Request for Qualifications Qualifications of Proposed Certified Arborist

Instructions (Please utilize the attached additional page, as necessary)

Proposer shall provide the following information for at least three (3) completed projects where the individual identified in the Proposer's Proposal served as the **Certified Arborist**, as defined in the RFQ, for the stated projects/phases. Each project submitted should be of equal or greater scope, size, and complexity. Provide all required information and submit this Form for each project, as required by the RFQ. Failure to submit a completed Form for each project may result in the Proposal being rejected as non-responsive. Reference Form RFQ-CA-R must be completed for each Form RFQ-CA submitted.

RFQ No.: RFQ Title:			
Name of Proposer:	Na	me of Proposed Certified Arborist:	
Name of Project:			
Address of Project:			
Name of Project Owner:		Project Owner Contact Name:	
Project Owner Contact Telephone No.:		Project Owner Contact E-mail address:	
Brief Scope of Project (additional sp	ace provided):		
Value of Design Fees (if applicable): Awarded:		Actual:	N/A 🗌
Basis for Difference in Value:			
Value of Construction (if applicable): Awarded:		Actual:	N/A 🗌
Basis for Difference in Value:			
Project Completion (no. of calendar days): Projected:		Actual:	N/A 🗌
Type of Project: Design-Bid-Build	d 🗌 Design/Build 🔲 0	CM@Risk	
LEED or Green Globe Certified Proj	ject: 🗌 Yes 🔲 No If y	es, level of Certification:	
Was work performed as an employe	ee of the Proposer?	☐ Yes ☐ No	
Ву:			
Signature of Authorized Office	er	Date	
Printed Name		Title	

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Please utilize the space below, as necessary.