Consulting Services Questionnaire

1.	Project name					
2.	Date Submitted					
3.	Specify type of ownership and indicate if applicable:					
	Private corporation Public corporation Proprietorship Small business Minority owned business Woman owned business Limited Liability Company					
4a.	Firm (or joint venture) name, mailing address, telephone number					
4b.	Firm's owners					
4c.	Name, title, telephone, and fax number of principal to contact					
4d.	Name, title, telephone, and fax number of proposed project manager					
5.	Full time personnel assigned to project					
	Number Position/Title					
6.	Is submittal a joi					
	a. If so, has joint venture worked together before?b. If a joint venture, name of lead firm.					
7.	Summary of professional service fees received in (insert index number)					
)12	2011	2010	2009	
	Use index below:					
	<u>Index</u>					
	2. \$2	ss than \$250 250,000 to \$ 1,000,000 to	1,000,000	4. 5.	\$3,000,000 to \$6,00 \$6,000,000 or great	*
8.	Brief resumes of key persons anticipated for this project. Please indicate male/female,					

8.

minority/majority and parish of domicile. Name and title a. b. Project assignment Name of firm by which employed full time and location of office c. d. Years experience with this firm With other firms in the New Orleans market Year Received Highest Academic Degree: e. Specialization Other Professional Training f. Experience and qualification relevant to the proposed project Names of public officials, political candidates and/or public agencies, especially g. in Louisiana for which the firm has provided service since July 1, 2008, with dates of the service and brief description. Contracts using public funds (city, state or federal) administered by firm. h Work by firm's personnel members to be assigned to this job which best illustrates current qualifications relevant to this project (list not more than 5 projects including experience with governmental issues). Project Name & Location and Owner's Name a. **Project Description** b. c. Nature of Firm's Responsibilities d. Completion Date (Actual or Estimated) e. Estimated Fees for Entire Project Provide any additional information or description of resources supporting your firm's qualifications for the proposed project.

Provide four references including name/title, phone number and address.

9.

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11.