

Project-specific References Disclosure Form

Form B

Project: Paseo De Los Santos Acceleration and Deceleration Lane Project

Owner: Webb County, Texas

Commissioner Precinct: Precinct 1

Instructions

The Respondent shall provide a minimum of **five (5) recent references** for similar work performed within the last ten (10) years. Preference should be given to **governmental entity** funded projects.

Webb County reserves the right to contact all references provided and to consider past performance in determining responsiveness and responsibility.

A. Firm Information

Legal Name of Firm:

Primary Contact Person:

Title: _____

Phone: _____

Email: _____

B. Reference Requirements (Minimum Five Required)

Preference Order:

1. Texas county or municipal government projects
2. Other state or local governmental entities
3. Large-scale private infrastructure projects (if applicable)

C. Project Reference Information

Provide complete information for each reference:

Reference 1

Client Name (Government Entity Preferred):

Project Name:

Funding Source (State / Local / Other):

Project Description (brief):

Contract Value: \$ _____

Completion Date: _____

Client Contact Name:

Title: _____

Phone: _____

Email: _____

Reference 2

Client Name (Government Entity Preferred):

Project Name:

Funding Source (State / Local / Other):

Project Description (brief):

Contract Value: \$ _____

Completion Date: _____

Client Contact Name:

Title: _____

Phone: _____

Email: _____

Reference 3

Client Name (Government Entity Preferred):

Project Name:

Funding Source (State / Local / Other):

Project Description (brief):

Contract Value: \$ _____

Completion Date: _____

Client Contact Name:

Title: _____

Phone: _____

Email: _____

Reference 4

Client Name (Government Entity Preferred):

Project Name:

Funding Source (State / Local / Other):

Project Description (brief):

Contract Value: \$_____

Completion Date: _____

Client Contact Name:

Title: _____

Phone: _____

Email: _____

Reference 5

Client Name (Government Entity Preferred):

Project Name:

Funding Source (State / Local / Other):

Project Description (brief):

Contract Value: \$_____

Completion Date: _____

Client Contact Name:

Title: _____

Phone: _____

Email: _____

D. Certification of Accuracy

The Respondent certifies that all information provided in this References & Prior Project Experience Form is true, correct, and complete to the best of its knowledge. The Respondent acknowledges that Webb County may verify any and all references provided and that falsification or misrepresentation may result in disqualification from consideration or termination of contract award.

E. Authorization to Contact References

☐ The Respondent authorizes Webb County, its agents, and representatives to contact all references listed herein for purposes of evaluating past performance and responsibility.

Material Representation

The Respondent acknowledges that this form constitutes a material representation of fact upon which Webb County may rely in evaluating qualifications and awarding a contract. False or misleading information may result in rejection of the proposal and/or contract termination.

Authorized Certification

Printed Name: _____

Title: _____

Signature: _____

Date: _____