SMALL TRADES CONTRACTOR REFERENCE CHECK FORM

Small Trades Firm: _____

Project(s): _____

Owner: _____

Reference contact name: _____ _____
(Name, title and role in project) (Date)

1. What small trades services were performed?

2. What was the cost of services? $_____

3. Were the small trades services completed on time? _____Yes _____No

4. Was the project completed within budget? _____ Yes _____ No

5. Did the Small Trades Contractor make appropriate efforts to assure quality services?

   _____Yes _____No

6. Was the overall performance of the Small Trades Contractor?

   _____below average
   _____average
   _____above average

7. Would you hire this firm again? _____Yes _____No

Comments: _____

_____

_____

Reference Signature: _____

Only forms or letters of reference received directly from reference contacts will be accepted. No references are needed for FIU projects. All forms/letters must be received before the presentation deadline. All forms/letters must be received before the presentation deadline.

PLEASE SCAN and E-Mail to: Angelica Paz, FIU Facilities Planning, angpaz@fiu.edu