FINANCIAL PROJECT NO.: 433243-1-52-01

CONTRACT NO.: E7M52

PROJECT NAME: District 7 Headquarters HVAC Chiller Replacement

**PROJECT LOCATION:** Florida Department of Transportation, 11201 N. McKinley Drive, Tampa, FL 33612

**PREQUALIFICATION**: Each bidder must meet the following qualifications and submit proof to the Department of Transportation, D7 District Contract Office as soon as possible:

- 1. Prime Contractor has been in business for at least five (5) years.
- 2. Project Manager and Superintendent has minimum of five (5) years' experience in construction in occupied building.
- 3. The Prime Contractor and sub-contractor combination has completed at least two (2) projects in the past five (5) years, on projects of similar size and scope
- 4. The Prime Contractor will submit a financial statement that shows a positive net worth. *Financial Statements will remain confidential and are not subject to Public Records Requests per Florida Statute 119.0714(c).*
- 5. The Bidder and/or sub-contractor will have applicable State of Florida licenses to pull required permits. Include copies of applicable licenses in the qualifications package submittal.

**Firms are asked to submit their qualifications as soon as possible** to the Florida Department of Transportation, D7 District Contract Office MS-7-700, 11201 N. McKinley Drive, Tampa, FL 33612.

Firms must submit their qualifications no later than the bid opening on November 19, 2018 at 2:30 PM. Financial statements are exempt from public record and will be kept confidential per Florida Statute (FS) 119.0714(c).

# (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.

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

Project Name: District 7 Headquarters HVAC Chiller Replacement

Project Location: Florida Department of Transportation, 11201 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 de				
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.

\_ (Date)

# (Exhibit 15) SECTION "A" - FINANCIAL STATEMENT

\_\_\_\_\_

As of \_\_\_\_

# ASSETS

	ASSETS	
7.	CASH*	\$
AC 8. 9. 10. 11. 12. 13. 14. 15.	COUNTS RECEIVABLE From Government Contracts Completed From Non-Government Contracts Completed Claims included in 8 and 9 not yet approved or in litigation From Government Contracts in Process From Non-Government Contracts in Process Claims included in 11 and 12 not yet approved or in litigation Retainage included in 11 and 12 Other** (list)	\$
-	TES RECEIVABLE Due within 90 days** Due after 90 days**	
	ESTMENTS Listed securities - present market value Unlisted securities - present value	
	DEPOSITS Recoverable within 90 days Recoverable after 90 days	
22. 23.	CRUED INTEREST Receivable on notes Receivable on Investments 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)	
28. 29.	IER ASSETS Contract Costs in excess of Billings Cash Surrender Value of Life Insurance Receivables from Officers and Employees	<u>\$</u>

# (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	<u>\$</u>
<b>ACC</b> 33. 34.	OUNTS PAYABLE Due within 1 year Due after 1 year	
	<b>ES PAYABLE</b> Due within 1 year Due after 1 year Officers and Employees	
38.	TAXES PAYABLE	
39.	ACCRUED AND ACTUAL PAYROLL PAYABLE	
40.	MORTGAGES PAYABLE	
	<b>ER LIABILITIES</b> Federal Income Tax Provision Deferred Income Other (list)	
<b>NET</b> 44.	WORTH (If individual proprietorship or partnership)	
<b>CAP</b> 45. 46. 47.	ITAL STOCK Common Issued and Outstanding Preferred Issued and Outstanding Treasury Stock	\$
<b>CAP</b> 48.	ITAL SURPLUS Earned Surplus Prior Years	
40. 49.	Earned Surplus Current Year	
50.	TOTAL LIABILITIES AND NET WORTH	<u>\$</u>

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

51. Dated this \_\_\_\_\_ day of \_\_\_\_\_\_, YR\_\_\_\_\_.

Name of Organization

Ву: \_\_\_\_\_

Signature/Title

==

2. If a Corporation, answer this:	If a Partnership or Individual Proprietorship, and this:
Date of incorporation	
In what State	
	limited association
Name of Officers:	
President	Name and Address of Partners:
Vice President	
Vice President	
Secretary	
Treasurer	
	organization been in the construction business?
	organization been in the construction business?
3. a. How many years has your	
<ol> <li>a. How many years has your</li> </ol>	
<ul> <li>a. How many years has your</li> </ul>	
<ul> <li>a. How many years has your</li> <li>b. How many years under yo</li> </ul>	ur present business name?
	ur present business name?
b. How many years under yo	
b. How many years under yo	ur present business name?
b. How many years under yo	
b. How many years under yo	
b. How many years under yo	
b. How many years under yo	vious business name? (List other names)
b. How many years under yo	
b. How many years under yo c. How many years under pre	vious business name? (List other names)
b. How many years under yo c. How many years under pre SUBSIDIARY OR AFFILIAT	vious business name? (List other names)
b. How many years under yo c. How many years under pre	vious business name? (List other names) ED COMPANIES IN WHICH PRINCIPALS HAVE FINANCIAL INTEREST EXPLAIN IN DETAIL THE PRINCIPAL'S INTEREST IN THIS
b. How many years under yo c. How many years under pre SUBSIDIARY OR AFFILIAT	ED COMPANIES IN WHICH PRINCIPALS HAVE FINANCIAL INTEREST EXPLAIN IN DETAIL THE PRINCIPAL'S INTEREST IN THIS OMPANIES
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b. How many years under yo c. How many years under pre SUBSIDIARY OR AFFILIAT	ED COMPANIES IN WHICH PRINCIPALS HAVE FINANCIAL INTEREST EXPLAIN IN DETAIL THE PRINCIPAL'S INTEREST IN THIS OMPANIES

\_\_\_\_\_

\_\_\_\_\_

(Exhibit	15)	
	101	

# 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.

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# (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.

				(C) ORIGINAL CONTRACT PRICE	сс	MPLETION DAT	ES:
NAME OF OWNER	(A) NAME, LOCATION & DESCRIPTION OF PROJECT	(B) TYPE OF WORK	NAME OF DESIGN ARCHITECT AND/OR DESIGN ENGINEER	(D) FINAL CONTRACT PRICE	(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.

А	В	С	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\_\_\_\_\_\$\_\_\_\_\_