

**CONTRACTOR'S EXPERIENCE QUESTIONNAIRE
AND 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 individually complete each form.

All references to "fiscal year" in this questionnaire will mean the fiscal year of the bidder filing this form.

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Project Title - Indicate title of project as shown in the specifications.

Location - Project location as shown in the specifications.

Trades or Trades Being Bid – Enter the appropriate code number(s) from the list below which represent the trade(s) for which you are qualified to bid:

<u>Trade</u>	<u>Code Number</u>
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

PAGES 3 & 4 OF 9:

Complete in accordance with form.

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Section 53 - Under "c", list previous business name or names and the number of years you have done business under these names within the past 10 years.

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Section 54 - 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.

PAGES 7 & 8 OF 9:

Complete in accordance with form.

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- 1) In Section 62, Column C insert "S" if a subcontractor or "P" if a prime-contractor. The balance of this section is 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.

**CONTRACTOR'S EXPERIENCE QUESTIONNAIRE
AND FINANCIAL STATEMENT**

Project Name: C QUAD RESTROOM RENOVATIONS

Project Location: 11201 N MCKINLEY DRIVE, TAMPA, FL 33612

Insert code number of trade or trades for which you are qualified to bid on the basis of previous experience in accordance with attached detailed instructions, each on the respective line shown below:

1. _____

2. _____

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. Submitted by: _____ Date: _____

Address: _____

6. Check appropriate box:

- A Corporation
- A Co-Partnership
- An Individual
- A Joint Venture

The Contractor acknowledges that this Experience Questionnaire and Financial Statement is made for the express purpose of inducing the Owner to whom it is submitted to award a contract to the contractor, and further the Contractor acknowledges that the agency may at its discretion, by means which the Owner may choose, determine the truth and accuracy of all statements made by the Contractor herein.

SECTION "A" - FINANCIAL STATEMENT

As of _____ (Date)

ASSETS

7. CASH* \$ _____

ACCOUNTS RECEIVABLE

- 8. From Government Contracts Completed _____
- 9. From Non-Government Contracts Completed _____
- 10. Claims included in 8 and 9 not yet approved or in litigation \$ _____
- 11. From Government Contracts in Process _____
- 12. From Non-Government Contracts in Process _____
- 13. Claims included in 11 and 12 not yet approved or in litigation _____
- 14. Retainage included in 11 and 12 _____
- 15. Other** (list) _____

NOTES RECEIVABLE

- 16. Due within 90 days** _____
- 17. Due after 90 days** _____

INVESTMENTS

- 18. Listed securities - present market value _____
- 19. Unlisted securities - present value _____

BID DEPOSITS

- 20. Recoverable within 90 days _____
- 21. Recoverable after 90 days _____

ACCRUED INTEREST

- 22. Receivable on notes _____
- 23. Receivable on Investments _____
- 24. Other (list) _____

25. REAL ESTATE (Book Value or Market, whichever is less) _____

26. INVENTORIES (Not included in receivable billing & at present value) _____

27. EQUIPMENT-NET BOOK VALUE _____
 (Supply list by cost, depreciation, net book value)

OTHER ASSETS

- 28. Contract Costs in excess of Billings \$ _____
- 29. Cash Surrender Value of Life Insurance _____
- 30. Receivables from Officers and Employees _____

SECTION "A" - FINANCIAL STATEMENT

31. Other (list) _____

32. TOTAL ASSETS \$ _____
*Do not include deposits for bids or other Guarantees
**Do not include receivables from officers and employees

ACCOUNTS PAYABLE

33. Due within 1 year _____
34. Due after 1 year _____

NOTES PAYABLE

35. Due within 1 year _____
36. Due after 1 year _____
37. Officers and Employees _____

38. TAXES PAYABLE _____

39. ACCRUED AND ACTUAL PAYROLL PAYABLE _____

40. MORTGAGES PAYABLE _____

OTHER LIABILITIES

41. Federal Income Tax Provision _____
42. Deferred Income _____
43. Other (list) _____

NET WORTH

44. (If individual proprietorship or partnership) _____

CAPITAL STOCK

45. Common Issued and Outstanding _____
46. Preferred Issued and Outstanding _____
47. Treasury Stock \$ _____

CAPITAL SURPLUS

48. Earned Surplus Prior Years _____
49. Earned Surplus Current Year _____

50. TOTAL LIABILITIES AND NET WORTH \$ _____

NOTE: IF ADDITIONAL SPACE IS REQUIRED, PLEASE NOTE AND ATTACH SCHEDULE TO STATEMENT

51. Dated this _____ day of _____, YR _____.

Name of Organization

By: _____
Signature/Title

SECTION 'B' - EXPERIENCE QUESTIONNAIRE

52. If a Corporation, answer this:

Date of incorporation_____

In what State_____

If a Partnership or Individual Proprietorship, answer this:

Date of organization_____

If a partnership, state whether partnership is general, limited association _____

Name of Officers:

President_____

Vice President_____

Vice President_____

Secretary_____

Treasurer_____

Name and Address of Partners:

53. a. How many years has your organization been in the construction business?

b. How many years under your present business name?

c. How many years under previous business name? (List other names)

SUBSIDIARY OR AFFILIATED COMPANIES IN WHICH PRINCIPALS HAVE FINANCIAL INTEREST

**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

- 54. a. Clerical Personnel _____
- b. Engineers & Architects _____
- c. Supervisors, Foremen, or Superintendents _____
- d. Skilled Employees including Technicians _____
- e. Unskilled Employees _____
- f. Estimators _____
- g. Total number of full time personnel _____

55. 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

56. SUPERVISORY PERSONNEL	TITLE	YEARS OF CONSTRUCTION EXPERIENCE	IN WHAT CAPACITY AND WITH WHOM

57. Within the previous 3 fiscal years has your organization or predecessor organizations ever failed to complete a project? If so, state name of organization and reason thereof.

58. Within the previous 3 fiscal years has your organization been involved in litigation? _____. If so, please list and explain nature and current status.

NUMBER OF FULL TIME PERSONNEL WITHIN YOUR ORGANIZATION

59. List all contracts completed by your organization in the previous 3 fiscal years. (If more than 10, list the 10 most recently completed).

NAME OF OWNER	(A) NAME, LOCATION & DESCRIPTION OF PROJECT	(B) TYPE OF WORK	NAME OF DESIGN ARCHITECT AND/OR DESIGN ENGINEER	(C) ORIGINAL CONTRACT PRICE	COMPLETION DATES:		
				(D) FINAL CONTRACT PRICE	(E) ORIG.	(F) REVISED	(G) ACTUAL

NUMBER OF FULL TIME PERSONNEL WITHIN YOUR ORGANIZATION

With reference to all contracts completed by your organization in the previous fiscal years, as listed on Exhibit 3, Page 7 of 9, Item #59, answer the following questions:

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

61. 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)

62. 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	B	C	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)

YR _____ \$ _____

YR _____ \$ _____

YR _____ \$ _____

YR _____ \$ _____

YR _____ \$ _____

YR _____ \$ _____