## Exhibit 3

## **Team Experience**

Proposed Staff (Please designate SUB Consultant Firms where applicable)				
#	1	2	3	
Name				
Project Position				
DSA Experience (Yes/No)				
State Funding Experience (Yes/No)				
K14 Experience (Yes, No)				
Public Agency Experience (Yes, No)				
License Number				
Number of Projects Concurrently Inspecting				
Hourly Rate				
Project Hours				
Past Project Experience				
#	1	2	3	
Owner/Client Name				
Email   Phone Number				
Project Name				
Sub Consultants Utilized				
Start/Finish Dates				
Brief Description (Bldg Type, Sqft, S/U, etc)				
Position Held During this Project				
New Construction or Modernization (New/Mod)				
Awarded Company Contract Value				
DSA Closeout Status and date of				
Owner/Client Name				
Email   Phone Number				
Project Name				
Sub Consultants Utilized				
Start/Finish Dates				
Brief Description (Bldg Type, Sqft, S/U, etc)				
Position Held During this Project				

New Construction or		
Modernization (New/Mod)		
Awarded Company Contract Value		
DSA Closeout Status and date of		
Owner/Client Name		
Email   Phone Number		
Project Name		
Sub Consultants Utilized		
Start/Finish Dates		
Brief Description (Bldg Type, Sqft,		
S/U, etc)		
Position Held During this Project		
New Construction or		
Modernization (New/Mod)		
Awarded Company Contract Value		
DSA Closeout Status and date of		