Form D: Experience of Proponent and Subconsultants

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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 Water or Waste Water Treatment facility and other relevant information demonstrating similarity to project criteria in B9.3* |
| **Costing Services Description:***Provide clear and comprehensive description of the costing services provided, details of the role of the proponent / subconsultant. As may be shared, attach example excerpts of costing services documentation that was provided.*  |
| **Estimate:***Provide cost estimate value, associated costing accuracy and indicate the percentage of design available at the time the costing services were performed*  |
| **Relevance:** *Provide related information to help disclose the relevance of the costing performed. e.g. comparative actual construction costs, tender closing values, valuation of associated scope changes, narrative of major scope changes or other implicating factors.* |
| **Reference Name**  | **Title/Function**  | **Email** | **Phone Number** |
| **#1** |  |  |  |
| **#2** |  |  |  |