NOTE: Complete one 2-page form for each of the 5 “most relevant” projects.

Experience Of (firm and/or person):

Project Information

Project # and Title: ___________________________ Project Location: ______________________
Role(s) in project (principal/prime, consultant/sub-consultant, or individual experience) and services provided:

______________________________________________________________________________________________________

Current Status: ___________________________ Construction Cost: ___________________________
LEED-Certified? __________ Delivery Method (CM, DB, etc.): ___________________________
Construction Start (NTP) Date: ________________ Substantial Completion Date: ________________

Staffing Information (for this project)

Principal: ________________________________ On proposed UWF team? □ YES □ NO
Design Lead: ______________________________ On proposed UWF team? □ YES □ NO
Project Manager.: _________________________ On proposed UWF team? □ YES □ NO
Designer: ________________________________ On proposed UWF team? □ YES □ NO
Designer: ________________________________ On proposed UWF team? □ YES □ NO
(Other): ________________________________ On proposed UWF team? □ YES □ NO
(Other): ________________________________ On proposed UWF team? □ YES □ NO

Narrative description of facility, including space type(s), major redesign/branding components, and construction involved, if any:

________________________________________________________________________________________

________________________________________________________________________________________

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Explanation of relevance/similarity:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Experience continued

Owner Contact Information
Owner/Client: ________________________________ Contact Person or PM: ________________________________
Address: ______________________________________________________________________________________
Phone and Fax: ________________________________ E-mail Address: ________________________________

Builder Contact Information
Contractor: ________________________________ Contact Person or PM: ________________________________
Address: ______________________________________________________________________________________
Phone and Fax: ________________________________ E-mail Address: ________________________________

Design Partner Information (engineer if this project illustrates experience of architect)
Firm: ________________________________ Contact Person or PM: ________________________________
Design Discipline: ________________________________
Address: ______________________________________________________________________________________
Phone and Fax: ________________________________ E-mail Address: ________________________________

Design Partner Information (engineer if this project illustrates experience of architect)
Firm: ________________________________ Contact Person or PM: ________________________________
Design Discipline: ________________________________
Address: ______________________________________________________________________________________
Phone and Fax: ________________________________ E-mail Address: ________________________________

Design Partner Information (architect if this project illustrates experience of engineer)
Firm: ________________________________ Contact Person or PM: ________________________________
Design Discipline: ________________________________
Address: ______________________________________________________________________________________
Phone and Fax: ________________________________ E-mail Address: ________________________________