Consulting Services Questionnaire

1.	Project name					
2.	Date Submitted					
3.	Specify type of ownership and indicate if applicable:					
	Private corporation Partnership S Woman owned busi	small business	Minorit	y owned business	p	
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 joint venture?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)					
	2007 2006	2005	2006	2003		
	Use index below:					
	<u>Index</u>					
0	3. \$1,000,000	\$1,000,000 to \$3,000,000	5. \$6,	,000,000 to \$6,000, ,000,000 or greater		
8.	Brief resumes of key persons anticipated for this project. Please indicate male/female minority/majority and parish of domicile.					

	a.	Name and title			
	b.	Project assignment			
	c.	Name of firm by which employed full time and location of office			
	d.	Years experience with this firm With other firms in the New Orleans market			
	e.	Highest Academic Degree: Year Received			
		Specialization			
		Other Professional Training			
	f.	Experience and qualification relevant to the proposed project			
	g.	Names of public officials, political candidates and/or public agencies, especially in Louisiana for which the firm has provided service since July 1, 2003, with dates of the service and brief description.			
	h.	Contracts using public funds (city, state or federal) administered by firm.			
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).					
	a.	Project Name & Location and Owner=s Name			
	b.	Project Description			
	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.

10.

11.