**Sponsoring Municipality:**

**Certified Local Project Administrator:**

**Project Scope and Location:**

|  |  |
| --- | --- |
| **Consultant**:        | **MaineDOT WIN:**        |
| **MaineDOT Agreement CSN:**        | **Contract End Date:**       |

***Evaluate the Consultant’s performance in each of the following areas. If the rating is anything other than SATISFACTORY, a comment is MANDATORY. If additional space is needed, please attach separate sheet(s).***

**1. PROJECT SCOPE, COSTS, QUALITY, SCHEDULE AND COMMUNICATIONS**

a) Was the project/contract completed in accordance with the scope of work, within

 anticipated costs, and was every effort made to provide a quality product? [ ] Yes [ ] No [ ] N/A

b) Did the materials used on the project/contract meet MaineDOT’s specifications? [ ] Yes [ ] No [ ] N/A

c) Was the project/contract completed on schedule? [ ] Yes [ ] No [ ] N/A

d) Was the Consultant’s staff effectively communicative, cooperative, and responsive to

 municipal and MaineDOT staff, the public, and other agencies in accomplishing

 all tasks associated with the project/contract? [ ] Yes [ ] No [ ] N/A

Overall Rating: [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory

*Comments:*

Signature of Rater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Type Name & Title:

**2. CONSULTANT COMMENTS**: [ ] Agree [ ] Disagree

*Comments:*

Signature of Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Type Name & Title:

***I certify that the signature above is true and accurate. I further certify that the signature, if electronic: (a) is intended to have the same force as a manual signature; (b) is unique to myself; (c) is capable of verification; (d) is under the sole control of myself; and (e) is linked to data in such a manner that it is invalidated if the data are changed. 10 M.R.S.A. §9502, et seq.***

**cc: Consultant Firm**