

Attachment 4 - H-GAC Consultant Survey Form

Firm Name _____	Contact _____
Address _____	Title _____
City _____	Email _____
State _____	Phone _____
Zip _____	Fax _____
Age of firm _____	Website _____

DBE/HUB INFORMATION

<input type="checkbox"/> DBE	DBE certification agency _____
<input type="checkbox"/> WBE	WBE certification agency _____
<input type="checkbox"/> MBE	MBE certification agency _____
<input type="checkbox"/> HUB	
<input type="checkbox"/> Non DBE/HUB	HUB certification agency _____

ANNUAL GROSS RECEIPTS (As required per 49 CFR 26.11)

<input type="checkbox"/> Less than \$500,000	<input type="checkbox"/> \$5,000,000 to \$10,000,000
<input type="checkbox"/> \$500,000 to \$1,000,000	<input type="checkbox"/> \$10,000,000 to \$20,000,000
<input type="checkbox"/> \$1,000,000 to \$5,000,000	<input type="checkbox"/> More than \$20,000,000

SPECIALTY AREAS (Check all items that your firm CURRENTLY performs)

<input type="checkbox"/> Transportation Engineering	<input type="checkbox"/> Air Quality Planning	<input type="checkbox"/> Aviation Planning
<input type="checkbox"/> Transportation Planning	<input type="checkbox"/> Alternate Fuels	<input type="checkbox"/> Bicycle/Pedestrian
<input type="checkbox"/> Corridor Studies	<input type="checkbox"/> Parking Studies	<input type="checkbox"/> Environmental Planning
<input type="checkbox"/> Traffic/Classification Counts	<input type="checkbox"/> Rideshare	<input type="checkbox"/> Landuse Planning
<input type="checkbox"/> Cordon Counts	<input type="checkbox"/> TCM SIP Analysis	<input type="checkbox"/> Demographic Studies
<input type="checkbox"/> Travel Model Development	<input type="checkbox"/> TDM Planning	<input type="checkbox"/> Economic Studies
<input type="checkbox"/> Traffic Safety	<input type="checkbox"/> TSM Planning	<input type="checkbox"/> Cost/benefit Analysis
<input type="checkbox"/> Transit Planning	<input type="checkbox"/> ITS Architecture	<input type="checkbox"/> Value Pricing
<input type="checkbox"/> Feasibility Studies	<input type="checkbox"/> Incident Management	<input type="checkbox"/> Public Participation
<input type="checkbox"/> Coordination Plans	<input type="checkbox"/> Systems Integration	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Service/Operations	<input type="checkbox"/> Travel Information	<input type="checkbox"/> Advertising/Marketing
<input type="checkbox"/> Financial Plans	<input type="checkbox"/> Travel Management	<input type="checkbox"/> Other, please specify below.
<input type="checkbox"/> Travel Diaries	<input type="checkbox"/> Congestion Mitigation Analysis	_____
<input type="checkbox"/> Origin/Destination Studies	<input type="checkbox"/> Traffic Studies	_____
<input type="checkbox"/> Pavement Studies	<input type="checkbox"/> Toll Road Studies	_____
<input type="checkbox"/> GIS	<input type="checkbox"/> Intermodal System Planning	_____

Please mail this form to the H-GAC Transportation Department, P.O. Box 22777, Houston, TX 77220-2777
or fax to 713-993-4508, Attention: Lydia Abebe