

**Exhibit 10-S Consultant Performance Evaluation**

1. PROJECT DATA		2. CONSULTANT DATA					
1a.	Project (include title, location, and Activity/CIP No.)	2a.	Consultant Name and Address				
1b.	Brief Description of Project (design, study, etc.)	2b.	Consultant's Manager				
1c.	Budget Cost for Project: \$ _____	2c.	Phone: _____				
3. AGENCY DEPARTMENT/SECTION RESPONSIBLE							
3a.	Department (include section and division)		3b. Agency Project Manager (name & phone)				
4. CONTRACT DATA (Engineering Services)							
4a.	Contract No.: _____		Termination date: _____		Base Fee: \$ _____		
	Agreement date: _____		Date terminated: _____		Contingency: \$ _____		
4b.	Amendment \$ _____ / # _____	(Total Value) (Initiated by Agency)		\$ _____ / # _____	(Total Value) (Initiated by Agency)		
4c.	Change Order \$ _____ / # _____	(Total Value) (Initiated by Agency)		\$ _____ / # _____	(Total Value) (Initiated by Agency)		
4d.	Total Fee per Agreement (4a. + 4b. + 4c.) \$ _____				Total Fee Paid \$ _____		
(Do not include Contingency Listed in 4a.)							
4e. Type of Services (Design, study, etc.)	4f. Historical Record of Key Submittal Dates (enter date or n/a if not applicable)						
		Preliminary	30%	70%	90%	100%	Final
	Per Agreement						
	Delivery Date						
	Acceptance Date						
4g. Notice To Proceed _____ (date)	4j. Reasons for Change Orders: (Indicate total for each reason)						
			Errors/Omissions \$ _____		% of Base Fee _____		
			Unforeseen Conditions \$ _____		% of Base Fee _____		
4h. Number of Days _____ (number)			Changed Scope \$ _____		% of Base Fee _____		
			Changed Quantities \$ _____		% of Base Fee _____		
4i. Actual Number of Days _____ (number)			Program Task Options \$ _____		% of Base Fee _____		
5. OVERALL RATING (Complete Section II on reverse, include comments as appropriate.)							
		Outstanding	Above Average	Average	Below Average	Poor	N/A
5a.	Plans/Specifications accuracy						
5b.	Consistency with budget						
5c.	Responsiveness to Agency Staff						
5d.	Overall Rating						
6. AUTHORIZING SIGNATURES							
6a.	Agency Design Team Leader _____		Date: _____				
6b.	Agency Project Manager _____		Date: _____				
6c.	Agency Public Works Manager _____		Date: _____				
6d.	Consultant Representative _____		Date: _____				

See Reverse Side

Consultant Performance Evaluation

PLANS/SPECIFICATIONS	Outstanding	Above Avg.	Avg.	Below Avg.	Poor	N/A	Responsiveness To Staff	Outstanding	Above Avg.	Avg.	Below Avg.	Poor	N/A
ACCURACY							Timely Responses						
Plans Specifications clear and concise													
Plans/Specs Coordination							Attitude toward Client and review bodies						
Plans/Specs properly formatted							Follows directions and Chain of responsibility						
Code Requirements covered							Work product delivered on time						
Adhered to Agency Standard Drawings/Specs							Timeliness in notifying Agency of major problems						
Drawings reflect existing conditions							Resolution of field Problems						
As-Built Drawings							Consistency with budget						
Quality Design							Reasonable Agreement negotiation						
Change Orders due to design deficiencies are minimized							Adherence to fee schedule						
							Adherence to project Budget						

**Section III EXPLANATIONS AND SUPPLEMENTAL INFORMATION**  
 (Attach additional documentation as needed)

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\*Indicates supporting documentation attached.