|  |  |
| --- | --- |
|  | SCHEDULE B – FORM OF SUBMISSION |

**RESPONDENT’S REQUEST FOR EXPRESSIONS OF INTEREST**

**AND**

**STATEMENTS OF QUALIFICATIONS**

This document is intended to provide the City with information on the capacity, skill, and experience and qualifications of the Contractor.

**Notes:**

**1. Additional rows/lines or additional pages may be added as necessary.**

**2. While there is not limit on the number of pages to be submitted, to facilitate the evaluation process provide only relevant information.**

**3. The inclusion of corporate brochures and other advertising materials is discouraged.**

**PROJECT TITLE: PREQUALIFICATION OF GENERAL CONTRACTORS FOR CONSTUCTION SERVICES OF BEAR CREEK PARK ATHLETIC CENTRE GRANDSTAND**

**Reference No.: 1220-050-2022-003**

**Submitted To:**

City Representative: Sunny Kaila, Manager, Procurement Services

Email for PDF Files: purchasing@surrey.ca

|  |  |
| --- | --- |
| SECTION A. | GENERAL INFORMATION |

|  |  |
| --- | --- |
| 1. |  |
|  | Full Legal Name of Firm |
| 2. |  |
|  | Business Address |
| 3. | Business Phone No.: |  |  | Business Fax No.: |  |
| 4. | Business Email Address: |  |  | Website Address: |  |

5. Contact for prequalification inquiries (full name, position and email address):

6. Contact for general inquiries (full name, position and email address):

|  |  |
| --- | --- |
| SECTION B. | RESPONDENT’S COMPANY PROFILE |

7. How many years has your organization been in business as a contractor? \_\_\_\_\_\_\_\_\_\_\_\_

8. **Form of Business Organization:**

|  |  |  |
| --- | --- | --- |
| [ ]  | Sole Proprietorship |  |
| [ ]  | Partnership – jurisdiction and date of establishment: |  |
| [ ]  | Corporation – jurisdiction and date of incorporation: |  |
| [ ]  | Joint Venture – identify all joint venturers, and who has primary responsibility for this RFEOI/SOQ: |  |

9. **Respondent Summary** (Note: Provide background information (brief history, size, services offered, etc.))

|  |
| --- |
| Comments: |
| SECTION C. | RESPONDENT’S FINANCIAL REFERENCES |

**Insurance Reference:**

10. Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Are you able to provide General Liability Insurance, on an occurrence basis, in the amount of not less than $5,000,000 (CAD) with an insurer licensed in British Columbia for bodily injury, (including death) and damage to property including loss of use thereof? [ ]  Yes [ ]  No

15. Are you able to provide Automobile Liability Insurance for a limit of not less than $3,000,000 (CAD) for all owned, leased or rented licensed vehicles used in the performance of Work and shall include third party liability? [ ]  Yes [ ]  No

16. Are you able to provide All Risk Course of Construction (Builder’s Risk) Insurance for the value of the work performed and the full value of products specified by the City, if any, for incorporation into contract works? [ ]  Yes [ ]  No

17. Are you able to provide Contractor's Equipment Insurance covering at least the actual cash value of owned or leased construction machinery and equipment used in the performance of the Work and shall include a waiver of rights of subrogation against the Owner and the Consultant? [ ]  Yes [ ]  No

18. Do you carry Professional Errors and Omissions Insurance? [ ]  Yes [ ]  No If “Yes”, provide the following details:

 (i) Amount of coverage:

 (a) Per Occurrence/Claim: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) Aggregate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*Note: Refer also to the City’s sample insurance certificate form available on the City's web site at* [*www.surrey.ca*](http://www.surrey.ca) *(search "Insurance Certificates") titled City of Surrey Certificate of Insurance Standard Form.]*

**Bonding Reference:**

19. Name of Bonding Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Telephone/Fax Numbers: Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Business Fax: \_\_\_\_\_\_\_\_\_\_\_\_

23. Email of Surety Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Can your firm provide a Bid Bond? ❒ Yes ❒ No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. Can your firm provide a Performance Bond? ❒ Yes ❒ No Bonding Limit: $\_\_\_\_\_\_\_\_\_\_\_\_

26. Can your firm provide a Labour & Material Payment Bond? ❒ Yes ❒ No

 Bonding Limit: $\_\_\_\_\_\_\_\_\_\_

27. Current Bonding in Effect: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. Value of construction work projected for current year and the actual value for the past four years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** |  |  | **Value (Labour, Equipment and Materials)** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | $ |  |

29. Indicate the dollar volume of work for which you presently have contracts, but have not started or completed to date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| SECTION D. | EXPERIENCE, REPUTATION AND RESOURCES |

