

City of Miami, Department of Procurement Experience of the Lead Program Manager Reference Form - RFQ-ELPM

INSTRUCTIONS

The Proposer shall complete the following information for an ongoing or completed prior work within the stipulated time, where the Proposer believes said prior work is of equal or greater scope, size, and complexity that best represents its ability to complete the "Project." The reference provided below should be for one (1) ongoing or completed project and must comply with the requirements listed in Section 3.5 and 4.1 of the RFQ.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE PROPOSAL BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXP	PERIENCE REQUIREMENTS (To be Completed by the LPgM)	
This project reference complies with the Experience Requirement(s) under Section 3.5 and 4.1 of the RFQ.		
Yes	No Not Applicable	
REFERENCE PROJECT INFORMATION (To be Completed by the LPgM)		
Reference Project Name/Address:		
Name(s) and Role(s) of Lead PgM working on this Reference Project:		
Reference Project Description:		
Scope of Services Provided:		
Compensation for Services: \$	Project Start Date:/ Project Completion Date:/	_
Project Construction Cost: \$	Const. Start Date:/ Const. Completion Date:/	_
Lead PgM's Company Name:	Company's Contact Name:	
Lead PgM's Title/Position:	Company's Contact Phone Number:	
Company's Contact Facsimile Number: Company's Contact E-mail:		
Project Completed on Time and within Budget: Yes No Project Duration:		
If "No," was the Lead PgM at fault or did it contribute to the delay(s) or increased cost? Yes		
Quality of Services Provided: Above Expectations* Average Below Expectations (*) "Above Expectations" means there were fewer errors and omissions than anticipated.		
Did the Lead PgM provide Program/Project Mana	gement Services? Yes No N/A	
Did the Lead PgM provide Construction Managem	nent Services? Yes No N/A	
Was the Lead PgM responsive to the Project Own	ier?	
Was the Lead PgM timely in its reviews and subm	ittals?	
Reference Company Name:	Reference Name/Title & Position:	
Reference Phone Number:	Reference Contact E-mail:	
DPODOSED'S CEPTIFICATION	OF INFORMATION (to be signed by the Proposer)	

By signing below, I certify all information is true and correct to the best of my knowledge.

Proposer's Signature:

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE.

PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT

WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT

EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE

INFORMATION).