



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

### INSTRUCTIONS

The Proposer shall complete the following information for an ongoing or completed prior work within the stipulated time, where the Proposer believes said prior work 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) ongoing or completed project and must comply with the requirements listed in Section 3.5 and 4.1 of the RFQ.

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

### REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by the proposed PM)

This project reference complies with the Experience Requirement(s) under Section 3.5 and 4.1 of the RFQ.

Yes       No       Not Applicable

### REFERENCE PROJECT INFORMATION (To be Completed by the proposed PM)

Reference Project Name/Address: \_\_\_\_\_

Name(s) and Role(s) of **PM** working on this Reference Project: \_\_\_\_\_

Reference Project Description: \_\_\_\_\_

Scope of Services Provided: \_\_\_\_\_

Compensation for Services: \$ \_\_\_\_\_

Project Start Date: \_\_\_/\_\_\_/\_\_\_      Project Completion Date: \_\_\_/\_\_\_/\_\_\_

Project Construction Cost: \$ \_\_\_\_\_

Const. Start Date: \_\_\_/\_\_\_/\_\_\_      Const. Completion Date: \_\_\_/\_\_\_/\_\_\_

PM's Company Name: \_\_\_\_\_

Company's Contact Name: \_\_\_\_\_

PM's Title/Position: \_\_\_\_\_

Company's Contact Phone Number: \_\_\_\_\_

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

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

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

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

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

Reference Company Name: \_\_\_\_\_

Reference Name/Title & Position: \_\_\_\_\_

Reference Phone Number: \_\_\_\_\_

Reference Contact E-mail: \_\_\_\_\_

### PROPOSER'S CERTIFICATION OF INFORMATION (to be signed by the Proposer)

**By signing below, I certify all information is true and correct to the best of my knowledge.**

Proposer's Signature: \_\_\_\_\_

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).