CONSULTANT QUESTIONNAIRE
for
PRIME CONSULTANT

Firm Name: _____

Office Location: _____

Contact Person: _____

List all team members, their area of responsibility on this project, their M/WBE status, and percentage of work that is to be performed by each consultant.

PRIME CONSULTANT	PBC M/WBE STATUS	PROJECT WORKLOAD PERCENTAGE	PERCENTAGE OF WORK TO BE PERFORMED IN PBC

SUB-CONSULTANT

By signing below, I represent that all information contained herein is, to the best of my knowledge, accurate and correct.

_____
Name of Consulting Firm (print or type)

_____
Officer of Firm Date

(This form is available in electronic format upon request.)