

**MUNICIPAL ASSISTANCE BUREAU
AT-THE-READY CONSULTANT SERVICES
FOR LOCALLY MANAGED PROJECTS
CONSULTANT SELECTION FORM**

Name of Firm: _____

Project Name/Number: _____

Grant subrecipient: _____

Consultant contract amount for this project: _____

After reviewing the statements of qualifications of the consultants listed below, we have determined that the firm listed above is the best qualified to provide _____ services for the above referenced local federal-aid project.

The statements of qualifications of these firms were reviewed (three minimum required):

1. _____
2. _____
3. _____

Negotiations with the firm _____ were successful and the firm was selected.

OR

Negotiations with firm _____ were not successful and negotiations were undertaken with firm _____. Negotiations with this firm were successful.

Comments:

Signature of Municipal Representative in Responsible Charge

Signature of Member of Consultant Selection Committee

Signature of Member of Consultant Selection Committee

cc: AOT Project Supervisor