

**Composite Proposal Score Sheet**

	30 Point Questions	20 Point Questions	10 Point Questions				FIRM	FIRM
				Pts	# Mmbrs	Max Pts	Corporate Care	ARC Physical Therapy
Outstanding	25 - 30	17 - 20	9 - 10					
Exceeds Acceptable	19 - 24	13 - 16	7 - 8					
Acceptable	13 - 18	9 - 12	5 - 6					
Marginal	0 - 12	0 - 8	0 - 4					
<b>1. Evidence of Experience, Reliability and References: (FORM 3):</b> Consider experience and references listed by the firm/provider on Form 3 of the RFP. Is the provider experienced in providing services similar to that requested in the RFP? . Consider any sub-consultants to be used and their experience (if applicable).				30	3	90	103	90
<b>2. Expertise of Firm Personnel: (FORM 4):</b> Consider comparable experience and background of specific personnel that shall be assigned to the City's project as outlined on Form 4 of the RFP. Also consider the specific involvement of those persons in projects listed on Form 3 of the RFP. Experience on projects of similar scope and size: Project Manager, Project team, sub-consultants (if applicable).				30	3	90	98	90
<b>3. Applicable Resources: (FORM 1, 2, AND 5): / Schedule</b> Evaluate the extent of applicable resources available to the firm / provider to complete the City's project as listed on Forms 1, 2, and 5 of the RFP. Standard Quality Assurance/Quality Control program or procedures the firm has in place. Adequacy of proposed team/resources to complete project within proposed time frame.				10	3	30	24	19
<b>4. Project Approach: (FORM 5):</b> Evaluate the firm/ provider's approach to and understanding of the Scope of Services required in the RFP as evidenced by the project approach out. Project schedule and detailed approach is reasonable/responsive to City's needs. Roles of all involved parties clearly identified. Familiarity with project location as evidenced by proposal (if applicable). Identify/recognize critical or unique issues specific to the project. Adequacy of proposed communications process. Unique approaches that have been successful elsewhere.				20	3	60	69	45
<b>5. Cost: Includes all related cost associated with this project. (FORM 6D):</b>				10	3	30	0	0
				<b>100</b>		<b>300</b>	<b>294</b>	<b>244</b>