

**MUNICIPAL ASSISTANCE BUREAU  
CONSULTANT PERFORMANCE EVALUATION FORM  
FOR LOCALLY MANAGED PROJECTS**

Name of Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contract Date: \_\_\_\_\_  
 Project Name/Number: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Type of Consultant Services: \_\_\_\_\_  
 For At-the-Ready (ATR) Consultant Services, please provide the MLA information:  
 ATR Consultant Project MLA= \$ \_\_\_\_\_ ATR Consultant Final Amount Reimbursed= \$ \_\_\_\_\_  
 Consultant Representative in Responsible Charge: \_\_\_\_\_  
 Municipal Representative in Responsible Charge: \_\_\_\_\_

Rate the Consultant's performance for each of the categories listed below. Ratings may be entered as a combination of grades (S/E; M/U; etc.). Any rating other than (E) or (S), must have an explanative comment.

Rating: **E=Excellent S=Satisfactory M=Marginal U=Unsatisfactory NA=Not Applicable**

	Rating	Comments
<b>A. STAFFING</b>		
1. Adequate in Size:	_____	_____
2. Competence:	_____	_____
3. Cooperativeness:	_____	_____
<b>B. PROCESS</b>		
1. Communication:	_____	_____
2. Timeliness/Responsiveness:	_____	_____
3. Work Organization:	_____	_____
4. Hearings and Meetings:	_____	_____
5. Invoices and Amendments:	_____	_____
6. Public Relations:	_____	_____
<b>C. PRODUCT</b>		
1. Quality:	_____	_____
2. Scope/Cost Containment:	_____	_____
3. Constructability:	_____	_____

**OVERALL RATING:** \_\_\_\_\_

Summary and Recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Municipal Representative in Responsible Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Consultant Representative in Responsible Charge: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Consultant only indicates receipt of the evaluation)