

CITY OF FOLEY
Request for Proposals- Administrative Services
CDBG Project No. LR-CM-PF12-007

Rating Sheet

Name & Title of Reviewer: _____

Name of Firm: _____

Contact Person: _____

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- | | |
|-------------------------------------|-----------------|
| 1. Knowledge of the CDBG program | 25 points _____ |
| 2. Resources and availability | 25 points _____ |
| 3. Experience of proposed personnel | 25 points _____ |
| 4. Price | 25 points _____ |

TOTAL POINTS ACHIEVED (out of 100 possible points): _____