



Miami-Dade County Public Schools
CxA Services
PROPOSED STAFF FORM
(Submit one form for each employee)

M-DCPS CONTRACT TITLE: CxA Services	TERM CONTRACT #:
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PROPOSER NAME:	Proposal Date: _____ Joint Venture: <input type="checkbox"/>
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EMPLOYEE NAME: <input type="checkbox"/> Works for Subconsultant _____	TITLE:	CHECK ONLY ONE: <input type="checkbox"/> 4A Registered Professionals <input type="checkbox"/> 4B Licensed Contractor <input type="checkbox"/> 4C Technical Personnel
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% of time to be assigned to the proposed contract:	Years with firm:	Years with other firms:
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PROJECT TYPE	Project Type: A. Florida Public Educational System, B. Governmental Agency, C. Private Sector, D. Term Contracts
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PROJECT TYPE	PROJECT TITLE (list up to 5 related projects)	EMPLOYEE'S INVOLVEMENT

EDUCATION: <i>(highest level achieved, degree earned, school & year)</i>

REGISTRATION(S) & LICENSE(S):
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OTHER QUALIFICATIONS:

EMPLOYEE'S EXPERIENCE <i>(check all that apply):</i>	<input type="checkbox"/> Design Review <input type="checkbox"/> Cx Plan <input type="checkbox"/> Functional Test Supervision <input type="checkbox"/> Elect. System Commissioning <input type="checkbox"/> Other: _____	<input type="checkbox"/> HVAC/Syst. Commissioning <input type="checkbox"/> Major Performance Analysis <input type="checkbox"/> Trouble Shooting <input type="checkbox"/> Corrective Action Reports <input type="checkbox"/> Other: _____	<input type="checkbox"/> LEED AP <i>(or equivalent)</i> _____ <input type="checkbox"/> BCCB Accredited <i>(or equivalent)</i> _____
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