

**EXHIBIT 3 - FORMS REQUIRED FOR SUBMISSION WITH FORMAL AND INFORMAL PROPOSALS**

<b>EXHIBIT 3 A – BUSINESS OVERVIEW AND QUESTIONNAIRE FORM</b>				
<b>TABLE 1 – GENERAL INFORMATION</b>				
Organization Doing Business As:				
Business Address of Principle Office:				
Main Telephone Number:				
Fax Number:				
Web Site Address:				
Federal Tax Identification Number:				
MBE Status - Yes or No:				
Form of Business (check one):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture
IF A CORPORATION				
Date of Incorporation:				
State of Incorporation:				
Chief Executive Manager's Name:				
President's Name:				
Vice President's Name(s):				
Secretary's Name:				
Treasurer's Name:				
IF A PARTNERSHIP				
Date of Organization:				
General or Limited Partnership?:				
IF AN INDIVIDUAL				
Name:				
Business Address:				
IF A JOINT VENTURE				
Name of Lead Joint Venture Manager:				
Name of Firm:				
Joint Venture Partner Manager(s):				
Name of Firm(s):				
Individuals Not Listed Above Having Significant Business Control:				
Indicators of Organization Size:				
Current Number Full Time Employees:		Estimate of Current Year's Revenue:		
Average Number of Projects per Year:		Average Project Construction Cost:		

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**TABLE 2 – ORGANIZATIONAL EXPERIENCE**

Organization Doing Business As:			
Business Address of Principle Office:			
Main Telephone Number:			
Fax Number:			
Web Site Address:			
Organization Doing Business As:			
<b>ORGANIZATIONAL HISTORY</b>			
List of names that this organization has operated under over the history of the organization, including the names of related companies presently doing business:			
Names of Organization:	From Date	To Date	
List of companies, firms or organizations that own any part of the organization.			
Name of Companies, Firms or Organization:		Percent Ownership	
<b>CONSTRUCTION EXPERIENCE</b>			
1.	Years' experience in projects similar to the proposed project:		
	As a General Contractor:		As a Joint Venture Partner:
2.	Has this or a predecessor organization ever defaulted on a project or failed to complete any work awarded to it? If yes provide full details in a separate attachment. (Attachment #_____)		
3.	Has this or a predecessor organization been released from a bid or proposal in the past ten years? If yes provide full details in a separate attachment. (Attachment #_____)		
4.	Has this or a predecessor organization ever been disqualification as a bidder or Offeror by any local, state, or federal agency within the last five (5) years? If yes provide full details in a separate attachment. (Attachment #_____)		
5.	Is this organization or your proposed surety currently in any litigation or contemplating litigation? If yes provide full details in a separate attachment. (Attachment #_____)		
6.	Has this or a predecessor organization ever refused to construct or refused to provide materials defined in the contract documents? If yes provide full details in a separate attachment. (Attachment #_____)		
7.	Has your company, firm, corporation, or business implemented an Employee Health and Safety Program compliant with 29 CFR 1910 "General Industry Standards" <a href="https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1910">https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1910</a> and/or 29 CFR 1926 "General Construction Standards" <a href="https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1926">https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1926</a> as they apply to your Company's customary activities?		



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**ATTACHMENT C - REFERENCES FORM**

Please list three (3) customer references, **other than the San Jacinto River Authority**, who can verify the quality of service your company provides. The SJRA prefers customers of similar size and scope of work to this solicitation.

**REFERENCE ONE**

GOVERNMENT/COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON AND TITLE: \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_

**REFERENCE TWO**

GOVERNMENT/COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON AND TITLE: \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_

**REFERENCE THREE**

GOVERNMENT/COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON AND TITLE: \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT PERIOD: \_\_\_\_\_

**THIS FORM MUST BE RETURNED WITH THE PROPOSAL RESPONSE**

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**EXHIBIT 3 D - CONFLICT OF INTEREST FORM**

**CONFLICT OF INTEREST QUESTIONNAIRE - FORM CIQ**

**For vendor or other person doing business with local governmental entity**

**This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**1** \_\_\_\_\_  
Name of vendor who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire.  
  
