

**EXPERIENCE AND QUALIFICATION STATEMENT OF**

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**(Legal Name of Bidder)**

**SUBMITTED TO:**

**Oakland County Water Resources Commissioner  
Building 95 West – One Public Works Drive  
Waterford, Michigan 48328-1907**

**REGARDING:**

**[insert Project name]**

**CONFIDENTIAL INFORMATION**

**IMPORTANT – This Experience and Qualification statement shall be filled out for submittal with the Bid. This statement, to be acceptable, must give full information for every applicable item.**

<b>1.</b>	<b>BUSINESS NAME: (Do not abbreviate and hereinafter referred to as “Contractor”)</b>		
<b>2.</b>	<b>BUSINESS ADDRESS: (Not a post office box)</b>		
<b>3.</b>	<b>CONTACT INFORMATION</b>		
	Contact Person: _____		
	Email: _____		
	Telephone: _____		
	Fax Number: _____		
<b>4.</b>	<b>LEGAL STATUS: (Fill in appropriate boxes and spaces)</b>		
	<b>A. INDIVIDUAL – (Named in Item 1)</b>		
	Home Address: _____		
	Age: _____		
	B. ASSUMED NAME – Registered in _____		County, Michigan
	Date: _____		
	Name of Each Individual	Home Address	Age
	<b>C. PARTNERSHIP – Date Organized</b> _____		General <input type="checkbox"/> Limited <input type="checkbox"/>
	Partnership Registered in _____		County, Michigan
	Name of Each Individual	Home Address	Age
	<b>D. CORPORATION – Date Incorporated</b> _____		State _____
	Licensed to do Business in Michigan <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
	Capitalization: Total Authorized \$ _____		Paid in Cash \$ _____
	Officers	Name	Home Address
	President		
	Vice President		
	Secretary		
	Treasurer		

<b>5.</b>	<b>Years in Business Under Present Name and Legal Status</b>			Years *
* If less than 10 years, were you previously engaged in present line of work under another name or legal status? <input type="checkbox"/> No <input type="checkbox"/> Yes, as listed below:				
Previous Name:				Individual
Address:				Partnership
Dated:	From		To	Corporation
Years Engaged in Work of the Character Covered by this Statement				Years
<b>6.</b>	<b>OTHER INTERESTS</b>			
Are there any inter-related companies, either partnerships or corporations, or other individuals who will in anyway, financial or otherwise, be involved in this Contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, as listed below:				
Name		Nature of Business		Relationship
Has any person named in Item 1 or 4 ever been, or still is, a principal, partner, or officer in a contracting organization in addition to the one named herein? <input type="checkbox"/> No <input type="checkbox"/> Yes, as listed below:				
Individual's Name	Position	Organization Name		Dates
Did any of the above organizations ever fail to complete work or default on a contract while any person named in Item 1 or 4 was a partner or officer? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach statement as to when, when, why, and who bonded the work				
Are there any other construction-related companies in which, now or in the past five years, Contractor or any of the individuals or business entities listed above either owned or own 5.0% or more of the shares of, or was or is one of the five largest shareholders or a director, officer, partner or proprietor of said other company? (Attach additional pages if necessary.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Name			Company EIN (If available)	
Company's Primary Business Activity				
Company Address				
Explain relationship with the company and indicate percent of ownership, if applicable (enter N/A, if not applicable):				
Are there any shareholders, directors, officers, owners, partners or proprietors that Contractor has in common with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Individual's Name (Include <i>middle initial</i> )			Position/Title with Company	

