

City of Lockhart RFQ Rating Sheet

Parks & Recreation Department
General Services Contract #2023-01

Name of Respondent _____

Date of Evaluation _____

Evaluator's Name _____

Qualifications -- Rate the respondent for experience in the following areas:

<u>Factor</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Has firm previously designed/constructed similar types of projects	10	_____
2. Has capacity to provide for design, engineering, project management and funds sourcing	10	_____
3. Has worked on projects that were located in this general region	10	_____
	=====	=====
Subtotal, Qualifications	30	_____

COMMENTS: _____

Team Experience & Project Success

<u>Factor</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Have similar past projects been completed by team members assigned	10	_____
2. Do subconsultants have pertinent experience	10	_____
3. Are there relevant recommendations for similar projects*	10	_____
	=====	=====
Subtotal, Team Experience & Project Success	30	_____

* Information necessary to assess the respondent on these criteria should be gathered by contacting past/current clients.

COMMENTS: _____

Name of Respondent _____

Date of Rating _____

Evaluator's Name _____

Available Resources to Complete Project

<u>Factor</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Staff capacity to facilitate additional projects	5	_____
2. Adequacy of Resources	5	_____
3. Past history of on-time performance	5	_____
	<hr/>	<hr/>
Subtotal, Available Resources to Complete Project	15	_____

COMMENTS: _____

Project Approach

<u>Factor</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Logical approach for sequencing and organizing park renovations	5	_____
2. Flexibility to the specific needs and resources of the city of Lockhart	5	_____
3. Sound methods for excellent quality control	5	_____
	<hr/>	<hr/>
Subtotal, Project Approach	15	_____

COMMENTS: _____

Technical Innovation

<u>Factor</u>	<u>Max.Pts.</u>	<u>Score</u>
1. Demonstrates knowledge of best practices and innovative approaches	5	_____
2. Demonstrates an understanding smaller but rapidly growing cities with aging parks	5	_____
	<hr/>	<hr/>
Subtotal, Technical Innovation	10	_____

COMMENTS: _____

Name of Respondent _____

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Evaluator's Name _____

TOTAL SCORE

<u>Factor</u>	<u>Max Pts</u>	<u>Score</u>
<input type="checkbox"/> Qualifications	30	_____
<input type="checkbox"/> Team Experience & Project Success	30	_____
<input type="checkbox"/> Available Resources to Complete Project	15	_____
<input type="checkbox"/> Project Approach	15	_____
<input type="checkbox"/> Technical Innovation	10	_____
	Total Score	_____

Signature of evaluator _____