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| **RFT Number and Title:** | RFT 2 2019/20 - Management of Mingenew Resource Recovery Park (Transfer Station and Landfill) |
| **Tenderer Name:** |  |

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| **Completion Instructions:** | ***1. Complete “Tenderer Name” in the field above.***  ***2. Complete the table below entitled “List of Projects” for the last 5 years***  ***3. Select 3 recent and relevant projects from this list to demonstrate Tenderers performance in providing projects similar to this requirement. Complete all details required for each project as Projects 1 to 3. Add as much information as you see required.***  ***4. Save the document and submit as part of Request for Tender response*** |

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| **List of Projects** | | | | |
| **Project Description** | **Services Provided** | **Contract Value** | **Contract Duration (include dates)** | **Client Details  (name of business, name of client and phone number)** |
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**Project 1:**

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| **Client (Business) Details** | |
| Client Name: |  |
| Client Address: |  |
| Client Representatives Name: |  |
| Client Representatives Position Title: |  |
| Client Representatives Contact Number: |  |
| Client Representatives Email address: |  |

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| **Project Details:** | |
| Project Description: |  |
| Site Location: |  |
| Project Value ($): |  |
| Project Commencement Date: |  |
| Project Completion Date: |  |
| Scope of Services provided: |  |
| Project Team / Resources Utilised: |  |
| Sub-consultant’s details:  (business name, lead consultant details, scope of consultancy, etc) |  |
| Design Considerations |  |

**Project 2:**

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| --- | --- |
| **Client (Business) Details** | |
| Client Name: |  |
| Client Address: |  |
| Client Representatives Name: |  |
| Client Representatives Position Title: |  |
| Client Representatives Contact Number: |  |
| Client Representatives Email address: |  |

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| --- | --- |
| **Project Details:** | |
| Project Description: |  |
| Site Location: |  |
| Project Value ($): |  |
| Project Commencement Date: |  |
| Project Completion Date: |  |
| Scope of Services provided: |  |
| Project Team / Resources Utilised: |  |
| Sub-consultant’s details:  (name, lead consultant details, scope of consultancy, etc) |  |
| Design Considerations |  |

**Project 3:**

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| --- | --- |
| **Client (Business) Details** | |
| Client Name: |  |
| Client Address: |  |
| Client Representatives Name: |  |
| Client Representatives Position Title: |  |
| Client Representatives Contact Number: |  |
| Client Representatives Email address: |  |

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| **Project Details:** | |
| Project Description: |  |
| Site Location: |  |
| Project Value ($): |  |
| Project Commencement Date: |  |
| Project Completion Date: |  |
| Scope of Services provided: |  |
| Project Team / Resources Utilised: |  |
| Sub-consultant’s details:  (name, lead consultant details, scope of consultancy, etc) |  |
| Design Considerations |  |