



SalusCare Experience of the Proposer/Prime Consultant Reference Form - RFQ-EPC

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than five (5) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by the Prime Consultant)

This project reference complies with the Experience Requirement(s) of RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Prime Consultant)

Reference Project Name/Address: _____

Name(s) and Role(s) of Consultant Personnel Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Project Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Construction Completion Date: _____

Consultant's Company Name: _____ Consultant's Contact Name: _____

Consultant's Title/Position: _____ Consultant's Contact Signature: _____

Consultant's Telephone Number: _____ Facsimile Number: _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by the Project Owner)

Project Completed on Time and within Budget Yes No Project Duration: _____

If "No," was the **Consultant** at fault or did it contribute to the delay(s) or increased cost? Yes No

Quality of Services Provided: Above Expectations* Average Below Expectations

(*) "Above Expectations" means there were fewer errors and omissions than anticipated.

Did the **Consultant** provide Project Management Services? Did Yes No Limited Scope

the **Consultant** provide Construction Management Services? Yes No Limited Scope

Was the **Consultant** responsive to the Project Owner? Was the Yes No

Consultant timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone Number: _____ Facsimile Number: _____ E-mail: _____

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).