



City of Miami, Department of Procurement Experience & Qualifications Sub-Consultant / Reference Form - RFQ-EQSC

INSTRUCTIONS

Sub-Consultants shall complete the following information for completed projects within the past **three (3)** 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)(7) of the RFQ. Please provide a minimum of one (1) project.

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

APPLICABILITY TO EXPERIENCE & QUALIFICATION(S)/REFERENCE(S) (To be Completed by the Sub-Consultant)

This project reference complies with the Experience and Qualification(s) required under Section 4.1(A)(5) of the RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience and Qualification(s) that is met with this project reference.

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

Reference Project Name/Address:

Name(s) and Role(s) of Consultant Personnel 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:

/

/

Consultant's Company Name:

Consultant's Contact Name:

Consultant's Title/Position:

Consultant's Contact Signature: _____

Consultant'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 **Consultant** 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 **Consultant** provide Project Management Services? Yes No Limited Scope

Did the **Consultant** provide Construction Management Services? Yes No Limited Scope

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

Was the **Consultant** 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).