[Letterhead of City/Town/Regional School District]

Selection Criteria Form Designer Green Repair Program

1)	District	Selection	Committee
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In accordance with "Selection and Assignment of Designers – Green Repair Program,"	assembled
for your review and approval is the membership of the Selection Committee for	
Committee Members include the following:	

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

Designation	Name and Title	E-Mail Address and	
		Phone Number	
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 Designers – 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 a designer from the applicants pre-selected through the Green Repair Program for (NAME OF SCHOOL). Selection Criteria include the following:

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

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