

AIRPORT PLANNING, ENGINEERING, DESIGN, CONSTRUCTION MANAGEMENT, AND
RELATED PROFESSIONAL SERVICES
RFQ # 15-13
FINAL EVALUATION CRITERIA

Name of Firm: _____

Address: _____

Primary Point of Contact: _____

Item	Criteria	Value	Score
1	Presentation Quality → Did the presentation adequately: - Describe the team's qualifications pertaining KFHRA needs - Describe why this team is the "best fit" for KFHRA - Appear well coordinated and planned - Meet or exceed your expectations	50	
2	You have all visited with us and spent time looking at our airport: → Tell us what you believe are some of our challenges (both development & construction) (15) → How do we overcome the challenges and take advantage of the opportunities. (15)	30	
3	→ Can you give us an example of where you performed extra work under professional agreement with a client that you felt was not included in the scope, but the client thought differently and how you handled it (25)	25	
4	→ Knowing the City would like to develop / build a second runway, what do you see your role in the project? (25) (e.g., planning – 5, design - 5, secure funding – 5, environmental – 5, BRAC implications – 5)	25	
5	→ What does your Teams workload look like moving forward and how will multiple projects be handled if a conflict of priority arises? (10)	10	
6	→ Our Airport recently had its 10-year anniversary; what is your vision for what it could be in the next ten years?	10	
7	Why should we choose your firm? → What sets you apart from the others? → What do you for your clients that other firms might not do?	50	
	Total Points Possible	200	

TOTAL SCORE _____

Rate each criteria item between 1 and the total value of the item based upon how well this firm meets the established criteria for that item. The total of all item scores for each firm will be used to determine the overall rank order of the firm by each member of the selection committee. The sum of the rank order of firms by each committee member will be used to determine the firm that will be selected for contract negotiations for the services requested in this RFQ.

Individual making evaluation: _____

Signature: _____ Date: _____