



Service Industries Division

# Annual Survey of Architectural Services, 2002

▼ Reference number ▼

Confidential when completed

Français au verso

### Authority

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.

**Completion of this questionnaire is a legal requirement under this Act.**

Correct pre-printed information if necessary using the corresponding boxes below:

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

Confidential Only



## Please read carefully before completing the questionnaire

### Coverage

Please complete the questionnaire for the business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

### Survey Objective

The survey objective is the collection and publication of data necessary for the statistical analysis of the architectural services industry. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

### Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to any identifiable business without the previous written consent of that business. **The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes, and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or by any other legislation.

### Data Sharing Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of *Quebec, Manitoba, Alberta and British Columbia* in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For business locations operated in *Quebec, Manitoba, Alberta and British Columbia*, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the statistical agencies of these provinces. The Statistics Acts of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

5-3300-17: 2002-06-19 STC/SER-425-60133

**1. Business Activity**

- a) Please describe the nature of your firm's business activity in 2002: 021 \_\_\_\_\_
- 
- b) Is this a change from the previous year? ..... 022 1  Yes 3  No  
 ↓  
 If yes, please provide details in the "Comments" section on page 8.
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue.
- 023 541310  Architectural Services – establishment primarily engaged in planning, designing and administering the construction of residential, institutional, leisure, commercial and industrial buildings and other structures by applying knowledge of design, construction procedures, zoning regulations, building codes and building materials. (Excludes establishments that both design and construct buildings, highways or other structures and those managing construction projects)
- 032  Other (please specify) \_\_\_\_\_

**2. Form of Organization**

- a) Type of organization (please check one only):
- 027 1  Sole proprietorship 2  Partnership 3  Incorporated company 4  Co-operative  
 5  Joint venture 6  Government business entity 7  Government 8  Non-profit
- b) If you are a partnership, please provide the name of the partners  
 048 \_\_\_\_\_  
 Or  
 049 If this question is directed at a partner, please provide the name of the partnership \_\_\_\_\_
- c) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?  
 025 1  Yes – If yes, please name the company or professional practice 033 \_\_\_\_\_  
 3  No
- d) Please enter your nine-digit Business Number (if incorporated)  
 034 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
- e) Is this business affiliated with a chain or franchise group?  
 030 1  Yes (please provide name) 044 \_\_\_\_\_  
 3  No
- f) Did this business unit participate in any joint venture(s) during the reporting period?  
 A joint venture refers to a specific commercial undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in profits or losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific time.  
 028 1  Yes – If yes, please go to g) 3  No – If no, please go to Question 3, Reporting Period
- g) Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?  
 035 1  Yes 3  No
- h) Please provide the name of the joint venture. 036 \_\_\_\_\_
- i) Is this joint venture:  
 037 1  Incorporated – If incorporated, please go to j) 3  Unincorporated – If unincorporated, please go to k)
- j) Business Number of joint venture (if incorporated) 038 [ ][ ][ ][ ][ ][ ][ ][ ][ ]
- k) If it is an unincorporated joint venture, please provide the length of time of the joint venture.  
 039 [ ][ ][ ][ ] YYY Y [ ][ ][ ] MM [ ][ ][ ] DD [ ][ ][ ] To 040 [ ][ ][ ][ ] YYY Y [ ][ ][ ] MM [ ][ ][ ] DD [ ][ ][ ]
- l) Venture partner(s) and Business Number(s) (if incorporated)
- | Venture partner(s) | Business Number(s) (if incorporated) |
|--------------------|--------------------------------------|
| 041 _____          | 043 [ ][ ][ ][ ][ ][ ][ ][ ][ ]      |

If you participated in more than one joint venture or if more space is required, please enclose a separate page.

### 3. Reporting Period

Please report information for your **fiscal year** (normal business year) ending between April 1, 2002 and March 31, 2003. Please indicate below the period covered by this questionnaire.

