

## City of Miami, Department of Procurement Experience of the Sub-Consultant/Sub-Contractor /Reference Form - RFQ-ESC

## **INSTRUCTIONS**

Sub-Consultant/Sub-Contractor 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 3.5 of the RFQ. Please provide at least one (1) project.

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 Sub-Consultant/Sub-Contractor)				
This project reference complies with the Experience Requirement(s) under Section 3.5 of the RFQ.				
Yes	No Not Applicab	ie		
REFERENCE PROJECT INFORMATION (To be Completed by the Sub-Consultant/Sub-Contractor)				
Reference Project Name/Address:				
Name(s) and Role(s) of <b>Sub-Consultant/Sub-Contractor</b> 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:	Constructio	n Completic	n Date:
	_/			
Sub-Consultant/Sub-Contractor's Company Name: Company's Contact Name:				
Sub-Consultant/Sub-Contractor'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 <b>Sub-Consultant/Sub-Contractor</b> 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 <b>Sub-Consultant/Sub-Contractor</b> provide Proj	ect Management Services?	Yes	☐ No	□ N/A
Did the <b>Sub-Consultant/Sub-Contractor</b> provide Construction Management Services?		Yes	☐ No	☐ N/A
Was the <b>Sub-Consultant/Sub-Contractor</b> responsive to the Project Owner?		Yes	☐ No	☐ N/A
Was the <b>Sub-Consultant/Sub-Contractor</b> 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: Facsii	mile Number: E-ma	nil:		

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).