Contractor’s
Financial Statement
Experience Questionnaire

State of New York/State University Construction Fund
INSTRUCTIONS: Submit this form as required by the contracting agency after being announced the low bidder for any competitively bid contract of $10,000 or more, or when proposed for subcontract work valued at $10,000 or more. If you have submitted one within 6 months of the bid date with any contracting agency, as long as the information remains unchanged and accurate, you may submit a complete certified copy of that form, together with an Affidavit of No Change, to the agency with which you are bidding. A contracting agency may require additional information deemed necessary for its review. Whenever more space is needed to answer any question, or you wish to give further explanation, complete by attaching extra pages. All questions must be answered.

NOTE: Please indicate whether you believe that any of the information supplied herein is confidential and should be exempt from disclosure under the Freedom of Information Law: ___yes, ___no. If you checked "yes" you must identify the information you feel is confidential by placing an asterisk in front of the appropriate question number(s) and you are requested to attach an additional sheet(s) upon which the basis for such claim(s) is explained.

GENERAL INFORMATION
1. NAME OF FIRM______________________________________________________________
DBA NAME, IF ANY____________________________________________________________
MAILING ADDRESS_________________________________________PHONE NO.(______)____________________________
CITY_________________________________________COUNTY___________________________STATE________ZIP______________________FAX NO. (______)____________
ACTUAL LOCATION__________________________________________________________________________________________
E-MAIL ADDRESS ____________________________________________________________________________________________

2. TYPE OF FIRM (check only one)  ____CORPORATION     ____PARTNERSHIP    ____PROPRIETORSHIP     ____JOINT VENTURE      ____ LLC     ____ LLP

3. HOW MANY YEARS HAS THE FIRM BEEN IN BUSINESS?________UNDER THE SAME NAME?________FORMER NAME: ________________________________

4. WHAT IS THE FIRM'S BONDING RANGE?   $_________________  SINGLE PROJECT    $_________________  AGGREGATE (ALL PROJECTS)

5. ARE YOU CERTIFIED AS A DBE_____MBE_____WBE_____IF SO, WITH WHOM?____________________________________________________________

OWNERSHIP, MANAGEMENT, AFFILIATION
6. Identify each person who is, or has been within the past five years, an owner of 5.0% or more of the firm's shares, or one of the five largest shareholders or a director, an officer, a partner or a proprietor. Joint ventures: provide information for all firms involved. Fill in name, % owned, office held; indicate by "Y" or "N" whether director, officer or partner:

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
<th>DATE OF BIRTH</th>
<th>% OWNED</th>
<th>DIRECTOR (Y or N)</th>
<th>OFFICER (Y or N)</th>
<th>TITLE</th>
<th>PARTNER (Y or N)</th>
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7. Identify any other firms in which, now or in the past five years, the firm or any of the individuals listed in question six above, either owned or owns 5.0% or more of the shares of, or was or is one of the five largest shareholders or as a director, officer, partner or proprietor of said other firm:

<table>
<thead>
<tr>
<th>FEDERAL ID NO.</th>
<th>% OWNED</th>
<th>FIRM/COMPANY NAME</th>
<th>FIRM/COMPANY ADDRESS</th>
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8. Identify any affiliate not listed in your answers to questions 6 and 7. For purposes of this question your firm and another are affiliates when, either directly or indirectly, one controls or has the power to control the other, or a third party or parties controls, or has the power to control both:

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<tr>
<th>FEDERAL ID NO.</th>
<th>COMPANY NAME</th>
<th>ADDRESS</th>
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9. Identify any and all shareholders, directors, officers, owners, partners, or proprietors in common between your firm and any firm listed in response to questions 6, 7 or 8:

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<tr>
<th>FEDERAL ID NO.</th>
<th>FIRST NAME, MI &amp; LAST NAME</th>
<th>POSITION</th>
<th>OTHER FIRM</th>
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10. List the ten most recent contracts the firm has completed. If less than ten, include most recent subcontracts on projects up to that number:

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<tr>
<th>AGENCY/OWNER, CONTACT PERSON &amp; TELEPHONE NO.</th>
<th>CONTRACT NO.</th>
<th>PRIME OR SUB</th>
<th>DESIGN ARCHITECT AND/OR DESIGN ENGINEER</th>
<th>AWARD DATE</th>
<th>AMOUNT</th>
<th>DATE COMPLETED</th>
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11. List all current uncompleted construction contracts:

