

Exhibit 3

VENDOR'S QUESTIONNAIRE AND CERTIFICATE BY COMPLIANCE

The following information is requested for information purposes only. It will not be used in determining bid award.

Date: _____

Firm Name _____ **Telephone** _____

Business Fax _____ **Email Address** _____ **Website** _____

Street Address _____ **City/State** _____ **Zip Code+ 4®** _____

Mailing Address _____ **City/State** _____ **Zip Code + 4®** _____

Type of Organization (Check one) **Individual** ☐ **Partnership** ☐ **Corporation** ☐

Name of Owner(s) _____ **State of Incorporation (if**
applicable) _____

Name of Partners _____ **(I) Indicate (G) General**
(L)Limited _____

Local Address _____

Amount of Annual Business _____

The District is identifying vendor ownership as follows:

| | Asian-American (Chinese, Japanese, Korean, Vietnamese) | Black or African-American | Filipino | Latino (other than Mexican or Mexican-American) | Mexican or Mexican-American | Native – American | Pacific Islander, other Asian | White | Disabled | Veteran | Women | Subcontractor | Employee | Apprentice |
|--------------------|--|---------------------------|----------|---|-----------------------------|-------------------|-------------------------------|-------|----------|---------|-------|---------------|----------|------------|
| Total # | | | | | | | | | | | | | | |
| % of assets | | | | | | | | | | | | | | |

The District is identifying vendor workforce as follows:

| | Asian-American (Chinese, Japanese, Korean, Vietnamese) | Black or African-American | Filipino | Latino (other than Mexican or Mexican-American) | Mexican or Mexican-American | Native – American | Pacific Islander, other Asian | White | Disabled | Veteran | Women | Subcontract or | Employee | Apprentice |
|----------------|--|---------------------------|----------|---|-----------------------------|-------------------|-------------------------------|-------|----------|---------|-------|----------------|----------|------------|
| Total # | | | | | | | | | | | | | | |

Explain whether current workforce is racially and ethnically proportionate to the area from which the workforce is drawn (national, state, or local). Use separate sheet if necessary.

Detail steps taken by vendor since inception to assure non-discriminatory recruiting, hiring, and apprenticeship, placement, promotion, demotion, layoff and termination practices. Use separate sheet if necessary.

What are you interested in providing the District? (e.g., construction, consulting, goods or services).

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|---|---|
| Main Headquarters Office(s) Address/Telephone (List all as applicable) | 1. 2. 3. |
|---|---|

Total # of Employees _____

| | |
|---|---|
| Local Office(s) Address/Telephone (List all as applicable) | 1. 2. 3. |
|---|---|

Total # of Employees _____

| | |
|--|--|
| Name and list residential zip code for each employee, subcontractor, or apprentice for awarded contract (Please use the Zip+4®) Use separate sheet as Necessary | 1. 2. 3. 4. 5. 6. |
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