**SE-657**

**SELECTION COMMITTEE MEMBER CONTRACTOR EVALUATION**

**TASK ORDER CONTRACT**

**AGENCY:**

**TASK ORDER CONTRACT PROJECT NAME:**

**TASK ORDER CONTRACT PROJECT NUMBER:**

|  |
| --- |
| **CONTRACTORS SUBMITTING PROPOSALS** |
| **A**.       | **F.**       |
| **B.**       | **G.**       |
| **C.**       | **H.**       |
| **D.**       | **I.**       |
| **E.**       | **J.**       |

|  |  |  |
| --- | --- | --- |
| **EVALUATION CRITERIA** | **Ranking****Range** | **FIRMS** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
|  | Past Performance |       |  |  |  |  |  |  |  |  |  |  |
|  | Ability of Proposed Personnel |       |  |  |  |  |  |  |  |  |  |  |
|  | Financial Information Regarding the Contractor’s Ability to Provide Required Bonding and Insurance |       |  |  |  |  |  |  |  |  |  |  |
|  | Location of the Contractor’s Proposed Office in Relation to the Project Area |       |  |  |  |  |  |  |  |  |  |  |
|  | Contractor’s General Project Experience |       |  |  |  |  |  |  |  |  |  |  |
|  | Volume of State Contracts Awarded |       |  |  |  |  |  |  |  |  |  |  |
|  | Other Criteria Included in the Solicitation |       |  |  |  |  |  |  |  |  |  |  |
| **TOTAL POINTS*(Use whole numbers only and break all ties before ranking)*** |  |  |  |  |  |  |  |  |  |  |
| **RANKING OF FIRMS *(1,2,3…) (Transfer to SE-658)*** |  |  |  |  |  |  |  |  |  |  |

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| **EVALUATOR CERTIFICATION**I hereby certify that all of the contractors listed were evaluated and ranked by me based on the Evaluation Criteria shown above and no other criteria were used. |
| **EVALUATOR NAME:**       | **DATE:**       |
| **SIGNATURE:** |