

Administration/Professional Services Rating Sheet

Grant Recipient _____

CDBG-DR

Name of Respondent _____

Date of Rating _____

Evaluator's Name _____

Experience -- Rate the Respondent of the Request For Proposal (RFP) by awarding points up to the maximum listed for each factor. Information necessary to assess the Respondent on these criteria may be gathered either from past experience with the Respondent and/or by contacting past/current clients of the Respondent.

References

Factors	Max.Pts.	Score
1. References from current/past clients	10	_____
Subtotal, Experience	10	_____

Proposal for accomplishing the tasks listed in Project Scope

<u>Factors</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Submits requests to client/GLO in a timely manner	5	_____
2. Responds to client/GLO requests in a timely manner	5	_____
3. Past client/GLO projects completed on schedule	5	_____
4. Work product is consistently of high quality with low level of errors	5	_____
5. Past client/GLO projects have low level of monitoring findings/concerns	5	_____
6. Manages projects within budgetary constraints	5	_____
Subtotal, Performance	30	_____

Capacity to Perform the services within the established timeframe

<u>Factors</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Qualifications of Professional Administrators / Experience of Staff	10	_____
2. Quality of Proposal/Work Plan	10	_____
3. Demonstrated understanding of scope of the CDBG-DR Project	10	_____
Subtotal, Capacity to Perform	30	_____

Proposed Cost

<u>Factors</u>	<u>Max.Pts.</u>	<u>Score</u>
Proposed cost is in line with independent estimate and compared with all cost proposals received	30	_____
	30	_____

TOTAL SCORE

<u>Factors</u>	<u>Max.Pts.</u>	<u>Score</u>
<input type="checkbox"/> References	10	_____
<input type="checkbox"/> Proposal for accomplishing the tasks listed in Project Scope	30	_____
<input type="checkbox"/> Capacity to Perform the services within the established timeframe	30	_____
<input type="checkbox"/> Proposed Cost	30	_____
Total Score	100	_____