

**CONSTRUCTION MANAGER AT RISK
STATEMENT OF QUALIFICATION**

EXAMPLES OF RELEVANT CMR and/or K-12 PROJECTS
Completed during the past ten years

CONTRACTORS	
Project Name:	
Owner/Client, Contact name and telephone #:	
Architect/Engineer of Record, contact name and telephone #:	
Contractor:	
Facility Information	
Type of Facility:	
Project Description: # of devices, types, locations:	
<input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> New Building	
Square Feet Addition / New:	
Square Feet of Renovation:	
Schedule Information	
Design Start Date:	
Planned Design Completion Date:	
Actual Design Completion Date:	
Planned Construction Completion Date:	
Actual Construction Completion Date:	
Cost Information	
Initial Design Fee:	
Final Design Fee:	
Planned Construction Budget:	
Low Bid or Award Amount:	
Final Construction Cost:	