**SE-615**

**SELECTION COMMITTEE MEMBER A/E EVALUATION**

**INDEFINITE QUANTITY CONTRACT**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

|  |
| --- |
| **FIRMS INTERVIEWED** |
| **A**.       | **E.**       |
| **B.**       | **F.**       |
| **C.**       | **G.**       |
| **D.**       | **H.**       |

|  |  |  |
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| **EVALUATION CRITERIA** | **Ranking****Range** | **FIRMS** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
|  | Past Performance |       |  |  |  |  |  |  |  |  |
|  | Ability of Professional Personnel |       |  |  |  |  |  |  |  |  |
|  | Demonstrated Ability to Meet Time and Budget Requirements |       |  |  |  |  |  |  |  |  |
|  | Location and Knowledge of Locality of the Project if the Application of this Criterion Leaves an Appropriate Number of Qualified Firms, given the Nature and Size of the Project |       |  |  |  |  |  |  |  |  |
|  | Recent, Current and Projected Work Load of the Firm |       |  |  |  |  |  |  |  |  |
|  | Creativity and Insight Related to the Project |       |  |  |  |  |  |  |  |  |
|  | Related Experience on Similar Projects |       |  |  |  |  |  |  |  |  |
|  | Volume of Work Awarded by the Using Agency to the Person or Firm During the Previous Five Years, with the Objective of Effectuating an Equitable Distribution of Contracts by the State Among Qualified Firms including Minority Business Enterprises Certified by the SC Office of Small and Minority Business Assistance and Firms that have not had Previous State Work. |       |  |  |  |  |  |  |  |  |
|  | Any Other Special Qualification Required Pursuant to the Solicitation of the Using Agency |       |  |  |  |  |  |  |  |  |
| **TOTAL POINTS*(Use whole numbers only and break all ties before ranking)*** |  |  |  |  |  |  |  |  |
| **RANKING OF FIRMS *(1,2,3…) (Transfer to SE-617)*** |  |  |  |  |  |  |  |  |

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| **EVALUATOR CERTIFICATION**I hereby certify that I attended all the interviews held for this Professional Services procurement. All of the firms were evaluated and ranked by me based on the Evaluation Criteria listed above and no other criteria were used. |
| **EVALUATOR NAME:**       | **DATE:**       |
| **SIGNATURE:** |