30. **Experience:**

 (a) Respondent should describe your relevant experience and qualifications delivering construction services the same/similar to that described in Schedule A – Scope of Services of this RFEOI/SOQ.

|  |
| --- |
| Comments: |

 (b) Respondent should describe your relevant experience, capability, qualifications and resources with both steel and heavy timber construction.

|  |
| --- |
| Comments: |

(c) Respondent should describe your relevant experience, capability, resources and qualifications with pre-cast concrete work.

|  |
| --- |
| Comments: |

31. **Capacity:** Respondent should describe your capacity to take on the construction Services within the expectations as described in Schedule A – Scope of Services of this RFEOI/SOQ:

|  |
| --- |
| Comments: |

32. Principal projects completed in the past five years. Listed in Appendix “A”. [As attached]

33. Similar or related projects completed. Listed in Appendix “B”. [As attached]

34. Major projects underway this date. Listed in Appendix “C”. [As attached]

35. **Key Personnel**: *[Note: List key personnel who would be involved in the Project (for example: senior management, construction site superintendent, performance and contract manager, etc.). Include a brief description of their experience and qualifications and can deliver the Project. By completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to the City in accordance with privacy laws.]*

|  |  |
| --- | --- |
| **Name:** | **Title / Position:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

36. **Sub-Contractors**: Respondents should provide the following information on the background and experience of all preferred sub-contractors proposed to undertake a portion of the Services. Where final selection has not been made, identify potential subcontractors from which the selection will be made. If none, indicate “Not Applicable”. If any are individuals, by completing this information, you warrant and represent you have each individual’s consent to disclosure of their personal information to the City in accordance with privacy laws. (use the spaces provided and/or attach additional pages, if necessary):

| **Name and Address** | **Contact Name & Phone Number** | **Area of Responsibility** | **Experience (including years working with Respondent)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

37. Do you evaluate the ability of subcontractors to comply with applicable Health, Safety and Environment requirements as part of the selection process? [ ]  Yes [ ]  No

38. Do you include subcontractors in:

* Audits [ ]  Yes [ ]  No
* Health, Safety and Environment Meetings? [ ]  Yes [ ]  No
* Health, Safety and Environment Orientation? [ ]  Yes [ ]  No
* Inspections? [ ]  Yes [ ]  No
* Do your subcontractors have a written Health, Safety and Environment Management Program or system? [ ]  Yes [ ]  No
* Do you use Health, Safety and Environment performance criteria in the selection of subcontractors? [ ]  Yes [ ]  No

39. **Conflict of Interest:** – *check as applicable*

|  |  |
| --- | --- |
| [ ]  | [ ]  To the best of the Respondent’s knowledge, upon undertaking appropriate investigation and due diligence, the Respondent is not aware of any employees or persons who may be involved in this project, being “Associates”[[1]](#footnote-1) of City of Surrey, employees or officers. |
| [ ]  | [ ]  The Respondent is aware of conflict(s) of interest or potential conflict(s) of interest, as follows:*(Note: Identify parties and their role in the project, confirm their relationship based on the definition of “Associate”, and described the proposed solution to manage, minimize or eliminate any perceived or actual conflict(s).* |
|  |  |
|  |  |

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| --- | --- |
| SECTION E. | RESPONDENT’S TECHNICAL RESPONSE |

40. **Equipment and Other Resources**:

 (a) Respondent should describe the equipment, technologies, and other resources you could utilize to perform the Work efficiently and effectively and to meet the potential turnaround times.

|  |
| --- |
| Comments: |

 (b) Do you maintain a list of the major equipment (e.g., cranes, forklifts) your company has available for work at this site, and the method of establishing the competencies to operate this equipment?

 [ ]  Yes [ ]  No. Respondent should provide a representative list of major equipment and size.

 (c) Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with the regulatory requirements? [ ]  Yes [ ]  No

 (d) Do you maintain operating equipment in compliance with the manufacturer’s and any local legislative requirements? [ ]  Yes [ ]  No

 (e) Do you maintain the applicable inspection and maintenance certification records for operating equipment? [ ]  Yes [ ]  No

41. **Health**, **Safety and Protection**: Utilization of Occupational Health and Safety (OH&S) – Contractor should provide evidence of a current program in place, including Covid-19 safety protocols. Provide a sample or example OH & S program with general safety program for all workers.

Do you have specific Health and Safety Training Program for all personnel?

[ ]  Yes [ ]  No

Do you have comprehensive COVID-19 protocols in place? If yes, provide a copy.

[ ]  Yes [ ]  No

Have your employees received the required Health and Safety training and retraining?

