**Attachment II**

**Evaluation Criteria Forms**

**Team Experience and Qualifications**

When filling out the form below, use only the space provided in this form, unless otherwise indicated. If all fields are not completed, the Respondent is at risk of being rejected due to non-responsiveness. It is not acceptable to indicate “see attached” on this form.

1. For both Respondent and key sub-consultant(s)/sub-agents, provide the following:
   1. Work history and specific experience as it relates to the scope of services outlined in this RFQ..***(3-page limit)***

**Attachment II**

**Evaluation Criteria Forms (continued)**

**Team Experience and Qualifications**

1. Using separate 8 ½” x 11” sheet(s), titled “Team Qualifications and Experience – Resume” inserted immediately following this section,provide resumes for Key Personnel for the Prime Consultant and Key Subconsultant(s), on the capabilities, experience, and qualifications of each team member. One resume per person with each resume not to exceed two (2) pages. The Project Manager’s resume should be first.

*(As part of this criteria, use the checkboxes below to ensure the information above is understood and information provided follows the guidelines listed above.)*

Resumes shall include the following information:

* Project Manager’s resume is first
* Resumes do not exceed two (2) page(s) each
* All resumes provided shall include the following information:

1. Name, job title, education
2. Number of years of total professional experience
3. Number of years/months with current firm
4. Number of years/months of experience in proposed role for this project
5. Description of professional qualifications to include degrees, licenses, certifications, and associations.
6. Brief overview of professional experience including the unique qualifications of each key sub-consultant as it relates to the scope of services in the RFQ.

**Attachment II**

**Evaluation Criteria Forms (continued)**

**Team Experience and Qualifications**

1. Indicate the availability of Respondent and Sub-consultant staff for this project. ***(3-page limit)***

**Attachment II**

**Evaluation Criteria Forms (continued)**

**Team Experience and Qualifications**

1. Identify what portions of the scope will be assigned to each team member. ***(3-page limit)***

**Attachment II**

**Evaluation Criteria Forms (continued)**

**Team Experience and Qualifications**

1. Provide a summary detailing the unique qualifications of each sub-consultant. ***(3-page limit)***

**Attachment II**

**Evaluation Criteria Forms *(continued)***

**Similar Projects and Past Performance (30 points)**

When filling out the forms below, use only the space provided in this form, unless otherwise indicated. If all fields are not completed, the Respondent is at risk for being rejected due to non-responsiveness. It is not acceptable to indicate “see attached” on this form.

Using the tables below, list three (3) previous completed projects in the last five (5) years in which Respondent has performed services similar to those sought in this RFQ.

|  |  |
| --- | --- |
| **Project #1 Name:** |  |
| Name of Client / Utility |  |
| Valid Point of Contact Information | Contact Name:  Phone:  Email: |
| Location (City and State) |  |
| Duration of Assignment (Start and End Date) |  |
| Description of scope of work performed/completed |  |
| Respondents Role in the Project |  |

*(If valid contact information is not provided, Respondent’s score for this criterion may be reduced and/or Respondent’s proposal may be deemed non-responsive.)*

**Attachment II**

**Evaluation Criteria Forms *(continued)***

**Similar Projects and Past Performance**

|  |  |
| --- | --- |
| **Project #2 Name:** |  |
| Name of Client / Utility |  |
| Valid Point of Contact Information | Contact Name:  Phone:  Email: |
| Location (City and State) |  |
| Duration of Assignment (Start and End Date) |  |
| Description of scope of work performed/completed |  |
| Respondents Role in the Project |  |

*(If valid contact information is not provided, Respondent’s score for this criterion may be reduced and/or Respondent’s proposal may be deemed non-responsive.)*

**Attachment II**

**Evaluation Criteria Forms (continued)**

**Similar Projects and Past Performance**

|  |  |
| --- | --- |
| **Project #3 Name:** |  |
| Name of Client / Utility |  |
| Valid Point of Contact Information | Contact Name:  Phone:  Email: |
| Location (City and State) |  |
| Duration of Assignment (Start and End Date) |  |
| Description of scope of work performed/completed |  |
| Respondents Role in the Project |  |

*(If valid contact information is not provided, Respondent’s score for this criterion may be reduced and/or Respondent’s proposal may be deemed non-responsive.)*

**Attachment II**

**Evaluation Criteria Forms *(continued)***

**Project Approach**

1. Discuss the Respondent’s strategies for accomplishing each of the three phases outlined in the scope of services. Additionally, provide timelines for each phase, and discuss the Quality Assurance and Quality Control (QA/QC) methods Respondent intends to utilize for each of the phases. The plan should provide, at a minimum, steps to accomplish each phase and a proposed timeline. Emphasis should be given to maximize efficiencies in procedures to ensure that SAWS meets its goal in a timely manner. ***(3-page limit)***
   1. Assessment – Include a discussion of methods Respondent will employ.
   2. Development of Specifications – How will the specifications be determined and how they will be presented.
   3. Development of the Security Master Plan – Cover all aspects of the standards being employed and how the plan will be presented to SAWS.
   4. Implementation – Discuss how Respondent will provide consultation and guidance during the implementation of the SAWS Security Master Plan.