**Evaluation Team Member Agreement**

 **DATE**:

 **TO**: ***[POTENTIAL EVALUATION TEAM MEMBER]***

 **FROM**: ***[PROCUREMENT MANAGER]***

 **SUBJECT**: Consultant Evaluation Team Agreement

You have been ***[identified/recommended]*** as someone who may be interested in serving as a Consultant Evaluation Team member for the following project:

***[Give a brief description of project.]***

As an evaluation team member, you will be sent the proposals from the following consultants to be reviewed and rated:

***[List contractors from whom you have received proposals.]***

After rating the proposals we will meet to discuss the proposals and select the most qualified consultant for this project. Cost proposals will then be opened and rated.

Please indicate whether you are able to participate on this evaluation team, and return this form as well as the attached declaration to me by ***[DATE]***

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[ ]  I will participate and have completed the attached Evaluation Team Member’s Declaration

[ ]  I am unable to participate

**Evaluation Team Member’s Declaration**

REQUEST FOR PROPOSAL: RFP **# *[1234567]*** for ***[Name of Project/Study]***

1. Agree to serve

I agree to serve on this evaluation team. I have discussed this with my supervisor based on the procurement plan, and my vacation and training schedule and I will undertake to attend all required meetings.

2. Fair and equal treatment

I agree to ensure that each offeror is given fair and equal consideration. I will participate fully and certify that I will follow the review process as set forth in the RFP.

3.   Contact with responders

I will not participate in individual meetings or have any other individual direct contact with proposers during the evaluation process.

4.   Confidentiality

I understand the need for confidentiality.

During the evaluation process and while evaluation team meetings are in session, the evaluation team shall maintain confidentiality. I understand that in accordance with Minnesota Statutes, Section 13.591, all data submitted in response to an RFP and all data related to the evaluation of the proposals is non-public data and remains non-public data until the evaluation process is complete. No member shall transmit, communicate, or otherwise convey preliminary conclusions or results of what was proposed by the offerors, or that a particular proposal will be selected. All internal workings of the evaluation team shall be kept non-public. Unless requested or approved by the Procurement Manager, no copies of proposals shall be made or shown to anyone outside of the evaluation team.

5. No conflict of interests

I certify that neither I nor any member of my immediate family has a material personal or financial relationship with any offeror or direct competitor of any offeror under consideration by this evaluation team. I further certify that no other relationship, bias or ethical conflict exists which will prevent me from evaluating any proposal solely on its merits and in accordance with the Request for Proposal’s evaluation criteria.

Furthermore, I agree to notify the Procurement Manager immediately if my personal or financial relationship with any of the offerors changes at any time during the evaluation process, or if any other factor changes that would give rise to an actual or perceived conflict of interest.

**I have read and understand this declaration along with the attached Minnesota Statutes Section 43A.38 relating to the code of ethics for employees in the executive branch and any other similar statutes, rules or ordinances for other public employees. I agree to be bound by the rules and principles expressed in these documents. I know of no conflict of interest on my part. I have not committed nor will I commit any act that would compromise my impartiality. I have not accepted nor will I accept any gratuities or favors that would compromise my impartiality. My recommendations shall be based upon an objective review of each offeror's proposal and the appropriate award criteria stated in the solicitation.**

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Please **PRINT** First and Last Name Title

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Signature Date

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Agency Phone Number