

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

CONSULTANT/	CONTRACT#	
SUBCONSULTANT	CONTRACT# BRANCH OFFICE	
HOME OFFICE	ADDRESS:	
ADDRESS:		
	FAX:	
TELEPHONE:	FEDERAL I.D. #	
1) Type of Organization:		
Sole Proprietorship	Partnership	
S – Corporation	C – Corporation	
LLC	Ĩ	
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	Companyian	
reicentage of ESOF owned by the		
2) Approved Subchapter "S" Waiver: Yes	No	
If yes Agency that issued the Subchant	ter "S" Waiver:	
Date waiver was issued:		
Waiver expiration date (if applicable):		
waiver expiration date (if appreable).		
3) Date founded		
Date of registration		
State of registration or incorporation		
) Areas of specialization or nature of business:		
5) Approximate number of employees:	_	
6) Principals, Partners or Officers (list job tit	– tles), If Subchapter "S" Corporation, list shareholders and proved Subchapter "S" Corporation Waiver:	

Principals, Partners, or Officers	Job Titles



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

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 <u>consistently</u> charges <u>all</u> 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 Not applicable

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 Not applicable

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 & c	ertified by:		

Signed Name

Date

Printed Name

A Firm Representative