

**VISION ZERO ACTION PLAN  
CITY PROJECT NO. WT23042  
CONSULTANT EVALUATION SHEET**

CONSULTANT: \_\_\_\_\_

Subconsultants: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>SCORING</b>		
<u><b>Criteria</b></u>	<u><b>Max Points</b></u>	<u><b>Rating</b></u>
Understanding of Work	25	
Experience with development of vision zero plans or similar type of programs.	20	
Staff Qualifications and Technical Ability	25	
Project Approach (Including Innovative Ideas or Techniques)	20	
Familiarity with federal procedures	5	
References	5	
<b>Total</b>	100	

Evaluator

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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