**Financial Questionnaire**

Answers to these questions, along with any required attachments, will help the Agency determine if your billing rates should be derived from Direct Salaries times Indirect multipliers or if Negotiated Billing Rates are more appropriate for your firm. Access to the information you submit in response to this questionnaire will be stored on a server that only select members of the ODOT Procurement Office and ODOT’s External Auditors have access to.

General information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company name | | | | | Employer ID number (EIN) |
| Discipline/Services Offered | | | | | Oregon Sec. of State Registry #: |
| Physical address (financial records location) | | | | | Cognizant state (State of headquarters) |
| City | | | State | | Zip |
| Contact person name | | Contact Person e-mail | | | |
| Phone | Fax | | | web site (URL) | |

1. How is your firm organized?

Sole Proprietorship

Partnership. Type:

Sub-Chapter S Corporation. State:

Corporation. State:

If incorporated in Oregon:

Professional corporation under ORS Ch. 58

Private/business corporation under ORS Ch. 60

Nonprofit corporation under ORS Ch. 65

Cooperative corporation under ORS Ch. 62

Other. Describe: (IE: DBE, MWESB, ESB, etc.)

1. How many full and part-time employees does your firm employ? (If small business, list owner and partners below in comments and describe.)

Status # Comments

|  |  |  |
| --- | --- | --- |
| Full-time |  |  |
| Part-time |  |  |

1. Revenue sources. What are your gross revenues for the most recent period (fiscal year)?

|  |  |
| --- | --- |
| What fiscal year end date are these figures from? |  |
| ODOT Revenues (Prime) |  |
| ODOT Revenues (Sub) |  |
| Other Government Revenues |  |
| Revenue from Private Clients |  |

1. Is it your firm’s standard practice to bill clients using Direct salaries times Indirect multipliers (Overhead, FCCM, etc.) or by using fully loaded billing rates (check one)?

Overhead-based rates (if you check this box go to question #5)

Fully loaded billing rates (if you checked this go to question #6)

1. Overhead Information
   1. What are your firm’s overhead rates?

Rate Comments

|  |  |  |
| --- | --- | --- |
| Overhead |  |  |
| FCCM (if applicable) |  |  |
| [Other (describe)] |  |  |

|  |  |
| --- | --- |
| Fiscal year-end date these rates apply to |  |

* 1. What’s the highest level of review your rates have undergone (check only one – arranged below from lowest to highest)?

|  |  |
| --- | --- |
|  | Internally prepared by your staff or your retained CPA |
|  | Independently audited by a CPA (and they have issued you a formal opinion) |
|  | Approved by your firm’s home (cognizant) state |

* 1. Please forward
     1. The most recent copies of any applicable Overhead documentation (e.g., Overhead Schedule, CPA Representation Letter, Acceptance from cognizant state) for the above. See the guides and instructions at <http://www.oregon.gov/ODOT/CS/EXTERNALAUDITS/forms.shtml>
     2. Actual Hourly Salaries you pay your employees in the attached Direct Salary Rate (DSR) schedule.

1. Fully Loaded Rate Information
   1. Please forward
      1. A schedule of the best rates you provide your clients, broken out by classification in the attached Negotiated Billing Rate (NBR) schedule.
      2. Actual Hourly Salaries you pay your employees in the attached Direct Salary Rate (DSR) schedule.