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Does Contractor have any construction-related affiliates not identified in the response to questions above? (Attach additional pages if necessary.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Affiliate Name			
Affiliate Name		Affiliate EIN (if available)	
Affiliate's Primary Business Activity			
Affiliate Address			
Explain relationship with the affiliate and indicate percent of ownership, if applicable (enter N/A, if not applicable):			
Are there any shareholders, directors, officers, owner, partners or proprietors that Contractor has in common with this affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individual's Name (Include middle initial)		Position/Title with Company	
Has Contractor participated in any construction-related Joint Ventures within the past three (3) years? (Attach additional pages if necessary.)			
Joint Venture Name		Joint Venture EIN (if available)	
Identify parties to the Joint Venture			
<b>7. PAST EXPERIENCE OF BIDDER:</b>			
Largest Gross Amount of Work Done in One Year		\$	Year
Largest Single Contract Completed: Work Performed as:		Prime Contractor	Subcontractor
Joint Venture with:			
Type and Location of Work:		Contract Price \$	
Architect/Engineer or Owner:		Date Completed:	
If above project (listed in Item 7 above) is not the same general type as the present contract, list the largest contract of such similar type completed.			
Type and Location of Work		Contract Price \$	
Architect/Engineer or Owner:		Date Completed:	
Work Performed as:	Prime Contractor	Subcontractor	
Joint Venture with:			
In Schedule A, list work completed during at least the last 5 years that was of similar type and comparable size to the proposed work.			
OR If work of similar type and/or comparable size has not been previously completed, attach a statement giving reason for being qualified to satisfactorily perform the proposed work. So indicate an attachment by checking the box			
<b>8. PRESENT WORK:</b>			
Do you now have other work? <input type="checkbox"/> No <input type="checkbox"/> Yes, having a total value of \$			
* In Schedule B, list present work and related data.			
Is any of the present work behind schedule? <input type="checkbox"/> No <input type="checkbox"/> Yes – Attached as statement giving reasons for delay and other pertinent data			

**SCHEDULE A – COMPLETED WORK**

<b>Type of Work</b>	<b>Owner's Name Name/Address &amp; Telephone No. of Point of Contact</b>	<b>Architect or Engineer Name/Address/Telephone No. of Point of Contact</b>	<b>Construction Cost</b>	<b>Date Completed</b>	<b>Prime or Sub</b>

**SCHEDULE B – PRESENT WORK**

Type of Work	Owner's Name Name/Address & Telephone No. of Point of Contact	Architect or Engineer Name/Address & Telephone No. of Point of Contact	Contract Amount	Completion	
				Date Required	% to Date

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<b>9.</b>	<b>EXPERIENCE OF KEY PERSONNEL:</b>		
	Give a brief resume of the construction experience of the Principals named in Items 1 or 4 and the key personnel that will be working on the project (If space is not sufficient attach a supplemental statement.)		
<b>10.</b>	<b>SURETY (Bonding Company)</b>		
	Surety (not the agent) who will bond this Contract:		
	Name:		
	How long has this Surety been bonding your work?	Years	
	* If less than 3 years, give name of previous Surety:		
	What is your maximum bonding limitation?	\$	<b>(This Must Be Stated)</b>
	What amount of present work is bonded?	\$	
	Net amount still available for new work?	\$	
	Individual official of Surety who can verify above and furnish additional information:		
	Name:		
	Address:		
	Telephone Number:		
	Email:		
	If a corporation, will any or all officers be required by the Surety to pledge their own personal assets as a condition for obtaining the bonds required for this Contract?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes, as named below:		
<b>11.</b>	<b>INSURANCE:</b>		
	List the types of insurance applicable to the proposed work, which are currently carried, giving the names of the insurers and the basic limits of the respective coverage.		
	Type	Insurance Company	Limits
	Worker's Compensation		One Person \$
	Public Liability		One Accident \$
	Property Damage		Each Accident \$
			Aggregate \$
	Insurance representative or agent who can verify above and furnish additional information:		
	Name:		
	Address:		
	Telephone Number:		
	Email:		
	Have you ever had an insurance policy of any of the above types canceled? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain below:		
	Type:	Insurer:	Date:
	Reason:		

