



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

INSTRUCTIONS

Sub-Consultant/Sub-Contractor shall complete the following information for completed projects within the past five (5) years, where the Proposer believes the project 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) project and must comply with the requirements listed in Sections 2, 3.5, and 4 of the RFQ. Please provide at least one (1) project.

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

REFERENCE APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by the Sub-Consultant/Sub-Contractor)

This reference project complies with the Experience Requirement(s) under Sections 2, 3.5, and 4 of the RFQ.

Yes No Not Applicable

All information will be independently verified by Procurement staff.

REFERENCE PROJECT INFORMATION (To be Completed by the Sub-Consultant/Sub-Contractor)

Reference Project Name/Address: _____

Name(s) and Role(s) of **Sub-Consultant/Sub-Contractor** 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: ___/___/___

Sub-Consultant/Sub-Contractor's Company Name: _____

Company's Contact Name: _____

Sub-Consultant/Sub-Contractor's Title/Position: _____

Company's Contact Phone Number: _____

Company's Contact Facsimile Number: _____

Company's Contact E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by the Sub-Consultant/Sub-Contractor)

Project Completed on Time and within Budget : Yes No Project Duration: _____

If "No," was the **Sub-Consultant/Sub-Contractor** 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 **Sub-Consultant/Sub-Contractor** provide Project Management Services?

Yes

No

N/A

Did the **Sub-Consultant/Sub-Contractor** provide Construction Management Services?

Yes

No

N/A

Was the **Sub-Consultant/Sub-Contractor** responsive to the Project Owner?

Yes

No

N/A

Was the **Sub-Consultant/Sub-Contractor** timely in its reviews and submittals?

Yes

No

N/A

Reference Company Name: _____

Reference Contact Name: _____

Reference Title/Position: _____

Reference Phone Number: _____

Facsimile Number: _____

E-mail: _____

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