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<th>AGENCY/OWNER, CONTACT PERSON &amp; TELEPHONE NO.</th>
<th>CONTRACT NO.</th>
<th>PRIME OR SUB</th>
<th>DESIGN ARCHITECT AND/OR DESIGN ENGINEER</th>
<th>TOTAL $ AMOUNT OF FIRM'S CONTRACT (OR SUBCONTRACT)</th>
<th>$ AMOUNT SUBLET TO OTHERS</th>
<th>UNCOMPLETED $ AMOUNT OF FIRM'S CONTRACT (OR SUBCONTRACT)</th>
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GRAND TOTAL:
Average Backlog for Firm's Previous 3 Fiscal Years:

12. Gross Sales for Firm's Previous 3 Fiscal Years: (Estimated total value of uncompleted work on outstanding contracts)

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<th>YEAR</th>
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13. Has the firm, or any firm listed in response to questions 6, 7, or 8, defaulted or been terminated on, or had its surety called upon to complete, any contract awarded within the past five years? NO {  } YES {  } If, yes, give date(s), agency(ies)/owner(s), project(s), contract numbers, and describe including the result:

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

14. For all contracts within the past five years: (a) list and describe all liens or claims over $25,000 filed against the firm and remaining undischarged or unsatisfied for more than 90 days; and (b) list and describe all liquidated damages assessed. (If the firm has no liens, claims or liquidated damages as described above, Check here __)

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

FINANCIAL INFORMATION

15. Complete the attached financial statement or attach a copy of the firm’s most recent annual financial statement and accompanying notes.

OTHER INFORMATION

16. Within the past five years has the firm, any affiliate, any predecessor company or entity, or any person identified in question number 6 above been the subject of any of the following: (respond to each question and describe in detail the circumstances of each affirmative answer; attach additional pages if necessary)

   (a) a judgment of conviction for any business-related conduct constituting a crime under local, state or federal law? no___ yes___
   (b) a criminal investigation or indictment for any business-related conduct constituting a crime under local, state or federal law? no___ yes___
   (c) a grant of immunity for any business-related conduct constituting a crime under local, state or federal law? no___ yes___
   (d) a federal, state or local suspension or debarment? no___ yes___
   (e) a rejection of any bid for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid? no___ yes___
   (f) a rejection of any proposed subcontract for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid? no___ yes___
   (g) a denial or revocation of prequalification? no___ yes___
   (h) a voluntary exclusion from bidding/contracting agreement? no___ yes___
   (i) any administrative proceeding or civil action seeking specific performance or restitution in connection with any public works contract except any disputed work proceeding? no___ yes___
   (j) an OSHA Citation and Notification of Penalty containing a violation classified as serious? no___ yes___
   (k) an OSHA Citation and Notification of Penalty containing a violation classified as willful? no___ yes___
   (l) a prevailing wage or supplement payment violation? no___ yes___
   (m) a State Labor Law violation deemed willful? no___ yes___
   (n) any other federal, state or local citations, Notices, violation orders, pending administrative hearings or proceedings or determinations of a violation of any labor law or regulation? no___ yes___
   (o) any criminal investigation, felony indictment or conviction concerning formation of, or any business association with, an allegedly false or fraudulent women’s, minority or disadvantaged business enterprise? no___ yes___
   (p) any denial, decertification, revocation or forfeiture of Women’s Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status? no___ yes___
   (q) rejection of a low bid on a State contract for failure to meet statutory affirmative action or M/WBE requirements? no___ yes___
(r) a consent order with the NYS Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws? yes__ no__

(s) any bankruptcy proceeding? yes__ no__

(t) any suspension or revocation of any business or professional license? yes__ no__

(u) any citations, Notices, violation orders, pending administrative hearings or proceedings or determinations of a violation of:
   * federal, state or local health laws, rules or regulations yes__ no__
   * federal, state or local environmental laws, rules or regulations yes__ no__
   * unemployment insurance or workers compensation coverage or claim requirements yes__ no__
   * ERISA (Employee Retirement Income Security Act) yes__ no__
   * federal, state or local human rights laws yes__ no__
   * federal, state or local security laws? yes__ no__

(v) a request to withdraw a bid submitted to a public owner or any claim of an error on a bid submitted to a public owner? yes__ no__

CERTIFICATION

The undersigned recognizes that this questionnaire is submitted for the express purpose of inducing the State of New York or its agencies and instrumentalities to award a contract, or approve a subcontract; acknowledges that the State or its agencies and instrumentalities may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete. It is further acknowledged that intentional submission of false or misleading information may constitute a felony under Penal Law Section 175.35 or may constitute a misdemeanor under Penal Law Sections 175.30, 210.35 or 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in a denial of contract award or contract termination.

