



STATE HIGHWAY
ADMINISTRATION

CONSULTANT ORGANIZATIONAL INFORMATION - Telephone 410-545-8700 Fax 410-209-5006

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**