

City of Miami, Department of Procurement Experience of the Project Manager / Reference Form - RFQ-EPM

INSTRUCTIONS

Project Managers 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 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)(5) 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 Project Manager) | | | | |
|---|---------------------------------|------------------------------|----------------------------|--|
| This project reference complies with the Experience Requirement(s) under Section 4.1(A)(8) of the RFQ. | | | | |
| If yes, please indicate which of the Experience Requirements are met with this project reference. | | | | |
| if yes, please indicate which of the Experience requirements are met with this project reference. | | | | |
| | | | | |
| REFERENCE PROJECT INFORMATION (To be Completed by the Project Manager) | | | | |
| Reference Project Name/Address: | | | | |
| Name(s) and Role(s) of Project Manager Working on this Reference Project: | | | | |
| Reference Project Description: | | | | |
| Scope of Services Provided: | | | | |
| Compensation for Services: \$ | Project Start Date: / | | ect Completion Date: / | |
| Project Construction Cost: \$ | Construction Star | t Date: Cons | struction Completion Date: | |
| | / | / | | |
| Project Manager's Company Name: | Company's Contact Name: | | | |
| Project Manager's Title/Position: | Consultant's Contact Signature: | | | |
| Consultant's 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 Project Manager at fault or did it contribute to the delay(s) or increased cost? Yes | | | | |
| Quality of Services Provided: Above Expectations* Average Below Expectations (*) "Above Expectations" means there were fewer errors and omissions than anticipated. | | | | |
| Did the Project Manager provide Project Ma | anagement Services? | Yes No | Limited Scope | |
| Did the Project Manager provide Construction Management Services? | | | Limited Scope | |
| Was the Project Manager responsive to the Project Owner? | | Yes No |) | |
| Was the Project Manager timely in its reviews and submittals? | | Yes No |) N/A | |
| Reference Company Name: | Refe | Reference Contact Name: | | |
| Reference Title/Position: | | Reference Contact Signature: | | |
| Reference Telephone Number: | Facsimile Number: | E-mail: | | |

RFQ-EPM Revised 7/12/18 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).