## **Proposer Name:**

**Relevant Projects:** Provide a minimum of three (3) project references including a brief history of the proposer's experience with Construction Management task performed for at least three (3) commercial project references whom the proposer has contracted work with within the last five (5) years. Government references preferred.

Owner Name:			PROJECT 1 Summary of Project Scope:
Project Name:			
Project Address:			
Troject riddress.			
		_	
Owner			
Representative:			
Representative			
Telephone:			
E-Mail:			
Project Cost:	GMP \$		
Troject Cost.	Φ.		
		(calendar days)	
Project Schedule:	Planned		
	Actual	(calendar days)	
	Sq. Ft.		
Project Size:			
Owner Name:			PROJECT 2 Summary of Project Scope:
<b>Project Name:</b>			
Project Address:			
		_	
Owner			
Representative:			
	-		
Representative			
Telephone:	-		
Email:			
<b>Project Cost:</b>	GMP		
	Final		
	Planned		
	Actual		
	Sq. Ft.		
Project Size		_	
Owner Name:			PROJECT 3 Summary of Project Scope:
Project Name:	-		12002010 building of 110,000 beopt
Project Address:			
Troject Address.			
Owner			
Representative:			
Representative			
Telephone:			
E-Mail:			
	GMP \$		
<b>Project Cost:</b>	Φ.		
Schedule:	Planned	(calendar days)	
	Actual	(calendar days)	
	Sq. Ft.		
Project Size:	-		

## **Proposer Name:**

**Relevant Projects:** Provide a minimum of three (3) project references including a brief history of the proposer's experience with Construction Management task performed for at least three (3) commercial project references whom the proposer has contracted work with within the last five (5) years. Government references preferred.

Owner Name:				PROJECT 4 Summary of Project Scope:
Project Name:				
Project Address:				
·			_	
			-	
Owner				
Representative::				
Representative			_	
Telephone:				
E-Mail:				
Project Cost:	GMP	\$		
110,000 0000	Final	\$		
Schedule:	Planned	4	(calendar days)	
Schedule.	Actual	-	(calendar days)	
	Sq. Ft.	-		
	sq. rt.			
Project Size				DDO YEST ES
Owner Name:				PROJECT 5 Summary of Project Scope:
Project Name:				
Project Address:				
			_	
Owner				
Representative:				
Representative				
Telephone:				
E-Mail:				
<b>Project Cost:</b>	GMP	\$		
	Final	\$		
Schedule:	Planned		(calendar days)	
	Actual	-	(calendar days)	
	Sq. Ft			
Project Size:				
Project Size:				