Form B: Experience of Proponent and Subconsultants

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| [ ] **Proponent**[ ] **Subconsultant** | **Name:** | [ ] **Reference Project #1**[ ] **Reference Project #2**[ ] **Reference Project #3** |
| **Project Name:** |  |
| **Project Start Date: Month/Year** |  | **Commissioned Date or Substantial Completion Date:** |  |
| **Project Description:** *Include project owner, project objectives, and other relevant information demonstrating similarity to project criteria in B27.2* |
| **Systems Integrator Services Description:***Provide a clear and comprehensive description of the Systems Integrator services, details of the role of the Proponent/Subcontractors, and assignment outcomes and achievements.* |
| **Reference #1:** *References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.*Client Name:Position/Title/Function:Email Address:Telephone Number: |
| **Reference #2:** *References should have worked directly on the projects described, such as the Project Manager or Contract Administrator.*Client Name:Contact Name:Position/Title/Function:Email Address:Telephone Number: |

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

**Repeat the above for each reference project related to B27.2 on additional sheets**