EXHIBIT 3

OWNER'S INSTRUCTIONS FOR EXPERIENCE QUESTIONNAIRE AND CONTRACTOR'S FINANCIAL STATEMENT

The information listed in the Experience Questionnaire and Contractor's Financial Statement Forms is required to be filed with soliciting agencies prior to award of any contract. In order to expedite the processing of contracts, please complete the enclosed forms in accordance with these instructions.

The bidder is required to complete all the attached forms. If the bidder is a Joint Venture, then each Corporation, Partnership or Individual that is a party to the Joint Venture must complete, individually, each form.

Heading

Project Title - Indicate title of project as shown in the solicitation/specifications. Project Number – State/Federal project number assigned see original solicitation/specifications. Location - Project location as shown in the solicitation/specifications.

Section A - Items 1 & 2

Trades or Trades Being Bid

Insert in box(es) on Page 1 the code number(s) listed below which represent the trade(s) for which you are qualified to bid:

Trade	Code Number
Building Construction	1
Electrical	2
Elevator	3
Food Service	4
Heating, Ventilating & Air Conditioning	5
Laboratory Equipment	6
Landscaping	7
Plumbing	8
Power Plants (Boilers, Equipment & Piping)	9
Refrigeration	10
Roofing	11
Sanitary (Sewage Treatment Plants, Pumping Stations, etc.)	12
Other	13

Item 6. Complete with name of Point of Contact including email address & phone number.

Section A-items 8 thru 52

Complete in accordance with form. NOTE: SECTION "A" Financial Statement - Do not attach current company financial statement, use this form only. If current financial statement is dated over 90 days from date of this submittal, see letter "Attesting to liquid assets" Section number 64 (complete only if needed). In accordance with Florida Administrative Code (FAC) 60D-5.004 Bidder's Qualification Requirements and Procedures, Paragraph (2)(a)4(b)1e, "The value of liquid assets must be no less than one-twentieth of the amount of the base bid. Liquid assets shall include cash, stocks, bonds, pre-paid expenses and receivables, but shall not include the value of the equipment."

Section B -Item 53

List previous business name or names and the number of years you have performed business under these names within the past 10 years.

Item 55

From your present payroll indicate the number of individuals in each category in the "Current" column. Estimate the maximum and minimum number of employees over the previous 3 fiscal years in each category.

Items 56-59

Complete in accordance with form.

Item 60

List projects of comparable size, scope and complexity to subject project. Do not submit projects that were performed as a subcontractor or not yet completed. Specify if the project was new construction or renovation. Do not reuse this form from previous project submittals as the form could have changed to meet specific requirements. Contractor must have completed at least 2 projects of the same general scope & complexity within the last 36 months.

Item 61-62

Complete in accordance with form.

Item 63

- 1) In Section 63, Column C insert "S" if a subcontractor or "P" if a prime-contractor. The balance of section to be completed in accordance with form.
- 2) Billings for 3 fiscal years insert year and amount.
- 3) Work in progress at the end of the past 3 fiscal years same as above.

Section 64.

Complete in accordance with form.

If additional space is required, please attach supplementary pages.

ADDITIONAL QUALIFICATION REQUIREMENTS/INSTRUCTIONS The following must be included with packet-use as check list

- 1. Copy of Florida State Contractor License.
- 2. Corporate Charter Number. See Section #7
- 3. Proof of Contractor's active office within 150 road miles of project. (Map Quest or like)
- 4. Contractor agreement to perform no less than 15% of project work itself, on company letterhead.
- 5. *Resumes of experience for Project Manager and Project Superintendent.
- 6. At least three references with current contact name/numbers of projects completed within last 5 years.
- 7. Proof Contractor has successfully completed no less than two projects of similar size, scope, & complexity within the last three years, see Section 60. Complete as instructed, do not use other forms or alter our format. Additional information may be included with pictures.
- 8. Proof of registration in MyFlorida e-pro system on www.myflorida.com.
- 9. Financial statement- must be within the current year. See instruction Sections 3-52.
- 10. Letter of Confirmation from your bonding company stating that you can bond or have bonded with this company.

