

(Exhibit 15)

**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.

PAGE 2 OF 9:

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.

PAGE 5 OF 9:

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.

PAGE 6 OF 9:

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.

PAGE 9 OF 9

- 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.

(Exhibit 15)
**CONTRACTOR'S EXPERIENCE QUESTIONNAIRE
AND FINANCIAL STATEMENT**

Project Name: Remodeling of the D1 Conference Room

Project Location: 801 N. Broadway Avenue, Bartow, Florida 33830

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.

(Exhibit 15)

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 _____

(Exhibit 15)
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

(Exhibit 15)

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

(Exhibit 15)

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

(Exhibit 15)

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

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(Exhibit 15)

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.

(Exhibit 15)

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 Project Description Location & Owner	B Design Architect And/Or Design Engineer	C Total Amount of Your Contract (Or Subcontract)	D Amount In Column C Sublet To Others	E 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 _____ \$ _____

STATE OF FLORIDA - DEPARTMENT OF TRANSPORTATION
MINORITY BUSINESS ENTERPRISES (MBE)
PAYMENT CERTIFICATION

This is to certify that _____
MBE Subcontractor / Subconsultant

received a progress payment of \$ _____ on _____ (date)

from _____ (Prime Contractor)

for labor and/or materials used on: Contract Number E1T86

Financial Project Number 444790-1-52-01

County Polk

Signed by Official of Prime Contractor / Consultant: _____

Date: _____ Typed or Printed Name _____

Title _____

Total dollars committed to MBE Subcontractor / Subconsultant	\$ _____
Total paid this month	\$ _____
Total previously paid	\$ _____
Total paid to date	\$ _____

Signed by Official of MBE Subcontractor / Subconsultant: _____

Date: _____ Typed or Printed Name _____

Title _____

NOTE: Contractor / Consultant shall include the MBE Payment Certification Form with each pay request submitted and must be signed by both the MBE Subcontractor / Subconsultant and the Prime Contractor / Consultant.

- Distribution:
- 1) Owner's Project Manager
 - 2) District FCO Coordinator
 - 3) Central Procurement Office, Mail Station 20