| EXPERIENCE QUESTIONNAIRE | 1. **CONTRACTOR NAME, ADDRESS AND TELEPHONE NUMBER** |
|---|---|
| **INSTRUCTIONS**: See Box 14, Remarks, if extra space is needed to answer any item below. Mark "X" in appropriate boxes. | |

| 2. **SUBMITTED TO** (Office Name and Address) | 3. **BUSINESS**<br><br>Y Company        Y Co-partnership<br>Y Corporation      Y Individual<br>Y Non-profit Organization | 4. How many years do you or your firm have in the line of work contemplated by this solicitation? |
|---|---|---|

5. How many years experience in contracting have you or your business had as a (a) prime contractor_____and/or (b) sub-contractor_____?

6. List below the projects your business has completed within the last five (5) years which are similar in scope and scale to this job.

| CONTRACT AMOUNT | TYPE OF PROJECT | DATE COMPLETED | NAMES, ADDRESS AND TELEPHONE NO. OF OWNER/PERSON TO CONTACT FOR PROJECT INFORMATION |
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7. List below all of your firm's contractual commitments running concurrently with the work contemplated by this solicitation:

| CONTRACT NUMBER | DOLLAR AMOUNT | NAME, ADDRESSS AND TELEPHONE NO. OF BUSINESS/GOVERNMENT AGENCY INVOLVED | AWARDED (units) | PERCENT COMPLETED | DATE CONTRACT COMPLETED |
|---|---|---|---|---|---|
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8a. Have you ever failed to complete any work awarded to you?        Y Yes        Y No
8b. Has work ever been completed by performance bond?        Y Yes        Y No
8c. If "Yes" to either item 8a or 8b specify location(s) and reason(s) why:

_____

_____

_____

9. Organization and work that will be available for this project:

a. (1) Minimum number of employees:_____ and (2) Maximum number of employees:_____

b.     Are employees regularly on your payroll:     Y Yes     Y No

c.     Specify equipment available for this contract: _____

_____

d.     Estimate rate of progress below (such as 2.0 acres/man/day):

  (1) Minimum progress rate:_____ and (2) Maximum progress rate:_____

10. Offeror shall answer the following if applicable: Has a MBE/WBE business development program (or similar program) that was based on a disparity study conducted by your organization ever been challenged in a lawsuit? If so, please identify: the parties to the lawsuit; the case citation (if the case was reported) or the case civil action number (if the case was not reported); the jurisdiction; the date of your disparity study; a brief description of the status or outcome of the lawsuit (e.g. "case settled in 2008 and the city terminated its MBE/WBE program"); and the names, addresses, and phone numbers of the attorneys involved in defending the jurisdiction in that litigation.

11. If applicable, identify all lawsuits involving MBE/WBE development programs (or similar programs) in which your organization has been called as an expert witness, to the extent not already identified in the preceding question. State the name of the action, the jurisdiction in which it was filed, and the names, addresses, and phone numbers of the attorneys involved in calling you to testify as an expert witness.

12. If applicable, identify all lawsuits involving MBE/WBE development programs (or similar programs) in which any individual on your proposed Project team has been called as an expert witness, to the extent not already identified in the preceding questions (even if the individual's testimony was not in connection with work performed by your firm). State the name of the action, the jurisdiction in which it was filed, and the names, addresses, and phone numbers of the attorneys involved in calling those persons as expert witnesses.

13.  List below the experience of the principal individuals of your business:

| INDIVIDUAL'S NAME | PRESENT POSITION | YEARS OF EXPERIENCE | MAGNITUDE AND TYPE OF WORK |
|---|---|---|---|
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14.  **REMARKS - SPECIFY BOX NUMBERS** (Attach sheets if extra space is needed to fully answer any of the above questions.)

| CERTIFICATION | 14a.  **CERTIFYING OFFICIAL'S NAME AND TITLE** | |
|---|---|---|
| I certify that all of the statements made by me are complete and correct to the best of my knowledge and that any persons named as references are authorized to furnish the District with any information needed to verify my capability to perform this project. | 14B.  **SIGNATURE** (Sign in ink) | 15.  **DATE** |