects and ability to deliver this federal project compliant with federal law.

**Accessibility** – Evaluate the firm’s responsiveness to the owner’s needs for this project.

**Evaluation of Firm:**

**Performance**

[ ]  Poor

[ ]  Below Average

[ ]  Average

[ ]  Above Average

[ ]  Outstanding

Performance Comments:

**Qualifications of Personnel**

[ ]  Poor

[ ]  Below Average

[ ]  Average

[ ]  Above Average

[ ]  Outstanding

Qualifications of Personnel Comments:

**Familiarity/Capability**

[ ]  Poor

[ ]  Below Average

[ ]  Average

[ ]  Above Average

[ ]  Outstanding

Familiarity/Capability Comments:

**Accessibility**

[ ]  Poor

[ ]  Below Average

[ ]  Average

[ ]  Above Average

[ ]  Outstanding

Accessibility Comments:

**General Comments:**

**Signatures:**

**Local Agency:** **Consultant:**

Name: Name:

Title: Title:

Signature: Signature: