

RELATED PROJECT EXPERIENCE FORM

PROJECT TITLE:	RFQ #:
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PROPOSER (PRIME):	RFQ Response Due Date:
	Joint Venture <input type="checkbox"/>

PROJECT TITLE:	RELATED Project EXP: <i>(check only one box)</i> <input type="checkbox"/> a. Florida Public School Systems (K-12) <input type="checkbox"/> b. Other
PROJECT LOCATION:	
PROJECT DELIVERY METHOD: <i>(check only one box)</i> <input type="checkbox"/> CM <input type="checkbox"/> Design-Build <input type="checkbox"/> PM <input type="checkbox"/> CMR Misc. (w/GMP) <input type="checkbox"/> CMR (w/GMP) <input type="checkbox"/> Traditional (D/B/B) <input type="checkbox"/> Other: _____	FIRM'S CONTRACTUAL RELATIONSHIP TO OWNER ON THIS PROJECT:

OWNER (project user / agency's representative)			
Name:			
Address:	City:	State:	Zip:
Current Phone Number:	Current Fax Number:		
E-mail Address:			

ARCHITECT OR ENGINEER (project owner's representative)			
Name:			
Address:	City:	State:	Zip:
Current Phone Number:	Current Fax Number:		
E-mail Address:			

DESCRIPTION OF THE PROJECT AND SERVICES: *(attach photos that represent the work performed by the firm)*

PROJECT COMPLETION DATE: _____ month / day / year	CONSTRUCTION COST: \$
	SIZE OF PROJECT: _____ (gsf of construction)

CURRENT STATUS OF THIS PROJECT: ☒ Punch List ☐ Closeout ☐ Warranty ☐ Post Warranty

[illegible]