



Annual Survey of Engineering Services, 1999

Authority

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

▼ Reference number ▼



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 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 sent to Statistics Canada using the following facsimile communication: **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.

1. Business Activity

- a) Please describe the nature of your firm's business activity in 1999: 021 _____
-
- b) Is this a change from the previous year? 022 1 Yes 3 No
↓
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue.
- 023 541330 **Engineering Services** - establishments primarily engaged in applying principles of engineering in the design, development and utilization of machines, materials, instruments, structures, processes and systems.
- 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) 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
- c) Please enter your nine-digit Business Number (if incorporated)
034 [][][][][][][][][][]
- d) Is this business affiliated with a chain or franchise group?
030 1 Yes (please provide name) 044 _____
3 No
- e) 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 f) 3 No - **If no**, please go to Question 3, Reporting Period
- f) 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
- g) Please provide the name of the joint venture. 036 _____
- h) Is this joint venture:
037 1 Incorporated - **If incorporated**, please go to i) 3 Unincorporated - **If unincorporated**, please go to j)
- i) Business Number of joint venture (if incorporated) 038 [][][][][][][][][]
- j) If it is an unincorporated joint venture, please provide the length of time of the joint venture.
039 [][][][] YYY Y [][][] MM [][][] DD [][][][][][][][][]
From To
- k) 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 for the calendar year 1999 or for your most recent fiscal year ending no later than March 31, 2000.

This report covers no. of months ending

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
- 2 New business in 1999
- 3 Change of fiscal year end
- 4 Change of ownership (please provide name and address of the other owner)
- 5 Ceased operation (please specify) 046 _____
- 6 Temporarily closed (please specify) 047 _____

045 _____

Effective date of change ending

YYYY	MM	DD

Please report for your 1999 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

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

Dollars (omit cents)
301
302
303
304
305
306
307

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

See also Question 7D, **Foreign 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 _____	
l) Total	100 %

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

See also Question 7E, **Foreign 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 _____	
n) Total	100 %

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 1997-1999

332	%
-----	---

Please report for your 1999 fiscal year, as reported in section 3, on page 3.

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

- a) Direct project-related salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions
- b) Usage charge for communications (telephone, telex, facsimile, etc.)
- c) Reproduction costs
- d) Project travel
- e) Sub-consultant fees paid to engineers
- f) Other sub-consultant fees
- g) Other reimbursables
- h) Project related non-reimbursables
- i) **Total Project Related Expenses**
(sum of items (a) to (h))

- j) **General and Administrative Expenses**
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

- 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
- 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)

- m) Lease and rental of computer equipment
- n) Depreciation on computer equipment
- o) Purchased legal, accounting, auditing, management and other services

- p) Professional liability insurance
- q) Communications (telephone, facsimile, etc. Exclude that portion charged to clients in item (b) above)

- r) Bad debt expense
- s) Interest expense

- t) All other general and administrative expenses. **Include fees** paid to contract workers.
(Please specify major items or attach a separate sheet.)

061 _____

- u) **Total General and Administrative Expenses**
(sum of items (j) to (t))

- v) **Total Operating Expenses**
(sum of items (i) and (u))

Dollars (omit cents)
350
359
360
361
362
363
364
365
396
380
351
352
353
354
355
356
357
358
370
398
397
399

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:

	Percentage
a) Working proprietors and/or Principals of Unincorporated Businesses	150
b) Full-time Employees Regular employees who worked the standard work week as observed by the business	151
c) Part-time Employees Those who worked for fewer than the standard work week hours observed by the business	152
d) Contract Workers Those who were engaged only for the duration of a specific project or term (exclude sub-consultants)	153
e) Total	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>) 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 (omit cents)
a)	500

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

	Percentage
b)	501

If your Foreign Revenues (**Box 500**) are less than \$100,000, go directly to Question 8.

B. Foreign Revenue by Region

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

Omit Question 7B if you have completed Statistics Canada's "International Transactions in Services, 1999"

	Dollars (omit cents)
United States	502
Mexico	509
Central and South America	503
Europe	504
Africa	505
Asia	506
Middle East	507
Australia	508

7. Foreign Projects - Continued

C. Source of Financing for Foreign Projects

Please estimate the percentage breakdown of your revenue from foreign projects (**Box 500**) by source of financing:

	Percentage
a) Canadian International Development Agency (CIDA)	530
b) Export Development Corporation (EDC)	531
c) World Bank	532
d) A Regional Development Bank	533
e) A United Nations agency or program	534
f) Foreign government source	535
g) Private - foreign source	536
h) Private - Canadian source	537
i) Self-financed (i.e. your firm accepted risk of non-payment, goods in counter trade, equity in lieu of payment, etc)	538
j) Other (please specify) 063 _____	539
k) Total	100 %

D. Foreign Revenue by Type of Service

Please estimate the percentage breakdown of your foreign revenue (**Box 500**) according to the following categories:

	Percentage
a) Advisory Services - Environmental	812
b) Advisory services - Other	813
c) Design Services - Environmental	814
d) Design Services - Other	815
e) Other Environmental Services (not included in (a) and (c) above)	835
f) Construction Management	833
g) Project Management Services	816
h) Geotechnical Engineering and Materials Testing Services	900
i) Supplementary Services (e.g., preparation of cost estimates, operating manuals and technical training)	817
j) Sale of software products or custom systems development	810
k) Other (e.g., procurement, please specify, if more than 10% of foreign revenue) 064 _____	818
l) Total	100 %

7. Foreign Projects - Concluded

E. Foreign Revenue by Field of Specialization

Please estimate the percentage of your foreign revenue (**Box 500**) derived from the following fields of specialization:

		Percentage
		819
a)	Buildings ((structural)	820
b)	Buildings (mechanical and electrical)	821
c)	Highways, Bridges, Tunnels, Railways	822
d)	Transportation Facilities	823
e)	Municipal (roads, streets, water supply)	825
f)	Municipal (sewage treatment, waste disposal)	832
g)	Other Environmental Services	826
h)	Mining, Metallurgy and Primary Metals	827
i)	Pulp and Paper	828
j)	Oil, Petroleum and Natural Gas	829
k)	Power Generation and Transmission	830
l)	Other Industrial	
m)	Other (<i>please specify</i>) 065 _____	831
n)	Total	100 %

For information only

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 No – Please go to Section 9
 Yes – Please complete 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 \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (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 Territory	612	625	638	664	682
Total	613	626	639	665	683

Should equal Box 024, Section 8	Should equal Box 307, Section 4.1	Should equal the sum of Boxes 350, 351 and 380, Section 5	Should equal the sum of Boxes 150, 151 and 152, Section 6	Should equal Box 399, 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				Last Name		
	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	055						056
E-mail address					Company's Home Web page address (URL)				
057					058				
Date	Day	Month	Year	Area code	Telephone number			Ext.	Fax

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

801

hours

Comments

If more space is required please enclose a separate sheet.

Federal Provincial Agreements

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

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries. As well, please visit our web site at www.statcan.ca

Please make a copy of
this completed questionnaire
for your records.

Thank You For Your Co-operation