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: | | | |

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

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