OWNER'S EXPERIENCE QUESTIONNAIRE AND CONTRACTOR'S FINANCIAL STATEMENT SECTION 'A'. EXPERIENCE QUESTIONNAIRE

Project Title: CBJTC Prison Camp Road Washout Repair

Project Number: 217097

Location: Camp Blanding Joint Training Center, Starke, FL

Insert code number of trade or trades for which you are qualified to bid on the basis of previous experience and license(s)in accordance with attached detailed instructions, each in its respective box below:



3. Is your organization currently pre-qualified with any governmental agency?_____ If so, please list.

4. Have you, in the previous five years, been denied a contract award on which you submitted the low bid in competitive bidding, or been refused prequalification?

If so, please list and describe

5. Have you, in the previous five years, ever not been able to achieve substantial or final completion within the number of contract specified calendar days?

If so, please list, provide Owner's POC with phone number, and describe project and problems encountered_____

7.

6. Submitted by_____

Address

Date

Phone_____

(Check below) A Corporation A Co-partnership An Individual A Joint Venture

() Corporate Charter Number
()
()
()

POC Email Address

The contractor acknowledges that this Experience Questionnaire and Financial Statement is made for the express purpose of introducing the Owner to whom it is submitted to award a contract to the contractor. Further, the contractor acknowledges that the agency may at its discretion, by which means the Owner may choose, determine the truth and accuracy of all statements made by the contractor herein. Please list any additional contact information of personnel available for corrections/clarifications pertaining to qualifications.

SECTION "A". FINANCIAL STATEMENT Reflecting financial position as of close of most recent operating year

	As of				
	(Date)				
	ASSETS				
8.	CASH*	\$			
ACC	COUNTS RECEIVABLE				
9. 10.	From Government Contracts Completed From Non-Government Contracts Completed				
11.	Claims included in 8 and 9 not yet approved or in litigation	\$			
12.	From Government Contracts in Process				
13.	From Non-Government Contracts in Process				
14.	Claims included in 11 and 12 not yet approved or in litigation				
15.	Retainage included in 11 and 12				
16.	Other** (list)				
	ES RECEIVABLE				
17. 18.	Due within 90 days** Due after 90 days**				
10.					
	ESTMENTS				
19. 20.	Listed securities - present market value Unlisted securities - present value				
BID 21.	DEPOSITS Recoverable within 90 days				
21. 22.	Recoverable after 90 days				
ACC 23.	RUED INTEREST Receivable on notes				
23. 24.	Receivable on Investments				
25.	Other (list)				
26.	REAL ESTATE (BOOK VALUE OR MARKET, WHICHEVER IS LESS)				
27.	INVENTORIES (NOT INCLUDED IN RECEIVABLE BILLING AND AT PRESENT VALUE)				
28. EQUIPMENT-NET BOOK VALUE (SUPPLY LIST BY COST, DEPRECIATION, NET BOOK VALUE)					
OTHER ASSETS					
29.		\$			
30. 31	Cash Surrender Value of Life Insurance				
31. 32.	Receivables from Officers and Employees Other (list)				

33.	TOTAL ASSETS	\$				
	*Do not include deposits for bids or other Guarantees					
	**Do not include receivables from officers and employees					
ACC	OUNTS PAYABLE					
34.	Due within l year					
35.	Due after l year	·				
NOT	ES PAYABLE					
36.	Due within 1 year					
37.	Due after l year					
38.	Officers and Employees					
39.	TAXES PAYABLE					
40.	ACCRUED AND ACTUAL PAYROLL PAYABLE					
41.	MORTGAGES PAYABLE					
ОТН	ER LIABILITIES					
42.	Federal Income Tax Provision					
43.	Deferred Income					
44.	Other (list)					
	WORTH					
45.	(If individual proprietorship or partnership)					
CAP	ITAL STOCK					
46.	Common Issued and Outstanding					
47.	Preferred Issued and Outstanding					
48.	Treasury Stock	\$				
CAP	ITAL SURPLUS					
49.	Earned Surplus Prior Years					
50.	Earned Surplus Current Year					
51.	TOTAL LIABILITIES AND NET WORTH	\$				
NOTE: IF ADDITIONAL SPACE IS REQUIRED, PLEASE NOTE AND ATTACH SCHEDULE TO STATEMENT						
52.	Dated this of .					
52.	day month year					

