Form B: Experience of Proponent and Subconsultant

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| [ ] **Proponent**[ ] **Subconsultant**  | **Name:** | **Project # :** |
| **Project Name:** |  |
| **Start Date: Month/Year** |  | **Completion Date:** |  |
| **Project Description:** *Include project owner, project objectives, and other relevant information demonstrating similarity to project criteria in B9.3* |
| **Consultant Services Description:***Provide clear and comprehensive description of the consultant services, details of the role of the consultant/ Subconsultant, and assignment outcomes and achievements.* |
| **Reference #1:** *References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.*Name:Title/Function:Email:Phone Number: |
| **Reference #2:** *References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.*Name:Title/Function:Email:Phone Number: |

|  |  |
| --- | --- |
| **Proponent Representative Signature:** | **Subconsultant Representative Signature:** |
|  |  |
| **Date:** |  |  |

**Repeat the above for each project related to B9.3 on additional sheets**