



Suggested Evaluation Scale: 10 – Excellent 8 – Good 6 – Acceptable 4 – Unacceptable

_____ For Using Agency: _____
 (Name)

_____ CAP Solicitation #: _____
 (Date)

Firm Name and Location					
A. Project Experience					
B. Project Management Team					
C. Project Control					
D. Design Approach					
Totals					

As an evaluator, I hereby claim that I have conducted these evaluations in a fair and unbiased manner to the best of my abilities and that the scoring contained herein reflect my evaluations.

 (Signature)