

# *Request for Proposals*

## *Qualifications of Proposed Healthy and Safety Manager*

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**Instructions** (Please utilize the attached additional page, as necessary)

Proposer shall provide the following information for at least three (3) completed projects where the individual identified in the Proposer's Proposal served as the Health and Safety Manager, as defined in the RFP, for the stated projects. Each project submitted should be of equal or greater scope, size, and complexity. Provide all required information and submit this Form for each project, as required by the RFP. Failure to submit a complete Form for each project may result in the Response being rejected as non-responsive. A Reference Form RFP-HS-R, must be submitted for each Form RFP-HS that is provided.

**RFP Solicitation No.:** \_\_\_\_\_ **RFP Title:** \_\_\_\_\_

**Name of Proposer:** \_\_\_\_\_ **Name of Proposed Health and Safety Manager:** \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

**Address of Project:** \_\_\_\_\_

**Name of Project Owner:** \_\_\_\_\_ **Project Owner Contact Name:** \_\_\_\_\_

**Project Owner Contact Telephone No.:** \_\_\_\_\_ **Project Owner Contact E-mail address:** \_\_\_\_\_

**Brief Scope of Project** (additional space provided): \_\_\_\_\_

**Value of Design Fees** (if applicable): **Awarded:** \_\_\_\_\_ **Actual:** \_\_\_\_\_ N/A

**Basis for Difference in Value:** \_\_\_\_\_

**Value of Construction** (if applicable): **Awarded:** \_\_\_\_\_ **Actual:** \_\_\_\_\_ N/A

**Basis for Difference in Value:** \_\_\_\_\_

**Project Completion** (no. of calendar days): **Projected:** \_\_\_\_\_ **Actual:** \_\_\_\_\_ N/A

**Type of Project:**  Design-Bid-Build  Design/Build  CM@Risk  Other (specify): \_\_\_\_\_

**LEED or Green Globe Certified Project:**  Yes  No If yes, level of Certification: \_\_\_\_\_

**Was work performed as an employee of the Proposer?**  Yes  No

By: \_\_\_\_\_

Signature of Authorized Officer

\_\_\_\_\_

Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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Please utilize the space below, as necessary.