



Miami-Dade County Public Schools

RELATED PROJECT EXPERIENCE FORM

(Make copies of this form and use to list projects for categories A.1, A.2 & A.3 - Submit one form per project)

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--------|
| M-DCPS PROJECT TITLE: | | PROJECT #: | |
| FIRM: | | Application Date: | |
| | | Joint Venture <input type="checkbox"/> | |
| PROJECT TITLE: | | RELATED Project EXP: (check only one box) | |
| PROJECT LOCATION: | | <input type="checkbox"/> A.1 Educational Facilities | |
| | | <input type="checkbox"/> A.2 Public Agency Facilities | |
| | | <input type="checkbox"/> A.3 Private Facilities | |
| PROJECT DELIVERY METHOD: (check only one box) | | FIRM'S CONTRACTUAL RELATIONSHIP TO OWNER ON THIS PROJECT: | |
| <input type="checkbox"/> CM | | <input type="checkbox"/> Design-Build | |
| <input type="checkbox"/> CM at-risk (w/ GMP) | | <input type="checkbox"/> PM | |
| <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: _____ | | CONSTRUCTION COST: \$ | |
| <i>month /day/ year</i> | | SIZE OF PROJECT: _____ | |
| | | <i>(gsf of construction)</i> | |
| CURRENT STATUS OF THIS PROJECT: <input type="checkbox"/> Punch List <input type="checkbox"/> Closeout <input type="checkbox"/> Warranty <input type="checkbox"/> Post Warranty | | | |
| PROJECT MANAGER AND OTHER KEY PROFESSIONALS INVOLVED ON THE LISTED PROJECT: | | | |
| <i>(check box only if proposer intends to assign this professional to the proposed M-DCPS project)</i> | | | |
| NAME: | | PROJECT RESPONSIBILITIES: | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |