

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.

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

Heading

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

Location - Project location as shown in the specifications.

Sections 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 |

Sections 3-53

Complete in accordance with form. NOTE: SECTION "A" Financial Statement - Do not attach current company financial statement if 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 54

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.

Section 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.

Sections 56-64

Complete in accordance with form.

Section 63

- 1) In Section 62, 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.

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ADDITIONAL QUALIFICATION REQUIREMENTS

The following must be included with packet

1. Copy of Florida State Contractor License.
2. Corporate Charter Number. See Item #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 and Project Superintendent.
6. At least three references with current contact numbers of projects completed within last 5 years.
7. Proof of registration in MyFloridaMarketPlace web site.

EXHIBIT 3 CONTINUED

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

Project Title _____

Location _____

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 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_____

7. (Check below)

A Corporation

A Co-partnership

An Individual

A Joint Venture

() Corporate Charter Number

()

()

()

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.

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 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. 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