

**COUNTY CRITERIA/EVALUATION SHEET**

|  |                       |               |
|--|-----------------------|---------------|
| <b>PROJECT:</b>  |                       |               |
| <b>CONSULTANT NAME:</b>                                    |                       |               |
| <b>CRITERIA</b>  | <b>MAX<br/>POINTS</b> | <b>RATING</b> |
| UNDERSTANDING OF THE WORK TO BE DONE                       | 10                    |               |
| EXPERIENCE WITH SIMILAR KINDS OF WORK                      | 20                    |               |
| QUALITY OF STAFF FOR WORK TO BE DONE                       | 15                    |               |
| CAPABILITY OF DEVELOPING INNOVATIVE OR ADVANCED TECHNIQUES | 5                     |               |
| FAMILIARARITY WITH LOCAL, STATE, AND FEDERAL PROCEDURES    | 25                    |               |
| FINANCIAL RESPONSIBILITY                                   | 5                     |               |
| DEMONSTRATED TECHNICAL ABILITY                             | 20                    |               |
| TOTAL:   | 100                   |               |

Evaluator

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_