**Texas Community Development Block Grant**

**2017 Downtown Revitalization & Main Street Fund**

**Phase Two Solicitation for Administrative Services**

**Request for Project-Specific Proposal**

|  |  |
| --- | --- |
| DRP-MS Applicant Community: |  |
| Name of Firm Solicited: |  |
| Firm Address: |  |
| Date Phase 2 Solicitation Sent: |  | Date Response Due: |  |
|  |  |
| Description of Anticipated Project: |  |
| Anticipated Scope of Work:(check services requested) | * Application Preparation Services
* Basic Contract Implementation Services
* Assistance for Acquisition of Real Property
* Compliance with federal Labor Standards (for construction contracts)
* Section 106 compliance
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  |
| Evaluation Criteria(provide for each):* the maximum number of points;
* categories such as Very Important, Somewhat Important, or Minor Importance; or
* other indication of the relative importance of the criteria
 | **Criteria** | **Maximum Score or****Relative Importance** | **Not Used** |
| Experience |  |  |
| Prior Work Performance |  |  |
| Capacity to Perform  |  |  |
| Proposed Cost (required) |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |
|  |  |
| Send Response to: | Name |  |
| Address |  |

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**Evaluation of Proposals**

|  |  |
| --- | --- |
| DRP-MS Applicant Community: |  |
| Evaluation Team:(at least three persons required, including one local official) | **Name of Evaluator** | **Title** |
|  |  |
|  |  |
|  |  |
| Description of Anticipated Project: |  |
| Date Solicitation Sent: |  |
| Responses received: | **Name of Firm** | **Date Response Received** |
|  |  |
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|  |  |
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|  |  |
|  |  |
| Evaluation of Proposals: | Enter for each criterion and proposal:* Points awarded (if scoring was used on Form P506), or
* Evaluation such as Highly Advantageous (H), Advantageous (A), Not Advantageous (N), or Unacceptable (U).
 |
| Name of Firm | Experience | Prior Work Performance | Capacity to Perform  | Proposed Cost | Other \_\_\_\_\_\_ | Other \_\_\_\_\_\_ | Notes |
|  |  |  |  |  |  |  |  |
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|  |  |
| Firm Recommended: |  |
| Firm Selected: |  |
|  | \* If Firm Selected differs from Firm recommended by Evaluators, provide explanation |
| Conflict of Interest Evaluated by: |  | * No conflict exists
 | * Request for waiver submitted to TDA
 |
| Date Awarded by Governing Body: |  |
| Signature of Lead Evaluator: |  |