1. **Project Experience Response Schedul****e**

Insert Name of Proponent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  (Print company name) |

On separate copies of this schedule, for each project, provide the required project information as described in the Rated Elements Schedule for **Three (3) projects** completed within the last **Five (5) years**. Examples should have a project value of **no less than** **$500,000.00**. NPC may only evaluate the first 3 projects listed (if more than that number are submitted by the Proponent) and meet the projects requirements in the Rated Elements Schedule. All submitted projects are subject to the Reference Verification section in Part 4.

| **Project 1**  |
| --- |
| Project Name: |  |
| Project Value: |  |
| Year of Project Completion: |  |
| Client Information (name/phone/email): |  |
| Projected Budget for Portion of Services Completed by Proponent: |  |
| Actual Cost for Portion of Services Completed by Proponent (including any additional work beyond original scope): |  |
| Detailed description of services provided. Please indicate if services were original scope and/or additional. |

| **Project 2**  |
| --- |
| Project Name: |  |
| Project Value: |  |
| Year of Project Completion: |  |
| Client Information (name/phone/email): |  |
| Projected Budget for Portion of Services Completed by Proponent: |  |
| Actual Cost for Portion of Services Completed by Proponent (including any additional work beyond original scope): |  |
| Detailed description of services provided. Please indicate if services were original scope and/or additional. |

| **Project 3** |
| --- |
| Project Name: |  |
| Project Value: |  |
| Year of Project Completion: |  |
| Client Information (name/phone/email): |  |
| Projected Budget for Portion of Services Completed by Proponent: |  |
| Actual Cost for Portion of Services Completed by Proponent (including any additional work beyond original scope): |  |
| Detailed description of services provided. Please indicate if services were original scope and/or additional. |