**CONSULTANT EVALUATION FORM**

**MUNICIPALITY OF**

|  |  |
| --- | --- |
| **Consultant**:        | **Project WIN**:       |
| **Consultant Address**:       |
| **Project Location, Description**:       |
| **Evaluation Period**:       |
| **Contract Total Amount**:       | **Actual Amount Expended**:       |

***Evaluate the Consultant’s performance in each of the following areas. This evaluation will be used as part of the Municipality’s selection process for future projects.*** ***If the rating is unsatisfactory, a comment is required to explain why.***

**1. PROJECT COST & SCOPE, DELIVERABLES AND QUALITY OF PRODUCTS**:

a) Was the project/contract completed in accordance with the scope of work? [ ] Yes [ ] No [ ] N/A

b) Was the project/contract completed within anticipated costs? [ ] Yes [ ] No [ ] N/A

c) Was every effort made to provide a quality product? [ ] Yes [ ] No [ ] N/A

d) Did the Consultant communicate anticipated changes in scope, schedule or budget? [ ] Yes [ ] No [ ] N/A

e) Was the project/contract completed on schedule? [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**2. COMPETENCY:**

a) Did the Consultant’s staff have knowledge and experience to complete the work satisfactorily? [ ] Yes [ ] No [ ] N/A

b) Did the Consultant’s staff attempt to anticipate, evaluate, and identify

 solutions to problems before they caused delays? [ ] Yes [ ] No [ ] N/A

c) Did the Consultant’s performance result in the loss of federal funds? [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**3. TEAM APPROACH, EFFICIENCY AND WORK ORGANIZATION**:

a) Did the Consultant’s staff work as a team in their approach to the project/contract? [ ] Yes [ ] No [ ] N/A

b) Did the Consultant assign an adequate number of staff to complete the project/contract satisfactorily? [ ] Yes [ ] No [ ] N/A

c) Did the Consultant make suggestions that improved efficiency and resulted in cost savings? [ ] Yes [ ] No [ ] N/A

d) Did the Consultant complete the work in a well thought out andorganized manner?[ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**4. CONSTRUCTABILITY**:

a) Were the plans and specifications developed to minimize

 Change Orders and misinterpretation in the field? [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**5. PROGRESS REPORTS:**

a) Did the Consultant submit progress reports regularly? [ ] Yes [ ] No [ ] N/A

b) Was the level of detail sufficient to track progress on the project/contract [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**6. COORDINATION, COMMUNICATION AND COOPERATION**:

a) Was the Consultant’s staff effectively communicative, cooperative and responsive to municipal staff,

 the public, MaineDOT, and other agencies? [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**7. INVOICES:**

a) Were invoices accurate and timely? [ ] Yes [ ] No [ ] N/A

b) Did invoices include supporting documents? [ ] Yes [ ] No [ ] N/A

c) Did the costs billed to the Municipality correspond to the work accomplished,

 as described in the progress reports and the Consultant’s proposal? [ ] Yes [ ] No [ ] N/A

d) Was the consultant’s response timely when addressing invoice errors & resolutions? [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

**8. HEARINGS & MEETINGS**:

a) Did the Consultant participate in meetings when requested? [ ] Yes [ ] No [ ] N/A

b) Did they come to meetings prepared and did they conduct themselves professionally? [ ] Yes [ ] No [ ] N/A

c) Were the presentations, handouts, and/or overheads well organized and effective? [ ] Yes [ ] No [ ] N/A

Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comment:*

**9. ADDITIONAL COMMENTS & RECOMMENDATIONS**:

Overall Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] N/A

*Comments:*

Signature of Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 Type Name & Title:

**10. CONSULTANT COMMENTS**: Agree[ ]  Disagree[ ]

*Comments:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; (d) is under the sole control of myself; and (e) is linked to data in such a manner that it is invalidated if the data are changed. 10 M.R.S.A. §9502, et seq.***

**cc: MaineDOT Project Manager**