Sworn to before me this __________ day of ______________________, ______________

Signature of Officer

Notary Public

Title

Commission Expiration Date

Officer Name (Please Print)
## Current Assets

1. **Cash**
   - $__________

2. **Accounts receivable - less allowance for doubtful accounts**
   - Retainers included in accounts receivable
     - $__________
   - Claims included in accounts receivable not yet approved or in litigation
     - $__________

3. **Notes receivable - due within one year**
   - __________________

4. **Inventory - materials**
   - __________________

5. **Contract costs in excess of billings on uncompleted contracts**
   - __________________

6. **Accrued income receivable**
   - Interest
     - __________________
   - Other (list) __________________
   - Total accrued income receivable
     - __________________

7. **Deposits**
   - Bid and plan __________________
   - Other (list) __________________
   - Total deposits
     - __________________

8. **Prepaid Expenses**
   - Income Taxes
     - __________________
   - Insurance
     - __________________
   - Other (list) __________________
   - Total prepaid expenses
     - __________________

9. **Other Current Assets**
   - (list) __________________
   - Total other current assets
     - __________________

10. **Total Current Assets**
    - __________________

11. **Investments**
    - Listed securities-present market value
      - __________________
    - Unlisted securities-present value
      - __________________
    - Total investments
      - __________________

12. **Fixed Assets**
    - Land
      - __________________
    - Building and improvements
      - __________________
    - Leasehold Improvements
      - __________________
    - Machinery and equipment
      - __________________
    - Automotive equipment
      - __________________
    - Office furniture and fixtures
      - __________________
    - Other (list) __________________
    - Total
      - __________________
    - Less: accumulated depreciation
      - __________________
    - Total fixed assets - net
      - __________________

13. **Other Assets**
    - Loans receivable
      - officers
        - __________________
      - employees
        - __________________
      - shareholders
        - __________________
    - Cash surrender value of officers' life insurance
      - __________________
    - Organization expense - net of amortization
      - __________________
    - Notes receivable - due after one year
      - __________________
    - Other (list) __________________
    - __________________

14. **TOTAL ASSETS**
    - __________________
Current Liabilities
15. Accounts payable $_______________
16. Loans from shareholders - due within one year ________________
17. Notes payable - due within one year ________________
18. Mortgage payable - due within one year ________________
19. Other payables - due within one year
   (list) _____________________________ $_______________
   ____________________________________ ________________
    Total other payables - due within one year  _______________
20. Billings in excess of costs and estimated earnings
21. Accrued expenses payable - salaries and wages
   - payroll taxes
   - employees' benefits
   - insurance
   - other
   Total accrued expenses payable ________________
22. Dividends payable ________________
23. Income taxes payable - state ________________
   - federal ________________
   - other ________________
   Total income taxes payable ________________
24. Total Current Liabilities ________________
25. Deferred Income Taxes Payable - state ________________
   - federal ________________
   - other ________________
   Total deferred income taxes ________________
26. Long Term Liabilities
   Loans from shareholders - due after one year ________________
   Notes payable - due after one year ________________
   Mortgage - due after one year ________________
   Other payables - due after one year
   (list) _____________________________ ________________
    Total long term liabilities ________________
27. Other Liabilities
   (list) _____________________________ ________________
    Total other liabilities ________________
28. TOTAL LIABILITIES ________________
   NET WORTH
29. Net Worth (if proprietorship or partnership) $_____________
30. Stockholders' Equity
   Common stock issued and outstanding ________________
   Preferred stock issued and outstanding ________________
   Retaining earnings ________________
   Total ________________
   Less: Treasury stock ________________
31. TOTAL STOCKHOLDERS' EQUITY
32. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY
   NOTE: IF ADDITIONAL SPACE IS REQUIRED, PLEASE NOTE AND ATTACH SCHEDULE TO STATEMENT
Dated this ____ day of ____________, 20____. __________________________________________________________
   Name of Organization
   By: ______________________________________________________
   Signature and Title
STATE OF NEW YORK  )
    ) SS.:
COUNTY OF                      )

The undersigned, being duly sworn, deposes and says:

1. I am an officer/owner of ______________________________________________
    (hereinafter the “Contractor”), which is currently submitting a bid on a Fund Contract.

2. Contractor previously submitted a New York State Uniform Contracting Questionnaire within
   one year prior to the date hereof to _________________________
   in connection with a bid on another State or Fund Contract.

3. Attached is an accurate and true copy of such previously submitted New York State Uniform
   Contracting Questionnaire.

4. I hereby certify that, with the exception of the information specified in questions 10 and 11,
   there has been no material change in the information pertaining to the Contractor specified on such
   attached Questionnaire, except as follows:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. I hereby certify that there has been no change in the information pertaining to the uncompleted
   construction contracts of the Contractor specified in question 11 on the attached Questionnaire,
   except as follows:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Date ____________________________
Name: ____________________________
Title: ____________________________

Sworn to before me this _____________ day of ________________ 20__

_____________________________________________________________
Notary Public