

## STATE COASTAL CONSERVANCY CONSULTANT QUESTIONNAIRE

<b>FIRM NAME:</b>		<b>DATE:</b>
<b>ADDRESS:</b>		<b>COUNTY:</b>
<b>CONTACT PERSON:</b>	<b>TELEPHONE:</b>	
<b>EMAIL ADDRESS:</b>	<b>WEBSITE:</b>	

**Identify the services your firm offers:**

- |  |  |
|--|--|
| <input type="checkbox"/> Architecture<br><input type="checkbox"/> Cultural Resources/ Archaeology<br><input type="checkbox"/> Economics<br><input type="checkbox"/> Engineering<br><input type="checkbox"/> Environmental Analysis (CEQA/NEPA)<br><input type="checkbox"/> Landscape Architecture<br><input type="checkbox"/> Land Surveying/Mapping/GIS<br><input type="checkbox"/> Permitting<br><input type="checkbox"/> Planning/ Site Design<br><input type="checkbox"/> Project Management | <input type="checkbox"/> Real Estate Services (Appraisals, Environmental Site Assessment, Land Use)<br><input type="checkbox"/> Science: (biologists, geologists, hydrologists, etc.)<br><input type="checkbox"/> Trail Planning and Design<br><input type="checkbox"/> Graphic Design<br><input type="checkbox"/> Other Environmental Services: |
|--|--|

**In what regions will your firm work?**

- Statewide
- North Coast (Del Norte County to Coastal Marin County)
- Nine-County San Francisco Bay Area
- Central Coast (Coastal San Mateo County to Santa Barbara County)
- South Coast (Ventura County to San Diego County)

**What types of projects are you interested in working on?**

- |  |  |
|--|--|
| <input type="checkbox"/> Habitat Restoration<br><input type="checkbox"/> Land Preservation<br><input type="checkbox"/> Public Recreation<br><input type="checkbox"/> Urban Waterfront Revitalization | <input type="checkbox"/> Climate Change<br><input type="checkbox"/> Agricultural Conservation<br><input type="checkbox"/> Other: |
|--|--|

**Is your firm currently certified by the State of California, OSDS, as:**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Small Business Enterprise?            | Certification number: |
| <input type="checkbox"/> Disabled Veteran Business Enterprise? | Certification number: |

**STATE COASTAL CONSERVANCY  
CONSULTANT QUESTIONNAIRE  
OPTIONAL**

**ADDITIONAL INFORMATION REQUIRED ONLY FOR FEDERALLY FUNDED CONTRACTS**

Complete the following only if you are interested in work on federally funded projects/programs. The information will be separately maintained, and will only be accessed for federally funded projects/programs.

**Is your firm currently certified by any federal, state (other than CA), or local government agency as the following (or equivalent)?**

Small Business or Microbusiness Enterprise?

Certification No.

Agency:

Disadvantaged Business Enterprise?

Certification No.

Agency:

Woman Business Enterprise?

Certification No.

Agency:

Minority Business Enterprise?

Certification No.

Agency:

**Is your firm owned, operated, and controlled by at least 51% of the following:**

Minority Group Members

Women