



**City of Miami, Department of Procurement
Experience of the Architectural Historic Preservation Specialist
Reference Form - RFQ-EHP**

INSTRUCTIONS

The Architectural Historic Preservation Specialist (HP) shall complete the following information for an ongoing or completed project 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 Section 3.5 and 4.1 of the RFQ.

Please provide at least three (3) reference projects.

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 HP)

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 HP)

Reference Project Name/Address: _____

Name(s) and Role(s) of **HP** 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: __/__/____

HP's Company Name: _____

Company's Contact Name: _____

HP'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 **HP** 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 **HP** provide Project Management Services? Yes No N/A

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

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

Was the **HP** 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).