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| **SECTION 1: PROJECT INFORMATION** |
| **COUNTY** | **ITEM NO.** | **PROJECT NO.** | **FEDERAL NO.** |
|       |       |       |       |
| **PROJECT NAME:**       |
| **SECTION 2: CONSULTANT INFORMATION** |
| **FIRM** | **PROJECT MANAGER** |
|       |       |
| **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP** |
|       |       |       |       |
| **SECTION 3: EVALUATION PERIOD** |
|  [ ]  Interim [ ]  Final | **START DATE** | **END DATE** |
|       |       |
| **SECTION 4: EVALUATION SCORES** |
| *Instructions: After reading the evaluation criteria for each section below, enter the number of points that most accurately reflects the consultant’s performance during the evaluation period given in Section 3. Each section’s score and total score (including the associated weight) will be automatically calculated after points are entered. Point options are as follows:* |
| *5 – Excellent 4 – Good 3 – Satisfactory 2 – Substandard 1 - Unacceptable* |
| **CRITERIA** | **POINTS** | **WEIGHT** | **SCORE** |
| **A.** | **Project Manager** |
|  | Did the Project Manager (PM) communicate well? Was the PM responsive? Was progress reporting timely and informative? Were the project files organized and maintained properly? Did the PM adequately manage the project? Were the PM’s experience and qualifications in project management related to the scope of services? |       | 5 | 0 | /25 |
| **Comments:**       |
| **B.** | **Project Team** |
|  | Was the Project Team (Team) knowledgeable and experienced with the *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, KYTC’s Right of Way guidance manuals, and the Uniform Standards of Professional Appraisal Practice (USPAP)? Were key personnel capable and experienced? Was the Team’s organization and coordination process effective?  |       | 5 | 0 | /25 |
| **Comments:**       |
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| **SECTION 4: EVALUATION SCORES (cont.)** |
| **CRITERIA** | **POINTS** | **WEIGHT** | **SCORE** |
| **C.** | **Quality of Work** |
|  | Score is based on the assigned Appraisers, Review Appraiser, Negotiators, and Relocation Assistance Agents on the quality of work performed. Has/Did the firm meet all of your technical standards and quality expectations? Is/Was the firm’s communication, oral and written, clear and concise? Was the work completed to KYTC satisfaction? |       | 5 | 0 | /25 |
| **Comments:**       |
| **D.** | **Cooperation and Timeliness on the Project** |
|  | Did the firm complete the project within the contract schedule? Taking into account those events beyond their control. Were all milestone activities met and completed on time? Did the firm keep KYTC informed of project work and schedule status? |       | 5 | 0 | /25 |
| **Comments:**       |
| **TOTAL SCORE:** |  | 0 | /100 |
| **OVERALL RATING** |
| [ ]  90-100 Excellent [ ]  80-89 Good [ ]  70-79 Satisfactory [ ]  60-69 Substandard [ ]  59 and below Unacceptable |
| **SECTION 5. SIGNATURES** |
| **DISTRICT RIGHT OF WAY SUPERVISOR***(print name)* | **SIGNATURE** | **DATE SIGNED** |
|       |  |       |
| **CONSULTANT PROJECT MANAGER***(print name)* | **SIGNATURE** | **DATE SIGNED** |
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