



STATE HIGHWAY  
ADMINISTRATION

CONSULTANT ORGANIZATIONAL INFORMATION - Telephone 410-545-5660 Fax 410-209-5005

**CONSULTANT/  
SUBCONSULTANT** \_\_\_\_\_  
**HOME OFFICE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_

**CONTRACT#** \_\_\_\_\_  
**BRANCH OFFICE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**FAX:** \_\_\_\_\_  
**FEDERAL I.D. #** \_\_\_\_\_

**1) Type of Organization:**

Sole Proprietorship  
S – Corporation  
LLC

Partnership  
C – Corporation

If LLC and S or C - Corporation are both checked, check if your firm files taxes on Form 1120 or 8832:

ESOP \_\_\_\_\_  
Percentage of ESOP owned by the S Corporation \_\_\_\_\_

**2) Approved Subchapter “S” Waiver:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, Agency that issued the Subchapter “S” Waiver:** \_\_\_\_\_  
**Date waiver was issued:** \_\_\_\_\_  
**Waiver expiration date (if applicable):** \_\_\_\_\_

**3) Date founded** \_\_\_\_\_  
**Date of registration** \_\_\_\_\_  
**State of registration or incorporation** \_\_\_\_\_

**4) Areas of specialization or nature of business:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5) Approximate number of employees:** \_\_\_\_\_

**6) Principals, Partners or Officers (list job titles), If Subchapter “S” Corporation, list shareholders and clearly identify the individuals with an approved Subchapter “S” Corporation Waiver:**

Principals, Partners, or Officers	Job Titles



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7) **Financial contact person name:** \_\_\_\_\_  
**And telephone number:** \_\_\_\_\_

8) **Independent CPA overhead audit is being submitted for Fiscal Year** \_\_\_\_\_, **ending date:** \_\_\_\_\_

9) **Direct non-salary expenses may be proposed only if a consultant consistently charges all clients directly for these expenses and excludes all such costs from overhead. Is your firm in compliance with this requirement for each proposed direct non-salary expense items?**

**Yes**                      **No**                      (if "No", please explain)                      **None Proposed**

\_\_\_\_\_

\_\_\_\_\_

10) **Do proposed local travel expenses include company vehicles, employee vehicles, or both?** (The contract will stipulate reimbursement for only the type listed)

- Company vehicles**
- Employee vehicles**
- Both company and employee vehicles**

11) **Do proposed printing costs include internal printing costs, external printing costs, or both?** (The contract will stipulate reimbursement for only the type listed)

- Internal printing costs**
- External printing costs**
- Both internal and external printing costs**

12) **Is company-owned equipment included in overhead?** (If yes, your firm cannot invoice for equipment charges on company-owned equipment)

**Yes**                      **No**                      (if "No", please explain)

\_\_\_\_\_

\_\_\_\_\_

**Prepared & certified by:** \_\_\_\_\_  
**A Firm Representative**                      **Printed Name**                      **Signed Name**                      **Date**