<b>12.</b>	<b>SUPERVISION:</b>			
	Name of person who will be in responsible charge of the respective phases of the Work.			
	A. General Overall Supervision			
	Name:		How long in your employ?	
	Telephone Number:	Age	How long in this capacity?	
	Address:			
	Email:			
	Construction Experience:			
	B. Superintendence on Site			
	Name:		How long in your employ?	
	Telephone Number:	Age	How long in this capacity?	
	Address:			
	Email:			
	Previous capacity with you, if other than above:			
	Last jobs on which he acted in similar capacity:			
	Type and Location	Architect/Engineer or Owner	Construction Cost	Date Completed
			\$	
			\$	
Largest job, if other than above, on which he acted in similar capacity:				
Type and Location	Architect/Engineer or Owner	Construction Cost	Date Completed	
		\$		
		\$		
Oakland County job, if any, or different from above in similar capacity:				
Type and Location:		Dates employed:		
Will he perform any other specific work at site than that of Job Superintendence? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain below:				
<b>13.</b>	<b>CONSTRUCTION EQUIPMENT:</b>			
	Do you permanently maintain an equipment yard <input type="checkbox"/> Yes <input type="checkbox"/> No?			
	Yes – Located at:			
	What facilities are there provided other than storage?			
	No – State where equipment is temporarily stored:			
	What major items of construction equipment will be available for use on the proposed work? List separately equipment now owned and that which will be purchased or rented.			
	If the type of work is such that it may be done in separate crews working concurrently at different locations, then separately list that equipment that will be available for each crew.			



<b>13.</b>	<b>CONSTRUCTION EQUIPMENT: (continued)</b>			
	Type of Equipment	Size	Make	Years Old

<b>14.</b>	<b>SUBCONTRACTORS:</b>			
	Approximate total value of subcontractors		\$	
	Complete the table below for each Subcontractor who will perform Work in excess of 10% of Bid Total.			
	<b>Name of Subcontractor &amp; Trade</b>	<b>Part of Work</b>	<b>Used Before?</b>	
			<b>Yes</b>	<b>No</b>
	Have firm commitments and prices been obtained for required equipment and materials Do you permanently maintain an equipment yard <input type="checkbox"/> Yes <input type="checkbox"/> No? If No, Explain:			
	Have all proposed Subcontractors and Suppliers been made aware of the time allowed for completion of the Work and the related liquidated damages provision Do you permanently maintain an equipment yard? <input type="checkbox"/> Yes <input type="checkbox"/> No? If No, Explain			

<b>15.</b>	<b>INTEGRITY - CONTRACT BIDDING - Within the past ten (10) years, has Contractor, an affiliate, related or any predecessor company or entity:</b>	
15.1	Been suspended or debarred from any government contracting process or been disqualified on any government procurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.2	Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.3	Had any bid rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.4	Had a proposed subcontract rejected by a government entity for lack of qualifications, responsibility or because of the submission of an informal, non-responsive or incomplete bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.5	Had a low bid rejected on a government contract for failure to make good faith efforts on any Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise goal or statutory affirmative action requirements on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.6	Agreed to a voluntary exclusion from bidding/contracting with a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.7	Initiated a request to withdraw a bid submitted to a government entity or made any claim of an error on a bid submitted to a government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with the numbered responses. As part of your response, provide details, including the basis for any such finding and the general substance of any basis upon which you assert the finding was erroneous. If you do not know the basis, you may simply state "unknown".	
<b>16.</b>	<b>INTEGRITY - CONTRACT AWARD - Within the past five (5) years, has Contractor, an affiliate, or any predecessor company or entity:</b>	
16.1	Defaulted on or been suspended, cancelled or terminated for cause on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.2	Been subject to an administrative proceeding or civil action seeking specific performance or restitution (except any disputed work proceeding) in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.3	Entered into a formal monitoring agreement, consent decree or stipulated settlement as specified by, or agreed to with, any government entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.4	Failed to complete a construction project due to financial difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.5	Had its surety called upon to complete any contract whether government or private sector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.6	Has any officer or principal of submitting Contractor ever been an officer or principal of another organization when it failed to complete a construction contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.7	Forfeited all or part of a standby letter of credit in connection with any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17.</b>	<b>CERTIFICATIONS/LICENSES - Within the past five (5) years, has Contractor, an affiliate, or any predecessor company or entity:</b>	
17.1	Had a revocation or suspension of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.2	Had a denial, decertification, revocation or forfeiture of Michigan certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or a federal certification of Disadvantaged Business Enterprise status, for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with the numbered responses. As part of your response, provide details, including the basis for any such finding and the general substance of any basis upon which you assert the finding was erroneous. If you do not know the basis, you may simply state "unknown".	

