



**City of Miami, Department of Procurement  
Experience and Qualifications of the Lead Professional Archaeologist / Form - RFQ-LPA**

**INSTRUCTIONS**

Lead Professional Archaeologist (“LPA”) shall provide the following information for completed projects where the LPA 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) 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 LPA)**

This project reference complies with the Experience Requirement(s) under Section 4.1(A) of the RFQ.

Yes                       No                       Not Applicable

If yes, please indicate which Experience Requirement/s is/are being met with this project reference.

**REFERENCE PROJECT INFORMATION (To be Completed by the LPA)**

Reference Project Name/Address:

Name(s) and Role(s) of LPA 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:  
/

LPA’s Company Name:

LPA’s Contact Name:

LPA’s Title/Position:

LPA’s Contact Signature: \_\_\_\_\_

LPA’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 **LPA** 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 **LPA** provide Project Management Services?                       Yes     No     Limited Scope

Did the **LPA** provide Archaeological Services?                               Yes     No     Limited Scope

Was the **LPA** responsive to the Project Owner?                               Yes     No

Was the **LPA** 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).