

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 stated in the Request for Statements of Qualification and used for the interviews, which you will do later. Complete a sheet for each firm submitting qualifications.

The highest number represents the most value for each column. **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. **Rating column:** 1-5 points. In this column you rate the firm based on each qualification. Multiply the rating by the weight for each category and enter the total. Add all totals to establish the grand total.

| | |
|-----------------------------|--|
| Firm: | |
| Contact Person: | |
| Project Description: | |
| Address: | |
| Phone: | |

INDIVIDUAL EVALUATION

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

THE REFERENCE CHECK

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

References provided in firm’s proposal or from others 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? | | | | | |
| 2. When was it completed? | | | | | |
| 3. What was the scope of services? (Design work, construction phase services, studies, other). | | | | | |
| 4. Was the project completed on schedule? | | | | | |
| 5. Was the budget, cost control and financial administration within the planned controls and limitations? | | | | | |
| 6. Did the firm and (you) the owner work well as a team in relation to the project? | | | | | |
| 7. Did the firm’s personnel work well with the committee/board’s staff and on all of the project’s specific requirements? | | | | | |
| 8. How would you rate the value you received to the cost of the firm’s services? | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 9. What is your overall evaluation of the firm based on your experience? | | | | | |
| 10. Would you use this firm on a similar project? | | | | | |
| GRAND TOTAL | | | | | |

**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 | | | | |