

**[Letterhead of City/Town/Regional School District]**

**Selection Criteria Form**  
**Owner’s Project Manager**  
**Green Repair Program**

1) District Selection Committee

In accordance with “Selection and Assignment of Owner’s Project Managers – Green Repair Program,” assembled for your review and approval is the membership of the Selection Committee for (NAME OF DISTRICT). Committee Members include the following:

(Please provide name, title, address and phone number of each member.)

<b>Designation</b>	<b>Name and Title</b>	<b>E-Mail Address and Phone Number</b>
School Committee Member*		
Superintendent of schools or his/her designee*		
Local Chief Executive Officer or his/her designee*		
Other members (Please add lines, if necessary, to indicate additional members of selection committee)		

\*Required members

2) District Selection Criteria

In accordance with “Selection and Assignment of Owner’s Project Manager – Green Repair Program,” assembled for your review and approval is the Selection Criteria that the District intends to use (as noted by a check below) for selecting an Owner’s Project Manager from the applicants pre-selected through the Green Repair Program for (NAME OF SCHOOL). Selection Criteria include the following:

a.) Selection Criteria	Criteria selected
<b>Prior Similar Experience</b>	X
<b>Personnel Qualifications</b>	X
<b>Current Workload and Capacity</b>	X

Experience with Stretch Energy Code	
Knowledge of Energy Efficiency Programs	
Knowledge of Construction Procurement Law	
Additional Criteria	

(Bold selection criteria must be utilized by the District in its evaluation.)

b) Description of rating system to be used for the Selection Criteria:

(NOTE: The MSBA recommends use of a numerical rating rather than least/advantageous and highly advantageous.)

### 3) District Interviews

If the District chooses to conduct interviews after review of the applications, the District will notify the MSBA of the time and submit the interview questions for acceptance by the MSBA. The MSBA may choose to participate in the interview process.

The (NAME OF DISTRICT) recommends as outlined in steps 1 and 2 above the District Selection Committee Members and the Selection Criteria and agrees to notify the MSBA before conducting interviews, if any.

Sincerely,

By: \_\_\_\_\_  
 Authorized signature for District

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Accepted by MSBA

\_\_\_\_\_  
 Date