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<b>18.</b>	<b>LEGAL PROCEEDINGS/GOVERNMENT INVESTIGATIONS</b> <b>Within the past five (5) years, has Contractor, an affiliate, a related or any predecessor company or entity or any of the principals of the foregoing:</b>	
18.1	Been the subject of or involved in a criminal investigation, whether open or closed, or an indictment for any business-related conduct constituting a crime under local, state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.2	Been the subject of: (1) An indictment, grant of immunity, judgment or conviction (including entering into a plea bargain) for conduct constituting a crime; or (2) Any criminal investigation, felony indictment or conviction concerning the formation of, or any business association with, an allegedly false or fraudulent Minority-Owned Business Enterprise, Women-Owned Business Enterprise, or a Disadvantaged Business Enterprise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.3	Received any OSHA or MIOSHA citation, with resulted in a final determination classified as serious or willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.4	Had a government entity file a willful prevailing wage or supplemental payment violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.5	Been removed from any construction project for safety violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.6	If so, was the removal admitted to be wrongful by the project owner, or found to be wrongful by a court of law, arbitration tribunal or administrative tribunal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.7	Had a Michigan State Labor Law violation deemed willful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.8	Entered into a consent order with the Michigan Department of Environment, Great Lakes and Energy or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.9	Other than previously disclosed, been the subject to any citations, notices or violation order; a pending administrative hearing, proceeding or determination of a violation of: (1) Federal, state or local health laws, rules or regulations (2) Federal, state or local environmental laws, rules or regulations (3) Unemployment insurance or workers compensation coverage or claim requirements (4) Any labor law or regulations, which was deemed willful (5) Employee Retirement Income Security Act (ERISA) (6) Federal, state or local human rights laws (7) Federal, state or local security laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19.</b>	<b>CLAIMS AND SUITS.</b>	
	Has Contractor, an affiliate, or any predecessor company or entity ever failed to complete any work awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against Contractor, an affiliate, or any predecessor company or entity or any of their respective officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has Contractor, an affiliate, or any predecessor company or entity filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with the numbered responses. As part of your response, provide details, including the basis for any such finding and the general substance of any basis upon which you assert the finding was erroneous. If you do not know the basis, you may simply state "unknown".	

<b>20.</b>	<b>FALSE CLAIMS</b>	
	Has Contractor, an affiliate, or any predecessor company or entity been found to have submitted false claims to any governmental agency by any court of the United States or any State Court? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer to any of the questions below is yes, please attach details.)	
	For each "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with the numbered responses. As part of your response, provide details, including the basis for any such finding and the general substance of any basis upon which you assert the finding was erroneous. If you do not know the basis, you may simply state "unknown".	
	Note: Information regarding a determination or finding made in error, which was subsequently corrected or overturned, and/or was withdrawn by the issuing government entity, is not required.	
<b>21.</b>	<b>LEADERSHIP INTEGRITY</b>	
	If Contractor is a Joint Venture Entity, answer "N/A - Not Applicable" to questions in this section. Within the past five (5) years has any individual previously identified or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of Contractor, an affiliate, a related or any predecessor company or entity with any government entity been:	
21.1	Sanctioned relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.2	Suspended, debarred or disqualified from any government contracting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.3	The subject of or involved in a criminal investigation, whether open or closed, or an indictment for any business-related conduct constituting a crime under local, state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.4	Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment for: (1) Any business-related activity, including but not limited to fraud, coercion, extortion, bribe or bribe-receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price-fixing or collusive bidding; or (2) Any crime, whether or not business-related, the underlying conduct of which related to truthfulness, including but not limited to the filing of false documents or false sworn statements, perjury or larceny.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For each "Yes," provide an explanation of the issue(s), the individual involved, the relationship to Contractor, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with the numbered responses.	

