

CDBG-DR 4-7
PROFESSIONAL SERVICES EVALUATION

OWNER: _____
 (NAME)

PROJECT: _____
 (NUMBER) (NAME)

EVALUATION CRITERIA (For additional criteria add sheets)	RANKING RANGE	FIRMS					
		A	B	C	D	E	F
a) Past Performance							
b) Ability of Professional Personnel							
c) Willingness to Meet Time and Budget Requirements							
d) Location							
e) Recent, Current, and Projected Work Load of the Firm							
f) Creativity and Insight Related to the Project							
g) Related Experience on Similar Projects							
TOTAL							
RANKING OF FIRMS (1,2,3...) (Transfer to Summary Form)							
NOTES:	FIRM NAMES:						
	A -						
	B -						
	C -						
	D -						
	E -						
	F -						

CERTIFICATION:

I hereby certify that the subrecipient selection committee held interviews with all or at least five (5) persons or firms who responded and were deemed most qualified based on information available prior to interviews. The subrecipient selection committee evaluated and ranked all persons or firms interviewed based on their (a) past performance; (b) the ability of professional personnel; (c) willingness to meet time and budget requirements; (d) location; (e) recent, current and projected work loads of the firms; (f) creativity and insight related to the project; and (g) related experience on similar projects; and no other criteria was used.

 (NAME) (DATE)

 (SIGNATURE)