Form C: 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; size of electrical power transmission and transformation system and other relevant information demonstrating similarity to project criteria in B10.3*. | | | | | | |
| **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.* | | | | | | |
| **Original and Final Cost**  *Provide this information for the consultant services assignment value of scope performed and the construction.* *Identify the amount of scope changes and the reasons for each of them.* | | | | | | |
| **Design and construction schedules**  *Include anticipated project schedule and actual project delivery schedule, showing design and construction separately and provide the reasons for any discrepancies between the two (if any).* | | | | | | |
|  | |  | | | | |
| **Reference Name** | | **Title/Function** | | **Email** | | **Phone Number** |
| **#1** | |  | |  | |  |
| **#2** | |  | |  | |  |

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