



City of Miami, Department of Procurement Experience of the Adaptation Specialist/Reference Form - RFP-EAS

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)(8) 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 Adaptation Specialist)

This project reference complies with the Experience Requirement(s) under Section 4.1(A)(8) of the RFQ.

Yes No Not Applicable

REFERENCE PROJECT INFORMATION (To be Completed by the Adaptation Specialist)

Reference Project Name/Address:

Name(s) and Role(s) of Adaptation Specialist 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: / /

Adaptation Specialist's Company Name:

Company's Contact Name:

Adaptation Specialist'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 Project Owner)

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

If "No," was the **Adaptation Specialist** 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 **Adaptation Specialist** provide Project Management Services? Yes No N/A

Did the **Adaptation Specialist** provide Construction Management Services? Yes No N/A

Was the **Adaptation Specialist** responsive to the Project Owner? Yes No N/A

Was the **Adaptation Specialist** timely in its reviews and submittals? Yes No N/A

Reference Company Name:

Reference Contact Name:

Reference Title/Position:

Reference Contact Signature: _____

Reference Phone 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).