**Evaluation Criteria Form**

**Responses Provided by Respondent**

*When responding to the questions below, use only the space provided in this form, unless otherwise indicated. If all fields are not completed, the proposal may be found to be non-responsive, or points deducted. It is not acceptable to indicate “see attached” as a response to this form. Text is restricted to Arial, 10 point font.*

**Experience and Qualifications**

* + - 1. Provide a brief description of your firm and your firm’s experience in providing the scope of services as outlined in this RFP.

**Evaluation Criteria Form *(continued)***

**Experience and Qualifications *(continued)***

* + - 1. Describe any unique abilities your firm has to provide the services outlined in this RFP.

**Evaluation Criteria Form *(continued)***

**Experience and Qualifications *(continued)***

* + - 1. Identify and provide a resume for the principal team member who will lead this project.

**Evaluation Criteria Form *(continued)***

**Prior Experience for Similar Engagements**

* + - * 1. Describe how your firm has performed similar services in the past with these project requirements with city or state organizations.

**Evaluation Criteria Form *(continued)***

**Prior Experience for Similar Engagements *(continued)***

* + - * 1. Describe what steps, tools, and methods you used to assist those agencies.

**Evaluation Criteria Form *(continued)***

**Prior Experience for Similar Engagements *(continued)***

* + - * 1. Provide no less than three references with valid contact information.

**Reference #1**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Project Name** |  |
| **Dates of Service** |  |
| **Name of Contact** |  |
| **Phone # of Contact** |  |
| **Email of Contact** |  |
| **Approximate $ value** |  |
| **Services Provided** |  |

**Reference #2**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Project Name** |  |
| **Dates of Service** |  |
| **Name of Contact** |  |
| **Phone # of Contact** |  |
| **Email of Contact** |  |
| **Approximate $ value** |  |
| **Services Provided** |  |

**Reference #3**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Project Name** |  |
| **Dates of Service** |  |
| **Name of Contact** |  |
| **Phone # of Contact** |  |
| **Email of Contact** |  |
| **Approximate $ value** |  |
| **Services Provided** |  |

**Evaluation Criteria Form *(continued)***

**Fee Schedule**

Provide the fee schedule for your organization related to this RFP that includes the proposed fees or rates for services outlined within this RFP.

**Hazard Mitigation Grant Program DR-4485**

|  |  |  |
| --- | --- | --- |
| **Description of Position** | **Hourly Rate** | **Estimated # of Hours** |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |

Total Estimate Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Defense Community Infrastructure Pilot Program OLDCC-22-F-0002**

|  |  |  |
| --- | --- | --- |
| **Description of Position** | **Hourly Rate** | **Estimated # of Hours** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Estimate Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Building Resilient Infrastructure and Communities (BRIC) Grant**

|  |  |  |
| --- | --- | --- |
| **Description of Position** | **Hourly Rate** | **Estimated # of Hours** |
|  |  |  |
|  |  |  |
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|  |  |  |

Total Estimate Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_