<b>22. FINANCIAL AND ORGANIZATIONAL CAPACITY</b>		
22.1	Within the past five (5) years, has Contractor or any affiliate received any formal unsatisfactory performance assessment(s) from any government entity on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, the government entity involved, relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with the numbered responses.	
22.2	Within the past five (5) years, has Contractor or any affiliate had any liquidated damages assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, relevant dates, the owner contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
22.3	Within the past five (5) years, has Contractor or any affiliate had any liens, claims or judgments over \$25,000 filed against Contractor which remain undischarged or were unsatisfied for more than 90 days? (Note: Including but not limited to tax warrants or liens. Do not include UCC filings.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," provide an explanation of the issue(s), the Business Entity involved, the relationship to Contractor, relevant dates, the Lien holder or Claimants' name(s), the amount of the lien(s) and the current status of the issue(s). Provide answer below or attach additional sheets with the numbered responses.	
22.4	In the last seven (7) years, has the Contractor or any affiliate initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," provide the Business Entity involved, the relationship to Contractor, the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with the numbered responses.	

<b>23.</b>	<p><b>FINANCIAL STATEMENT:</b></p> <p>A financial statement reflecting the condition of the business as of the last day of the operating year shall be furnished. This statement shall be prepared and signed by an authorized person having full knowledge of the financial condition. Any statement reflecting the financial condition as of a date 12 months or more prior to the bid submission shall be supplemented by a later interim statement. Particular attention is directed to the additional explanatory detail required for those items marked with an asterisk. The forms herein shall be used unless an independent certified public accountant's signed statement is submitted showing substantially the same information.</p> <p><b>Certification of Person Who Prepared Financial Statement on the Forms Herein</b></p> <p>I, _____ being the _____  <div style="text-align: right;">(Title &amp; Capacity)</div>         having full knowledge of the books and accounts of the party first named herein, do hereby certify that the financial statement as shown on the following sheets and any indicated attachments, fairly and truly sets forth the financial condition of the party first named herein, at the close of business on:          _____ (Date) that being the last day of the operating year.</p> <p>A Supplemental Interim Statement, as of _____ (Date) is also submitted since the above referenced statement is 12 months or more prior to the bid submission</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Date Certified</td> <td style="width: 30%;"></td> <td style="width: 20%;">Signed:</td> <td style="width: 20%;"></td> </tr> </table> <p><b>Financial Statement by Certified Public Accountant</b></p> <p>In lieu of furnishing the financial statement on the forms herein, submitted herewith as part of this Questionnaire is a Certified Public Accountant's signed statement of the financial condition of the party first named herein, prepared by _____ (CPA), at the close of business on: _____ (Date) that being the last day of the operating year.</p> <p>A Supplemental Interim Statement, prepared by the above, as of _____ (Date) is also submitted since the above referenced statement is 12 months or more prior to the bid submission.</p> <p>Additional explanatory information may be obtained directly from:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone Number: _____</p> <p>Email: _____</p>	Date Certified		Signed:	
Date Certified		Signed:			

23.	<b>FINANCIAL STATEMENT</b>	Name:	
		Condition as of close of business (Date)	
		<b>ASSETS</b>	<b>LIABILITIES</b>
<b>1. Cash</b>	In Bank *		<b>13. Accounts Payable</b>
	On Hand		
	Certified Bid Checks		
<b>2. Accounts Receivable</b>	Completed Contracts		
	Earned Estimates – Net		
	Retained Percentages		
	Other Current		
	Past Due *		
<b>3. Notes &amp; Interest Receivable</b>	Within 90 days		<b>15. Taxes</b>
	After 90 days		
	Past Due *		
<b>4. Stocks &amp; Bonds, Etc.</b>	Listed-Market Value		<b>16. Loans Due Within 12 Months</b>
	Unlisted-Present Value		
<b>5. Material in Stock</b>	For Current Work		<b>17. Other- Within 12 Months</b>
	Other Uses *		
<b>6. Other Current Assets</b>		<b>18. Total Current Liabilities Total Current Liabilities</b>	
<b>7. Total Current Assets</b>		<b>19. Due on Equipment – After 12 Months</b>	
<b>8. Equipment (Book Value)</b>		<b>20. Due on Real Estate – After 12 Months</b>	
<b>9. Furniture &amp; Fixtures</b>		<b>21. Other Long Term</b>	
<b>10. Real Estate</b>	For Business Use		<b>22. Reserve</b>
	For Investment		
	Personal-Homestead		
<b>11. Other Assets</b>		<b>23. Paid-in Capital Stock</b>	Common
			Preferred
<b>12. TOTAL ASSETS</b>		<b>24. Surplus or Net Worth</b>	
<b>Line of Credit Established</b>		<b>25. TOTAL LIABILITIES</b>	
Amount		Contingent Liabilities	
		Notes Rec. discounted or sold	
Bank – Name and Address		Accounts Rec. pledged or sold	
		As bondsman	
		As guarantee on contracts, etc.	
Security Required by Bank		Other	
		Total Contingent Liabilities	