Name of Organization

Title

Ву: ___

FEIN:_____

SECTION 'B'. EXPERIENCE QUESTIONNAIRE

53.	If a Corporation, answer this:	If a Partnership or Individual Proprietorship, answer this:			
Date of incorporation		Date of organization			
	In what State	If a partnership, state whether partnership is general, limited association			
	Name of Officers:	Name and Address of Partners:			
	President				
	Vice President				
	Vice President				
	Secretary				
	Treasure				
	 b. How many years under your present business name? c. How many years under previous business name? (List other names) SUBSIDIARY OR AFFILIATEI IN WHICH PRINCIPALS HAVE FIN) COMPANIES			
	NAME AND ADDRESS OF SUBSIDIARY OR AFFILIATED COMPANIES	EXPLAIN IN DETAIL THE PRINCIPAL'S INTEREST IN THIS COMPANY AND NATURE OF BUSINESS			

NUMBER OF FULL TIME PERSONNEL WITHIN YOUR ORGANIZATION

		Current	Maximum	Minimum
55. a	a. Clerical Personnel			
1	b. Engineers & Architects			
(c. Supervisors, Foremen, or Superintendents			
(d. Skilled Employees including Technicians			
6	e. Unskilled Employees			
t	f. Estimators			
į	g. Total number of full time personnel			

56. WHAT IS THE CONSTRUCTION EXPERIENCE OF THE PRINCIPALS AND SUPERVISORY PERSONNEL OF YOUR ORGANIZATION? (Asterisk any personnel likely to be assigned to project being bid.)

	PRINCIPAL'S NAME	TITLE	YEARS OF CONSTRUCTION EXPERIENCE	IN WHAT CAPACITY AND WITH WHOM
57.	SUPER VISOR Y PERSONNEL	TITLE	YEARS OF CONSTRUCTION EXPERIENCE	IN WHAT CAPACITY AND WITH WHOM

58. Within the previous three fiscal years has your organization or predecessor organizations ever failed to complete a project? If so, state name of organization and reason thereof.

59. Within the previous three fiscal years has your organization been involved in litigation? _____. If so, please list and explain nature and current status.

EXHIBIT 3 Continued

60.	List all contracts comparable in size and scope completed by your organization in the previous 36 months. (If more than 10, list the 10 most recently completed.)
	Projects MUST be listed in spaces below. Additional information may be attached if desired.

	А	В		C. Original Contract Price		Completion Da	ates:
Name of Owner (Include POC & phone numbers)	Name, Location & Description of Project	Type of Work (Renovation or New Construction)	Name of Design Architect and/or Design Engineer (Include POC & phone numbers)	D. Final Contract Price	E. Original	F. Revised	G. Actual

With reference to all contracts completed by your organization in the previous fiscal years, as listed on Page 6, answer the following questions:

61. Explain differences in original contract price and in completion dates, if any.

62. Were there any liquidated damages, penalties, liens, defaults or cancellations imposed or filed against your organization?If so, list the name and location of the project, as shown in Column A, explain.

STATUS OF UNCOMPLETED CONTRACTS

As of_____(DATE)

63. Give full information about all of your present contracts. In Column C insert "S" if a subcontractor or "P" if a prime contractor, whether in progress or awarded but not yet begun; and regardless of with whom contracted.

A	В	С	D	E
Project Description Location & Owner	Design Architect And/Or Design Engineer	Total Amount of Your Contract (Or Subcontract)	Amount In Column C Sublet To Others	Uncompleted Amount of Contract
Total				

COMPLETE THE FOLLOWING:

Net Total Billings for Previous 3 Fiscal years:

Average Backlog for Previous 3 Fiscal Years: (Estimated total value of uncompleted work on outstanding contract)

Year	Dollar Amount	Year	Dollar Amount
	\$		\$
	\$		\$
	\$		\$

COMPANY LETTERHEAD

64. Attesting to liquid assets.

DATE

RE: 217097 CBJTC Prison Camp Road Washout Repair

"I hereby certify that the liquid assets of this firm have not decreased by more than ten percent in the time that has passed between the closing period of the financial statement attached, and the date on which our submittal was provided"

-S-CORPORATE OFFICER'S SIGNATURE