



# Consultant Questionnaire

Date \_\_\_\_\_

*MANTEC Use Only*

MSDS # \_\_\_\_\_

## GENERAL

Prepared By (Please sign) \_\_\_\_\_ Title \_\_\_\_\_

Company Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Number of Employees \_\_\_\_\_ Number of Clients \_\_\_\_\_ Year Established \_\_\_\_\_

Tax ID #/S.S.# \_\_\_\_\_ DUNS Code # \_\_\_\_\_

Minority Owned  Yes  No

Female Owned  Yes  No

1099 Required  Yes  No

## EXPERTISE

The information you provide below is used during the consultant querying process, whereby the District Manager matches client needs to potential providers.

1. Please check off your firm's area of expertise.

Business Information,  
Computer Systems and  
Software

Human Resources and  
Workforce  
Development

Quality and Inspection  
 Sales Development  
 Strategy Development

Energy

Market Development

Environmental

Process Improvement

Financial

Product Development  
and Design

2. Please describe your product and/or service using 10 key words. These keywords should be used to clarify or go above and beyond the information provided in section 1. **Please do not submit phrases.**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information below is for internal use only. Please provide referrals of clients you have served within the past three years.

**REFERENCE #1**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Name \_\_\_\_\_ Sic Code \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Description of Assignment \_\_\_\_\_  
\_\_\_\_\_  
Company Product/Services \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE #2**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Name \_\_\_\_\_ Sic Code \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Description of Assignment \_\_\_\_\_  
\_\_\_\_\_  
Company Product/Services \_\_\_\_\_  
\_\_\_\_\_

**REFERENCE #3**

Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Company Name \_\_\_\_\_ Sic Code \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Description of Assignment \_\_\_\_\_  
\_\_\_\_\_  
Company Product/Services \_\_\_\_\_  
\_\_\_\_\_