

CONSTRUCTION MANAGER INFORMATION FORM

PROJECT TITLE:

SUBMISSION DATE:

CORPORATE INFORMATION

Firm Name:

Principal To Contact: (Name, Title, and Phone, e-mail address and FAX Numbers)

Location Of Corporate Headquarters: (Complete address and phone number)

Location Of Other Offices That Will Be Involved In Project: (Complete address and phone number for any offices that personnel assigned to this project will be based)

Year Firm Was Established:

Years In Business Under Present Name:

Previous Corporate Names and Time Period:

Personnel: (Number of people by trade, job classification or discipline)

Company Organization Chart: (attach)

Average Annual Volume Of Work Completed For The Past 5 Years:

Public Construction Percentage Of Total Volume Over The Past 5 Years:

Iowa Contractor Registration Number:

Project Examples

List up to 5 projects on the attached project data sheets similar to the proposed project that directly demonstrate firm's qualifications to provide services for the subject project.

Provide slides of each example, on electronic media in Microsoft PowerPoint format.

PROJECT #1

Project Name:

Location:

Description:

Project Type: New Building Addition Renovation

Project Delivery System: CM Agency CM at Risk Single Prime GC
Design Build Other:

Assigned Personnel:

Principal:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Project Manager:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Site Superintendent:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no

Construction Duration: Scheduled: Actual:

Completion: Scheduled: Actual:

Construction Budget:

Construction Cost - Final: **\$/GSF:**

Owner Reference: Name:
Address:

Phone:

Architect Reference: Name:
Address:

Phone:

PROJECT #2

Project Name:

Location:

Description:

Project Type: New Building Addition Renovation

Project Delivery System: CM Agency CM at Risk Single Prime GC
 Design Build Other:

Assigned Personnel:

Principal:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Project Manager:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Site Superintendent:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no

Construction Duration: Scheduled: _____ Actual: _____

Completion: Scheduled: _____ Actual: _____

Construction Budget:

Construction Cost - Final: _____ **\$/GSF:** _____

Owner Reference: Name: _____
Address: _____

Phone: _____

Architect Reference: Name: _____
Address: _____

Phone: _____

PROJECT #3

Project Name:

Location:

Description:

Project Type: New Building Addition Renovation

Project Delivery System: CM Agency CM at Risk Single Prime GC
Design Build Other:

Assigned Personnel:

Principal:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Project Manager:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Site Superintendent:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no

Construction Duration: Scheduled: _____ Actual: _____

Completion: Scheduled: _____ Actual: _____

Construction Budget:

Construction Cost - Final: _____ **\$/GSF:** _____

Owner Reference: Name: _____
Address: _____

Phone: _____

Architect Reference: Name: _____
Address: _____

Phone: _____

PROJECT #4

Project Name:

Location:

Description:

Project Type: New Building Addition Renovation

Project Delivery System: CM Agency CM at Risk Single Prime GC
Design Build Other:

Assigned Personnel:

Principal:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Project Manager:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Site Superintendent:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no

Construction Duration: Scheduled: _____ Actual: _____

Completion: Scheduled: _____ Actual: _____

Construction Budget:

Construction Cost - Final: _____ **\$/GSF:** _____

Owner Reference: Name: _____
Address: _____

Phone: _____

Architect Reference: Name: _____
Address: _____

Phone: _____

PROJECT #5

Project Name:

Location:

Description:

Project Type: New Building Addition Renovation

Project Delivery System: CM Agency CM at Risk Single Prime GC
Design Build Other:

Assigned Personnel:

Principal:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Project Manager:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no
Site Superintendent:	Presently employed by firm: <input type="checkbox"/> yes <input type="checkbox"/> no

Construction Duration: Scheduled: Actual:

Completion: Scheduled: Actual:

Construction Budget:

Construction Cost - Final: **\$/GSF:**

Owner Reference: Name:
Address:

Phone:

Architect Reference: Name:
Address:

Phone: