City of Miami, Department of Procurement
Experience of the Sub-Consultant / Reference Form - RFQ-ESC

INSTRUCTIONS
Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the “Project.” The reference provided below should be for one (1) project, and must comply with the requirements listed in Section 4.1(A)(6) of the RFQ. Please provide no more than three (3) projects.
FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by the Sub-Consultant)
This project reference complies with the Experience Requirement(s) under Section 4.1(A)(6) of the RFQ.
☐ Yes ☐ No ☐ Not Applicable
If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Sub-Consultant)
Reference Project Name/Address:
Name(s) and Role(s) of Consultant Personnel Working on this Reference Project:
Reference Project Description:
Scope of Services Provided:
Compensation for Services: $ Project Start Date: / Project Completion Date: /
Project Construction Cost: $ Construction Start Date: / Construction Completion Date: /
Consultant’s Company Name: Consultant’s Contact Name:
Consultant’s Title/Position: Consultant’s Contact Signature: ______________________
Consultant’s Telephone Number: Facsimile Number: E-mail:

REFERENCE PROJECT INFORMATION (To be Completed by the Project Owner)
Project Completed on Time and within Budget: ☐ Yes ☐ No Project Duration:
If “No,” was the Consultant at fault or did it contribute to the delay(s) or increased cost? ☐ Yes ☐ No
Quality of Services Provided: ☐ Above Expectations* ☐ Average ☐ Below Expectations
(*) “Above Expectations” means there were fewer errors and omissions than anticipated.

Did the Consultant provide Project Management Services? ☐ Yes ☐ No ☐ Limited Scope
Did the Consultant provide Construction Management Services? ☐ Yes ☐ No ☐ Limited Scope
Was the Consultant responsive to the Project Owner? ☐ Yes ☐ No
Was the Consultant timely in its reviews and submittals? ☐ Yes ☐ No
Reference Company Name: Reference Contact Name:
Reference Title/Position: Reference Contact Signature: ______________________
Reference Telephone Number: Facsimile Number: E-mail:
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).