



Miami-Dade County Public Schools

RELATED PROJECT EXPERIENCE FORM

(Make copies of this form and use to submit projects for FORM 1, part 2, categories A.1 & A.2 – Submit one form, FM-6686 per project)

M-DCPS PROJECT TITLE:	PROJECT #:
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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>
PROJECT LOCATION:	<input type="checkbox"/> A.1 Florida Public School Systems (K-20)
	<input type="checkbox"/> A.2 Other
PROJECT DELIVERY METHOD: <i>(check only one box)</i>	FIRM'S CONTRACTUAL RELATIONSHIP TO OWNER ON THIS PROJECT:
<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: _____	

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

PROJECT MANAGER AND OTHER KEY PROFESSIONALS INVOLVED ON THE LISTED PROJECT:
(check box only if proposer intends to assign this professional to the proposed M-DCPS project)

NAME:	PROJECT RESPONSIBILITIES:
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	