**2016 Edition**

**SE-415**

**CM-R SELECTION COMMITTEE MEMBER EVALUATION - RFQ**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

|  |  |  |
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| **RFQ EVALUATION CRITERIA PER AGENCY SELECTION PLAN** | | **Ranking**  **Range** |
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Check here and attach additional SE-415’s if more than 18 firms submitted information. Number submitting:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONS OR FIRMS RESPONDING TO SOLICITATION**  **Evaluator to place an “X” next to the person or firm they are requesting to be pre-qualified.** | | | | | |
|  | **1**. |  | **7.** |  | **13.** |
|  | **2.** |  | **8.** |  | **14.** |
|  | **3.** |  | **9.** |  | **15.** |
|  | **4.** |  | **10.** |  | **16.** |
|  | **5.** |  | **11.** |  | **17.** |
|  | **6.** |  | **12.** |  | **18.** |

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| **EVALUATOR CERTIFICATION**  I hereby certify that I have evaluated all of the persons or firms based on the Evaluation Criteria listed above and no other criteria were used. | |
| **EVALUATOR NAME:** | **DATE:** |
| **SIGNATURE:** | |