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**