

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:

<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

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. NOTE: See LEED Silver qualifications in solicitation/specifications.

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 300 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, Project Superintendent, and LEED Accredited Professional (AP).
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.
11. *LEED Accreditation Certifications of personnel and certifications of projects managed.

*NOTE: Elaborate on LEED projects performed by LEED Accredited Professional or Contractor completed projects. The DMA is looking for projects completed and certified to any level of LEED. 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.

EXHIBIT 3 CONTINUED

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

Project Title: Latrine Addition to FMS #6

Project Number: 218001

Location: Haines City, Florida

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:

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. 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 _____

6. Submitted by _____

Address _____

Date _____

Phone _____

POC Email Address _____

7. (Check below)

A Corporation () Corporate Charter Number

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 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.

EXHIBIT 3 CONTINUED

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

As of _____
(Date)

ASSETS

8. CASH* \$ _____

ACCOUNTS RECEIVABLE

9. From Government Contracts Completed _____

10. 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) _____

NOTES RECEIVABLE

17. Due within 90 days** _____

18. Due after 90 days** _____

INVESTMENTS

19. Listed securities - present market value _____

20. Unlisted securities - present value _____

BID DEPOSITS

21. Recoverable within 90 days _____

22. Recoverable after 90 days _____

ACCRUED INTEREST

23. Receivable on notes _____

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. Contract Costs in excess of Billings \$ _____

30. Cash Surrender Value of Life Insurance _____

31. Receivables from Officers and Employees _____

32. Other (list) _____

EXHIBIT 3 CONTINUED

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

ACCOUNTS PAYABLE

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

NOTES PAYABLE

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

39. TAXES PAYABLE _____

40. ACCRUED AND ACTUAL PAYROLL PAYABLE _____

41. MORTGAGES PAYABLE _____

OTHER LIABILITIES

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

NET WORTH

45. (If individual proprietorship or partnership) _____

CAPITAL STOCK

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

CAPITAL 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 _____, _____
day month year

Name of Organization

By: _____
Title

FEIN: _____

EXHIBIT 3 CONTINUED

SECTION 'B'. EXPERIENCE QUESTIONNAIRE

53. If a Corporation, answer this:

Date of incorporation _____

In what State _____

Name of Officers:

President _____

Vice President _____

Vice President _____

Secretary _____

Treasure _____

If a Partnership or Individual Proprietorship, answer this:

Date of organization _____

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

Name and Address of Partners:

54. 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**

EXHIBIT 3 CONTINUED

NUMBER OF FULL TIME PERSONNEL WITHIN YOUR ORGANIZATION

	<u>Current</u>	<u>Maximum</u>	<u>Minimum</u>
55. 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	_____	_____	_____

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. SUPERVISORY 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. Indicate LEED projects and Level achieved.

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

EXHIBIT 3 CONTINUED

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.

EXHIBIT 3 CONTINUED

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	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:

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

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

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

COMPANY LETTERHEAD

64. Attesting to liquid assets.

DATE

RE: PROJECT TITLE AND NUMBER

"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