From 230 

YYYY	MM	DD

 To 231 

YYYY	MM	DD

**Period of Operation** If you did not operate this business for a full year, please check (✓) the reason below:

235  Seasonal operation  Ceased operation (please specify) 046 \_\_\_\_\_  
 New business in 2002  Temporarily closed (please specify) 047 \_\_\_\_\_  
 Change of fiscal year end  
 Change of ownership (please provide name and address of the other owner)  
 045 \_\_\_\_\_ Effective date of change ▶ 236 

YYYY	MM	DD

### Please report for your 2002 fiscal year, as reported in section 3.

#### 4. Revenues

- Please exclude GST and all other taxes collected by you for remittance to a government agency.
- Please report all answers in **Canadian dollars**.

##### A) Total Revenue

	Dollars (omit cents)
a) <b>Fee Income</b> (total revenue generated on a fee basis for billable contracts; exclude reimbursable expenses and sub-consultant fees)	301
b) <b>Reimbursable sub-consultant fees</b> (exclude fees paid to architects hired on contract)	302
c) <b>Other reimbursable expenses</b> (all contract-related expenses recoverable from the client; exclude sub-consultant fees)	303
d) <b>Other operating revenue</b> (please specify) 050 _____	304
e) <b>Total operating revenue</b>	305
f) <b>Non-operating revenue</b>	306
g) <b>Total Revenue</b> (sum of Boxes 305 and 306)	307

##### B) Revenue by type of service

Please provide careful estimates of the fee income (Box 301) generated by the following services:

	Dollars (omit cents)
a) Full service, e.g., design, construction drawings, site supervision	311
b) Programming	312
c) Interior design	313
d) Landscape architecture	314
e) Urban planning	315
f) Environmental studies	316
g) Other (please specify) 059 _____	317
h) <b>Total</b> (should equal Box 301)	318

Please report for your 2002 fiscal year, as reported in section 3, on page 3.

**4. Revenues - Concluded**

- Please exclude GST and all other taxes collected by you for remittance to a government agency.
- Please report all answers in **Canadian dollars**.

**C) Revenue by type of project**

Please estimate the percentage of full service income (Box 311) generated by the following types of project:

**Institutional**

- a) Health care
- b) Education
- c) Penal
- d) Other institutional (eg. municipal buildings)

**Commercial**

- e) Hotels, restaurants, convention centres
- f) Office buildings
- g) Retail
- h) Mixed use
- i) Other commercial

**Leisure Facilities**

- j) Sports facilities
- k) Cultural facilities
- l) Other leisure facilities

**Residential**

- m) Single family dwellings
- n) Multi family dwellings
- o) Other residential

**Other**

- p) Industrial
- q) Other (please specify)  
060 \_\_\_\_\_

**r) Total**

Percentage of Box 311
321
322
323
324
326
327
328
329
330
331
332
333
334
335
336
337
338
<b>100%</b>

**D) Foreign Market Revenue**

- a) Of the Fee income reported in **Box 301** (Question 4A), how much was generated outside Canada? (The location of the recipient of the service should be used to designate foreign projects. Exclude revenues earned by your foreign subsidiaries)

Dollars (omit cents)
500

- b) What percentage of Foreign Revenues (**Box 500**) was performed for government?

Percentage
501

**E) Foreign Revenue by Region**

Please report the percentage of foreign market revenue by region:

- United States
- Mexico
- Central and South America
- European Union
- Other Europe
- Africa
- Middle East
- Asia
- Australia, New Zealand
- Other

**Total**

Percentage
208
209
210
211
212
213
214
215
216
217
<b>100%</b>

**F) Miscellaneous**

- a) Please report the total construction contract value for all projects included in Question 4C

Dollars (omit cents)
345

- b) Estimate the percentage of full service income (**Box 311**) derived from renovation projects

Percentage
346

## 5. Expenditures

- Please report all answers in **Canadian dollars**.
- Do not include capital expenditures.
- Please include GST, except the portion that is refundable by government.

