

Short List Ranking Form

Project No: _____

Project Name: _____

Committee Member's Name: _____

Scoring

0 Points = Poor

10 Points = Excellent

Short List

	Consulting Firm's Name						
Selection Criteria							
Total Points to Determine Short List							

Notes:

Instructions:

- Fill in appropriate project information & committee member's name.
- Fill in all consultant firms' names that submitted a proposal.
- Fill in all selection criteria that relate to this specific project. The number of selection criteria used may vary by project.
- Score each firm's proposal based on the selection criteria & add up the total points for each firm.
- Document any notes in the space provided as justification for your scoring.