(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3** Name of local government officer about whom the information in this section is being disclosed.

\_\_\_\_\_  
Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the vendor?  
 Yes  No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?  
 Yes  No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of one percent or more?  
 Yes  No

D. Describe each employment or business and family relationship with the local government officer named in this section.

**4**  I have no Conflict of Interest to disclose.

**5** \_\_\_\_\_  
Signature of vendor doing business with the governmental entity Date

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**EXHIBIT 3 E – VERIFICATION FORM**

**VERIFICATION COMPANY DOES NOT BOYCOTT ISRAEL**

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ [name], \_\_\_\_\_ [title] of \_\_\_\_\_ [Contractor], and, upon oath, after first being duly sworn, deposed and stated:

“My name is \_\_\_\_\_ and I am the \_\_\_\_\_ [title] of \_\_\_\_\_ [Contractor], hereinafter referred to in this verification as ‘Contractor’. The facts set forth herein are within my personal knowledge and are true and correct, and I am competent and authorized to make this verification on behalf of Contractor.

Contractor does not Boycott Israel; and

Contractor will not Boycott Israel during the term of this Agreement; and

‘Boycott Israel’ as used herein means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.”

Contractor:

\_\_\_\_\_

By: \_\_\_\_\_  
[Signature of Affiant]

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_ day of \_\_\_\_\_, 201\_, by \_\_\_\_\_, \_\_\_\_\_ [title] of \_\_\_\_\_ [Contractor], known to me or proved through photo identification.

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My commission expires: \_\_\_\_\_

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**EXHIBIT 3 F - TGC 2252.152 CERTIFICATION FORM**

**CONTRACTS WITH COMPANIES ENGAGED IN BUSINESS WITH IRAN, SUDAN, OR FOREIGN TERRORIST ORGANIZATIONS PROHIBITED - CERTIFICATION**

I, \_\_\_\_\_, the undersigned \_\_\_\_\_ representative of \_\_\_\_\_ (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify the San Jacinto River Authority's Purchasing Division.

\_\_\_\_\_  
Name of Company Representative (Print)

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

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**ATTACHMENT G – ACKNOWLEDGMENT**

The undersigned agrees this submission becomes the property of SJRA after the official opening.

The undersigned affirms he/she has familiarized himself with the requirements, scope of work, and matters that will be required for the work before submitting a response.

The undersigned agrees, if this submission is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the specification. The period for acceptance of this submission will be **ninety 90 calendar days** unless a different period is noted.

The undersigned affirms that they are duly authorized to execute this contract, that this submission has not been prepared in collusion with any other respondent, nor any employee of SJRA, and that the contents of this submission have not been communicated to any other respondent or to any employee of SJRA prior to the acceptance of this submission.

Respondent hereby assigns to the SJRA any and all claims for overcharges associated with this contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.

The undersigned affirms that they have read and do understand the specifications, all exhibits and attachments contained in this solicitation package.

The undersigned agrees that the solicitation package posted on the website are the official requirements and shall not alter the electronic copy of the requirements, terms, or conditions – were applicable, without clearly identifying changes.

The undersigned understands they will be responsible for monitoring SJRA Purchasing Website at: <http://brazosbid.cstx.gov/admin/login.asp> to ensure they have downloaded and signed all addendum(s) required for submission with their response. I certify that I have made no willful misrepresentations in this submission, nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in this submission will be investigated, with my full permission, and that any misrepresentations or omissions may cause my submission to be rejected.

Acknowledge receipt of following addenda to the solicitation:

Addendum No 1 Dated \_\_\_\_\_ Received \_\_\_\_\_  
Addendum No 2 Dated \_\_\_\_\_ Received \_\_\_\_\_  
Addendum No 2 Dated \_\_\_\_\_ Received \_\_\_\_\_

**NAME AND ADDRESS OF COMPANY:  
REPRESENTATIVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Email. \_\_\_\_\_

**AUTHORIZED**

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Fax No. \_\_\_\_\_

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