

Evaluation Summary Abstract

Project: _____

Project No. (if applicable): _____

TOTAL OVERALL SCORE

	Evaluator #1	Evaluator #2	Evaluator #3	Subtotals
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Individual/Firm #1: _____

1. Experience/Professional Qualifications	_____	_____	_____	_____
2. Past Performance	_____	_____	_____	_____
3. Ability to Meet Project Schedule	_____	_____	_____	_____
4. Other: _____	_____	_____	_____	_____
5. Other: _____	_____	_____	_____	_____

Individual/Firm #1 Total: _____

Individual/Firm #2: _____

1. Experience/Professional Qualifications	_____	_____	_____	_____
2. Past Performance	_____	_____	_____	_____
3. Ability to Meet Project Schedule	_____	_____	_____	_____
4. Other: _____	_____	_____	_____	_____
5. Other: _____	_____	_____	_____	_____

Individual/Firm #2 Total: _____

Individual/Firm #3: _____

1. Experience/Professional Qualifications	_____	_____	_____	_____
2. Past Performance	_____	_____	_____	_____
3. Ability to Meet Project Schedule	_____	_____	_____	_____
4. Other: _____	_____	_____	_____	_____
5. Other: _____	_____	_____	_____	_____

Individual/Firm #3 Total: _____

(Attach additional sheets if necessary)

Evaluator Name:

Evaluator Signature:

#1 _____

#2 _____

#3 _____