	Dollars (omit cents)
<b>A) Project Related Expenses</b>	<b>350</b>
a) Direct project-related salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	361
b) Telephone, telex, facsimile, photocopies, printing, travel, etc.	362
c) Sub-consultant fees paid to architects (exclude fees paid to architects on contract)	363
d) Other sub-consultant fees	364
e) Other reimbursables	365
f) Project related non-reimbursables	396
g) <b>Total project related expenses</b> (sum of items (a) to (f) )	
<b>B) General and Administrative Expenses</b>	<b>380</b>
h) General and administrative salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	351
i) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	352
j) Occupancy costs (i.e. rent and/or lease payments for land and buildings; heat, power and water; business and property taxes; depreciation on buildings and equipment)	355
k) Purchased legal, accounting, auditing, management and other services	356
l) Professional liability insurance	398
m) All other general and administrative expenses	397
n) <b>Total general and administrative expenses</b> (sum of items (h) to (m) )	
<b>C) Total Operating Expenses</b> (sum of items (g) and (n) )	<b>399</b>

## 6. Employment

A. For the following categories, please report the **average number** of persons employed during the reporting period:

	Number
	150
a) <b>Working proprietors and/or Partners of Unincorporated Businesses</b>	151
b) <b>Full-time Employees</b> Regular employees who worked the standard work week as observed by the business	152
c) <b>Part-time Employees</b> Those who worked fewer than the standard work week hours observed by the business	153
d) <b>Contract Workers</b> Those who were engaged only for the duration of a specific project or term (exclude sub-consultants)	154
e) <b>Total</b>	

B. Please indicate how this total (**Box 154**) breaks down into the following categories:

	Number
	155
a) <b>Architects – Registered</b>	156
b) <b>Architects – Other</b>	157
c) <b>Engineers</b>	158
d) <b>Landscape architects</b>	159
e) <b>Urban planners</b>	160
f) <b>Interior designers</b>	161
g) <b>Other professional and technical staff</b>	162
h) <b>Administrative, clerical and support staff</b>	163
i) <b>Other (please specify)</b> 061	

## 7. Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**
- Business unit is defined as the lowest level of the firm for which separate records are kept for such details as revenues, expenses and employment.

Number
024

a) Please report the number of permanent business units operated in Canada during the reporting period.

b) Do you have permanent business locations in **more** than one province or territory?

300  No – Please go to Section 8

1  Yes – Please complete 7 (c)



c) Please report the following data for the provinces or territories in which you have units.

Province or Territory	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.Lab.	601	614	627	643	657
P.E.I.	602	615	628	644	658
N.S.	603	616	629	645	659
N.B.	604	617	630	646	660
Que.	605	618	631	647	661
Ont.	606	619	632	648	662
Man.	607	620	633	649	663
Sask.	608	621	634	650	664
Alta.	609	622	635	651	665
B.C.	610	623	636	652	666
Nunavut	640	641	642	653	667
N.W.T.	611	624	637	654	668
Yukon	612	625	638	655	669
<b>Total</b>	<b>613</b>	<b>626</b>	<b>639</b>	<b>656</b>	<b>670</b>

Should equal Box 024, Section 7	Should equal Box 307, Section 4A	Should equal the sum of Boxes 350, 351 and 380, Section 5	Should equal the sum of Boxes 151 and 152, Section 6A	Should equal Box 399, Section 5C
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## 8. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person	Title	Date		
		Year	Month	Day

Name of person to contact for further information (please print) 055

054

1  Mr. 2  Mrs. 3  Miss 4  Ms. 056

First name

Last name

E-mail address: 057	Web site address: 058
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Telephone number: ( )	Extension:	Fax number: ( )
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How long did you spend collecting the data and completing this questionnaire? 801 hour(s)

