

SKYWAY APM SYSTEM REPLACEMENT AND OPERATIONS AND MAINTENANCE
RFQ NO.: H27-SKYWAY-2022-005
EXHIBIT P – MINIMUM REQUIRED EXPERIENCE

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Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."

PROJECT AND TEAM INFORMATION	
Project Name:	
Project Location:	
Project Delivery Method (Design-Build, etc.):	
OWNER INFORMATION	
Owner's Name:	
Address:	
Contact (Name & Title):	
Telephone:	
Email:	

CONTRACT INFORMATION (TIME & COST)	
Project Start Date:	
Scheduled Completion Date:	
Actual Completion Date:	
Days Extended Due to Unexcused Delays:	
Base Contract Amount:	\$
Adjustment Due to Owner Requested Changes:	\$
Adjustment Due to Other Change Orders:	\$
Final (or Current if Incomplete) Change Amount:	\$

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GENERAL PROJECT DETAILS	
Was the Project for a Public Owner? (Yes or No):	
List major subcontractors:	

COMPARABLE PROJECT COMPONENTS (AIRPORT AND NON-AIRPORT): Did the project include the following (YES/ NO)	
A final price that was the less than or same as the bid amount	
Underground (live and operational) utility relocation	
Work around and / or connecting to existing operational / occupied space	
Energy Savings (Life Cycle Cost Analysis)	