

CITY OF STOCKTON FIBER OPTIC MASTER PLAN & EXPANSION
CONSULTANT EVALUATION SHEET

CONSULTANT: _____
Subconsultants: _____

SCORING		
<u>Criteria</u>	<u>Max Points</u>	<u>Rating</u>
Understanding of Work	20	
Experience with similar kinds of work	25	
Qualifications of Proposed Team	20	
Project Approach	15	
Cost Proposal	15	
Local Preference	5	
Total	100	

Evaluator
Print Name: _____

Signature: _____ Date: _____

Comments: _____