[ ]  Yes [ ]  No

[ ]  Corporate OH&S policy attached (please tick to confirm).

42. Due to the current COVID-19 situation, the Contractor should provide response to the following (use the spaces provided and/or attach additional pages, if necessary):

1. **Risk Mitigation Plan**: information that adheres to the current guidelines on HealthLinkBC and WorkSafeBC, that addresses at minimum, the following:

**(i)** preventative measures (e.g., social and physical distancing and supplies).

(ii) policies for employees related to sickness (e.g., the steps you are taking to protect the health and safety of your staff, your plan for employees who may have, or think they may have, been exposed to the virus, have tested positive or are exhibiting symptoms).

1. **Business Continuity Plan**: For execution of Services provide information on how the Contractor is planning to minimize known and reasonably foreseeable impacts of COVID-19 on your workplace. This plan should address, at minimum:

i. Training for staff and back-up resources;

ii. Staff absences (e.g., planning for significant staff absences);

iii. Potential material supply; and

iv. Any other current or reasonably foreseeable COVID-19 impacts to the delivery of the Services.

43. **Customer Satisfaction**: Indicate whether you have a formal documented customer satisfaction program and formal quality assurance program. If so, provide details including how these programs work and how often reviews are performed. Provide a written summary of the programs. Explain how these programs would be implemented at the City and how your company would ensure deficiencies in the performance of security services are corrected and standards are maintained.

|  |
| --- |
| Comments: |

44. **Quality Assurance and Quality Control:**

 (a) Describe your quality assurance program:

|  |
| --- |
| Comments: |

 (b) Describe how you would maintain quality control and meet quality standards in the performance of the Work:

|  |
| --- |
| Comments: |

45. **Customer Service**: [Note: Describe your customer service approach, including issues management, reporting, etc.]

 (a) Customer Service:

|  |
| --- |
| Comments: |

 (b) Response and Escalation – Describe your escalation process to resolve dispute and manage issues that arise.

|  |
| --- |
| Comments: |

46. Has your firm or any predecessor firm defaulted on a contract or had work terminated for non-performance within the last five (5) years? [ ]  Yes [ ]  No. If “Yes”, Respondent should briefly describe the project, owner, date and the circumstances/reason(s):

|  |
| --- |
| Comments: |

47. **Scheduling**:

|  |  |
| --- | --- |
| (a) Does your firm use the critical path method? | [ ]  Yes [ ]  No |
| (b) Does your firm use computerized scheduling? |  [ ]  Yes [ ]  No |
| (c) If so, what software is used? |  |

|  |
| --- |
| Comments: |

48. **Other Information:** Provide any other details and information you consider relevant or applicable to the RFEOI/SOQ and your Submission or that specifically differentiates your Submission from others.

|  |
| --- |
| Comments: |

This Submission is submitted this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022.

**I/We have the authority to bind the Respondent.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Respondent ) (Name of Respondent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Authorized Signatory) (Signature of Authorized Signatory)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name and Position of Authorized Signatory) (Print Name and Position of Authorized Signatory)

### APPENDIX APRINCIPAL PROJECTS COMPLETED IN THE PAST FIVE YEARS

|  |
| --- |
| (If space is insufficient, additional lines or pages may be added, if necessary) |

**Ref. #1. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Contract Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcontract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #2. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Contract Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcontract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #3. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Contract Value: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final Contract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subcontract Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Planned Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### APPENDIX BSIMILAR OR RELATED PROJECTS COMPLETED

|  |
| --- |
| (If space is insufficient, additional lines or pages may be added, if necessary) |

**Ref. #1. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent (%) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #2. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent (%) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ref. #3. Project Title and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_

Project Description/Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subcontract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percent (%) Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contract Owner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Consultant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus. Telephone/Fax Numbers: Bus. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bus. Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### APPENDIX CMAJOR PROEJCTS UNDERWAY AS OF THE DATE OF SUBMISSION

(If space is insufficient, additional lines or pages may be added, if necessary)

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role (i.e., General Contractor, Sub):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Owner (or Consultant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Refer To (Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role (i.e., General Contractor, Sub):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Owner (or Consultant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Refer To (Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role (i.e., General Contractor, Sub):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Owner (or Consultant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Refer To (Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax Numbers: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail of Project Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. "Associate" means (a) a spouse, (b) a parent, sibling, son or daughter, or the spouse of any one of them, (c) a relative who lives in the person’s home, (d) a company in which a person owns shares carrying more than 10% of the voting rights attached to all shares of the corporation, (e) a person’s business partner, or (f) a trust or estate of which a person is one of the main beneficiaries or for which the person serves as a trustee. [↑](#footnote-ref-1)