**Attachment II**

**Evaluation Criteria Forms**

**Team Experience and Qualifications**

**Team Roles Table**

*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 for being rejected due to non-responsiveness. It is not acceptable to indicate “see attached” on this form.*

Using the Team Roles Table below, describe the role of the Respondent and the proposed Subconsultants for this Project.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Respondent’s and ProposedSub-consultants Role on this Project*****(e.g., hydraulic modeling, geotechnical engineering, utility coordination, environmental services, subterranean scanning, materials testing, survey, SUE, cost estimating, etc.)*** | **Respondent** | **Sub 1:** | **Sub 2:** | **Sub 3:** | **Sub 4:** | **Sub 5:** | **Sub 6:** | **Sub 7:** | **Sub 8:** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |



**Attachment II**

**Evaluation Criteria Forms**

**Team Experience and Qualifications**

**Key Personnel Availability Table**

*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 for being rejected due to non-responsiveness. It is not acceptable to indicate “see attached” on this form.*

Using the Key Personnel Availability Table below, provide availability, percent of time committed to the Project for the duration of the Project, of Respondent’s Key Personnel, as well as Key Personnel from Key Sub-consultants.

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Key Personnel(Name and Employer)** | **GeographicLocation** | **% TimeCommitted** | **Years of Experience in Key Role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attachment II**

**Evaluation Criteria Forms**

**Similar Projects and Past Performance**

**Project Table**

*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.*

In the Project Tables below, provide the required information for three (3) relevant projects of similar size, scope, and complexity to the Project in this RFQ that were **completed** within the last five (5) years in which Respondent has performed services similar to those sought in this RFQ. Additional requirements include: projects shall have been performed by the Respondent’s Key Personnel.

|  |  |
| --- | --- |
| **Project #1 Name:** |  |
| Owner (Name, City, and State): |  |
| Owner Representative Name, Title, and **Current** Contact Information (Phone and Email): | John DoeEngineering Manager(XXX) XXX-XXXXJohn.Doe@XXXXX.org |
| Contract NTP: |  |
| Contract Duration in Months: |  |
| Detailed Project Description: |  |
| Provide an explanation for how this project is similar to the Project within this RFQ |  |
| Key Personnel (to include Personnel Titles and Specific Project Tasks). |  |

**Attachment II**

**Evaluation Criteria Forms**

**Similar Projects and Past Performance**

**Project Table** *(continued)*

|  |  |
| --- | --- |
| **Project #2 Name:** |  |
| Owner (Name, City, and State): |  |
| Owner Representative Name, Title, and **Current** Contact Information (Phone and Email): | John DoeEngineering Manager(XXX) XXX-XXXXJohn.Doe@XXXXX.org |
| Contract NTP: |  |
| Contract Duration in Months: |  |
| Detailed Project Description: |  |
| Provide an explanation for how this project is similar to the Project within this RFQ |  |
| Key Personnel (to include Personnel Titles and Specific Project Tasks). |  |

**Attachment II**

**Evaluation Criteria Forms**

**Similar Projects and Past Performance**

**Project Table** *(continued)*

|  |  |
| --- | --- |
| **Project #3 Name:** |  |
| Owner (Name, City, and State): |  |
| Owner Representative Name, Title, and **Current** Contact Information (Phone and Email): | John DoeEngineering Manager(XXX) XXX-XXXXJohn.Doe@XXXXX.org |
| Contract NTP: |  |
| Contract Duration in Months: |  |
| Detailed Project Description: |  |
| Provide an explanation for how this project is similar to the Project within this RFQ |  |
| Key Personnel (to include Personnel Titles and Specific Project Tasks). |  |