



# Annual Survey of Engineering Services, 2000

▼ 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       |

**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 engineering 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.

**Questions and Return Procedures**

We ask that you complete and return the questionnaire within 30 days of receipt to:

**Statistics Canada  
Operations and Integration Division  
2nd floor, Jean Talon Bldg, Ottawa, Ontario K1A 0T6**

This survey questionnaire can also be faxed to Statistics Canada at: 1-888-605-2493.

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

**Duplicate Questionnaires**

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

**Note of Appreciation**

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.



### 3. Reporting Period

Please report information for your **most recent available 12-month fiscal period** ending between January 1, 2000 and March 31, 2001. 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 2000  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 2000 fiscal year, as reported in Section 3, on page 3.

### 4. Revenues Earned during the Reporting Period

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

#### 4.1 Revenue by Source

|  | Dollars<br>(omit cents) |
|--|-------------------------|
| a) <b>Fee Income</b><br>Total revenue generated on a fee basis for billable contracts. Exclude reimbursable expenses and sub-consultant fees.                              | <b>301</b>              |
| b) <b>Reimbursable Expenses</b><br>All contract-related expenses recoverable from the client. Exclude sub-consultant fees.   | <b>302</b>              |
| c) <b>Sub-Consultant Fees</b><br>All contract-related fees paid to sub-consultants   | <b>303</b>              |
| d) <b>Other Operating Revenue</b> (please specify)<br>050 _____  | <b>304</b>              |
| e) <b>Total Operating Revenue</b><br>Sum of Boxes 301 to 304   | <b>305</b>              |
| f) <b>Non-Operating Revenue</b> (please specify)<br>059 _____  | <b>306</b>              |
| g) <b>Total Revenue</b><br>Sum of Boxes 305 and 306. This total may differ from your financial statement if reimbursables are not included there as revenues and expenses. | <b>307</b>              |

#### 4. Revenues Earned during the Reporting Period - concluded

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

##### 4.2 Revenue by Type of Service

Please estimate the percentage of **Fee Income Box 301 (Section 4.1)** generated by the following services.  
(Please see attached definitions.)

|   | Percentage   |
|---|--------------|
| a) Advisory Services - Environmental  | 312          |
| b) Advisory Services - Other  | 313          |
| c) Design Services - Environmental  | 314          |
| d) Design Services - Other  | 315          |
| e) Other Environmental Services (not included in (a) and (c) above)                                       | 824          |
| f) Construction Management  | 836          |
| g) Project Management Services  | 316          |
| h) Geotechnical Engineering and Materials Testing Services  | 400          |
| i) Supplementary Services (e.g., preparation of cost estimates, operating manuals and technical training) | 317          |
| j) Sale of software products or custom systems development  | 310          |
| k) Other (e.g., procurement, please specify, if more than 10% of total fee income)                        | 318          |
| 066 _____   |              |
| <b>l) Total</b>   | <b>100 %</b> |

Turnkey Projects  
(Please report as a percentage of **Fee Income (Box 301 in Section 4.1)**)

| Percentage |
|------------|
| 401        |

##### 4.3 Revenue by Field of Specialization

Please estimate the percentage of **Fee Income (Box 301, Section 4.1)** derived from the following fields of specialization:

|   | Percentage   |
|---|--------------|
| a) Buildings (structural)                       | 319          |
| b) Buildings (mechanical and electrical)        | 320          |
| c) Highways, Bridges, Tunnels, Railways         | 321          |
| d) Transportation Facilities                    | 322          |
| e) Municipal (roads, streets, water supply)     | 323          |
| f) Municipal (sewage treatment, waste disposal) | 324          |
| g) Other Environmental Services                 | 325          |
| h) Mining, Metallurgy and Primary Metals        | 326          |
| i) Pulp and Paper                               | 327          |
| j) Oil, Petroleum and Natural Gas               | 328          |
| k) Power Generation and Transmission            | 329          |
| l) Other Industrial                             | 330          |
| m) Other (please specify)                       | 331          |
| 060 _____                                       |              |
| <b>n) Total</b>                                 | <b>100 %</b> |

Please estimate the percentage of your revenue reported in **Box 301, Section 4.1** that was generated by new or substantially improved products or services introduced by your firm **during the three-year period 1998-2000**

|     |   |
|-----|---|
| 332 | % |
|-----|---|

**5. Expenditures Incurred during the Reporting Period**

- Please report all answers in **Canadian dollars**.
- Please include GST, except the portion that is refundable by government.
- Exclude capital expenditures.

**Project Related Expenses**

|   | Dollars<br>(omit cents) |
|---|-------------------------|
| a) Direct project-related salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions | 350                     |
| b) Usage charge for communications (telephone, telex, facsimile, etc.)  | 359                     |
| c) Reproduction costs   | 360                     |
| d) Project travel   | 361                     |
| e) Sub-consultant fees paid to engineers  | 362                     |
| f) Other sub-consultant fees  | 363                     |
| g) Other reimbursables  | 364                     |
| h) Project related non-reimbursables  | 365                     |
| <b>i) Total Project Related Expenses</b><br>(sum of items (a) to (h) )  | <b>396</b>              |