\* Additional explanatory detail for each starred item must be given on following pages

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**OAKLAND COUNTY WATER RESOURCES COMMISSIONER**



**ADDITIONAL EXPLANATORY DETAIL OF FINANCIAL STATEMENT**  
**(Starred \* Items on Sheet)**

<b>1.</b>	<b>Cash in Banks</b>					<b>Total \$</b>	
	Name of Bank		Location		Deposit in Name of		Amount
<b>2.</b>	<b>Accounts Receivable- Past Due</b>					<b>Total \$</b>	
	Receivable from – Name and Address				For What	When Due	Amount
Reason for Delay and When Payment Expected:							
<b>5.</b>	<b>Materials in Stock – Other Uses</b>					<b>Total \$</b>	
	Material	Quantity	Amount	Material	Quantity	Amount	
<b>6.</b>	<b>Other Current Assets</b>					<b>Total \$</b>	
	Description		Amount	Description		Amount	
<b>11.</b>	<b>Other Assets</b>					<b>Total \$</b>	
	Description		Amount	Description		Amount	
<b>13.</b>	<b>Accounts Payable – Past Due</b>					<b>Total \$</b>	
	Payable To – Name and Address			For What	When Due	Amount	
<b>14.</b>	<b>Notes Payable Within 12 Months</b>					<b>Total \$</b>	
	Payable To – Name and Address			What Security	When Due	Amount	
<b>15.</b>	<b>Taxes – Other</b>					<b>Total \$</b>	
	Nature	When Due	Amount	Nature	When Due	Amount	

**JIM NASH**  
**OAKLAND COUNTY WATER RESOURCES COMMISSIONER**



**REQUIREMENTS FOR SIGNING STATEMENT**

The statement shall be signed below in accordance with the following requirements applicable to the legal status of the party first named herein.

- |           |                                                                                                                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> | <b>Individual</b> – the signature of the individual                                                                                                                                                       |
| <b>B.</b> | <b>Individual Doing Business Under Assumed Name</b> – the assumed name to be stated, followed by the signature of the individual.                                                                         |
| <b>C.</b> | <b>Partnership</b> – the company name to be stated, followed by the signature of at least one of the partners.                                                                                            |
| <b>D.</b> | <b>Corporation</b> – the full corporate name to be stated, followed by the signature and title of corporate officer authorized and qualified to sign for the corporation, and the corporate seal affixed. |

**CERTIFICATION**

The undersigned hereby certifies: That the foregoing is a true statement of experience, qualifications and financial condition as to this date of the party first named herein, and is submitted to the Oakland County Water Resources Commissioner to aid the Water Resources Commissioner in determining the qualifications and responsibility of the party first named herein to be awarded a contract, and that any surety, company, vendor, or other parties named herein are hereby authorized to directly furnish the Oakland County Water Resources Commissioner with any additional information as may be deemed necessary by him to verify or clarify any statement made herein.

<b>Company/Corporate/Assumed Name:</b>	<b>Corporate Seal:</b>
<b>Signature:</b>	
<b>Printed Name:</b>	
<b>Title:</b>	

<b>State of:</b>	<b>Notary Seal and Signature:</b>
<b>County of:</b>	
<b>Subscribed and Sworn Before Me This Date:</b>	
<b>Printed Name of Notary:</b>	

**JIM NASH**  
**OAKLAND COUNTY WATER RESOURCES COMMISSIONER**