

Reference Form

NORTHEAST MARYLAND WASTE DISPOSAL AUTHORITY - CONSULTING SERVICES REQUEST FOR QUALIFICATIONS REPRESENTATIVE PROJECT INFORMATION AND REFERENCE FORM

PART A: PROJECT INFORMATION FORM - TO BE FILLED OUT BY OFFEROR/CONTRACTOR

To: _____ is applying for
(NAME OF REFERENCE) (NAME OF OFFEROR/CONTRACTOR)

qualification with the Northeast Maryland Waste Disposal Authority in order to propose on conceptual and final design and permitting services for landfill expansion and a resource recovery park. We have chosen you as a reference based on our work on the project identified below.

Please complete Part B, Reference of this Form and return both pages to RFP for Carroll County Resource Recovery Park Project, Northeast Maryland Waste Disposal Authority, by email to procurement@nmwda.org by _____.

Thank you for your assistance.

(SIGNATURE) (DATE) (FIRM/COMPANY)

(PRINTED NAME) (ADDRESS)

(TITLE)

PROJECT INFORMATION

REPRESENTATIVE PROJECT ID #:

Project Title: _____	Bid/Initial Cost: \$ _____
Project Location: _____	Owner Initiated Changes: \$ _____
Date Completed: _____	Non-Owner Initiated Changes: \$ _____
Project Description: _____	Final Cost: \$ _____

Amount of Work Completed by Prime Contractor & Major Subcontractors		List Actual \$ OR % of Total Project Cost	
Prime Contractor:		\$	%
Sub-Contractors:			
1		\$	%
2		\$	%
3		\$	%
4		\$	%
5		\$	%

PART B: TO BE FILLED OUT BY REFERENCE					
Is the project information on Page 1 correct?					
What was your role in the project?					
Circle the appropriate ratings for each listed factor:	Poor	Below Average	Average	Above Average	Excellent
PROJECT EXECUTION					
Scheduling and Coordination of Work	1	2	3	4	5
Scheduling and Coordination of Subcontractors	1	2	3	4	5
Responsiveness to Changing Conditions	1	2	3	4	5
Time to Complete Project	1	2	3	4	5
Project Closeout	1	2	3	4	5
Professionalism/Courtesy	1	2	3	4	5
QUALITY					
Ability to Perform	1	2	3	4	5
Accuracy and Quality of Documentation	1	2	3	4	5
Overall Quality of Work	1	2	3	4	5
Quality of Subcontractors	1	2	3	4	5
TOTAL RATING (sum of points above): _____					
Note: A perfect score on this evaluation is 50 points. Below 25 is unacceptable.					
Would you recommend the Contractor to other entities to perform similar work?				YES	NO
GENERAL COMMENTS (Your comments are greatly appreciated):					
Based on my knowledge of the aforementioned firm, I have evaluated their performance for the referenced construction project and rated them in comparison to other contractors performing similar work. I have included in the General Comments section additional information regarding this firm, which may be of assistance in evaluating the quality of their work. It is my understanding that all the above information supplied here shall be considered STRICTLY CONFIDENTIAL .					
_____ (SIGNATURE)			_____ (FIRM)		
_____ (PRINTED NAME)			_____ (ADDRESS)		
_____ (DATE)			_____ (CITY, STATE, ZIP CODE)		
_____ (PHONE NUMBER)			_____ (FAX NUMBER)		