|   |            |
|---|------------|
| <b>j) General and Administrative Expenses</b><br>General and administrative salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, "non-productive time", bonuses and commissions. | <b>380</b> |
| k) 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.                           | 351        |
| l) Occupancy costs (i.e. rent and/or lease payments for land and buildings; heat; power and water; business and property taxes; depreciation on buildings, as applicable)   | 352        |
| m) Lease and rental of computer equipment   | 353        |
| n) Depreciation and amortization  | 354        |
| o) Purchased legal, accounting, auditing, management and other services   | 355        |
| p) Professional liability insurance   | 356        |
| q) Communications (telephone, facsimile, etc. Exclude that portion charged to clients in item (b) above)  | 357        |
| r) Bad debt expense   | 358        |
| s) Interest expense   | 370        |
| t) All other general and administrative expenses. <b>Include fees</b> paid to contract workers.<br>(Please specify major items or attach a separate sheet.)   | 398        |
| 061 _____   | 397        |
| <b>Total General and Administrative Expenses</b><br>u) (sum of items (j) to (t) )   | <b>399</b> |
| <b>Total Operating Expenses</b><br>v) (sum of items (i) and (u) )   | <b>399</b> |

**Business Development Expense**

Please **estimate** the **percentage** of **Total General and Administrative Expenses (Box 397, Section 5)** spent on business development (proposals, advertising, entertainment, membership, promotional literature, travel, etc.).

| Percentage |
|------------|
| 371        |

## 6. Employment

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

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

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

|   |     |
|---|-----|
| a) Engineers - Professional                                     | 155 |
| b) Engineers - Other  | 156 |
| c) Other professionals (e.g., architects, lawyers, accountants) | 159 |
| d) Technicians and technologists                                | 160 |
| e) Administrative, clerical and other support staff             | 161 |
| f) Other ( <i>please specify</i> )<br>062 _____                 | 162 |

## 7. Foreign Projects

- Please report all answers in **Canadian dollars**.

### A. Foreign Market Revenue

- a) Of the Fee Income reported in Box 301 (Question 4.1), 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<br>(omit cents) |
|-------------------------|
| 500                     |

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

| Percentage |
|------------|
| 501        |

### B. Foreign Revenue by Region

Please provide a breakdown of your Foreign Revenue (**Box 500**) by region. (Attach a separate sheet, if necessary.)

Omit Section 7B if you have completed Statistics Canada's "International Transactions in Services, 2000".

|                           | Dollars<br>(omit cents) |
|---------------------------|-------------------------|
| United States             | 502                     |
| Mexico                    | 509                     |
| Central and South America | 503                     |
| European Union            | 510                     |
| Other Europe              | 511                     |
| Africa                    | 505                     |
| Middle East               | 507                     |
| Asia                      | 506                     |
| Australia, New Zealand    | 512                     |
| Other                     | 513                     |

## 8. 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 units in **more** than one province or territory?

300    3  No – Please go to Section 9

1  Yes – Please complete Section 8 (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<br>\$ (omit cents) | Salaries, Wages and Employee Benefits<br>\$ (omit cents) | Employees<br>(Number) | Total Operating Expenses<br>\$ (omit cents) |
|--------------------------|-------------------------|----------------------------------|--|-----------------------|---|
| Nfld.                    | 601                     | 614                              | 627  | 653                   | 670   |
| P.E.I.                   | 602                     | 615                              | 628  | 654                   | 671   |
| N.S.                     | 603                     | 616                              | 629  | 655                   | 672   |
| N.B.                     | 604                     | 617                              | 630  | 656                   | 673   |
| Que.                     | 605                     | 618                              | 631  | 657                   | 674   |
| Ont.                     | 606                     | 619                              | 632  | 658                   | 675   |
| Man.                     | 607                     | 620                              | 633  | 659                   | 676   |
| Sask.                    | 608                     | 621                              | 634  | 660                   | 677   |
| Alta.                    | 609                     | 622                              | 635  | 661                   | 678   |
| B.C.                     | 610                     | 623                              | 636  | 662                   | 679   |
| Nunavut                  | 666                     | 667                              | 668  | 669                   | 680   |
| N.W.T. (without Nunavut) | 611                     | 624                              | 637  | 663                   | 681   |
| Yukon                    | 612                     | 625                              | 638  | 664                   | 682   |
| <b>Total</b>             | <b>613</b>              | <b>626</b>                       | <b>639</b>   | <b>665</b>            | <b>683</b>                                  |

|                                       |   |  |  |                                       |
|---------------------------------------|---|--|--|---------------------------------------|
| Should equal<br>Box 024,<br>Section 8 | Should equal<br>Box 307,<br>Section 4.1 | Should equal the<br>sum of Boxes<br>350, 351 and 380,<br>Section 5 | Should equal the<br>sum of Boxes 150,<br>151 and 152,<br>Section 6 | Should equal<br>Box 399,<br>Section 5 |
|---------------------------------------|---|--|--|---------------------------------------|

## 9. Certification

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

|                                |       |
|--------------------------------|-------|
| Signature of authorized person | Title |
|--------------------------------|-------|

|  |            |
|--|------------|
| Name of person to contact for further information (please print) |            |
| 054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.   | First Name |
| <input type="checkbox"/> Miss <input type="checkbox"/> Ms.       | Last Name  |
| 055  | 056        |

|                       |  |
|-----------------------|--|
| E-mail address<br>057 | Company's Home Web page address (URL)<br>058 |
|-----------------------|--|

|      |      |       |     |           |                  |      |     |
|------|------|-------|-----|-----------|------------------|------|-----|
| Date | Year | Month | Day | Area code | Telephone number | Ext. | Fax |
|      |      |       |     |           |                  |      |     |

How long did you spend collecting the data and completing this form?

801

hours

