(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:

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

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: Fort Myers Materials Lab Expansion

Project Location: 4051 Florida DOT Way, Ft. Myers, Florida 33905

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

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.

_____

_____

_____

(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 / (D) FINAL CONTRACT PRICE	COMPLETION DATES: (E) ORIG.	(F) REVISED	(G) ACTUAL

(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	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:

YR_____ $_____

YR_____ $_____

YR_____ $_____

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

YR_____ $_____

YR_____ $_____

YR_____ $_____