

ATTACHMENT 3

Project Master List

#	Project Name	Project Location	Design-Build?			Company(ies) Performing This Project	Same Company Bus. Segment?			Role on Project	If CM, At Risk?			
				Yes	No			Yes	No			Yes	No	
	Relevant Project (see 3.8.1.2)?	Contract/ Subcontract Type	Contract Number	Original Contract/ Subcontract Value		Final Contract/ Subcontract Value	Project Start Date			Completion Date				
1	<input type="checkbox"/> Yes <input type="checkbox"/> No													
	Project Description						Project Point of Contact Info							
							Name							
							Title							
							Phone Number							
							Email							
2	<input type="checkbox"/> Yes <input type="checkbox"/> No													
	Project Description						Project Point of Contact Info							
							Name							
							Title							
							Phone Number							
							Email							