



Annual Survey of Architectural Services, 1999

▼ Reference number ▼

Authority

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



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 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.

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
 ↓
 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

YYYY	MM	DD
<input type="text"/>	<input type="text"/>	<input type="text"/>

 040

YYYY	MM	DD
<input type="text"/>	<input type="text"/>	<input type="text"/>
- From

YYYY	MM	DD
<input type="text"/>	<input type="text"/>	<input type="text"/>

 To

YYYY	MM	DD
<input type="text"/>	<input type="text"/>	<input type="text"/>
- l) Venture partner(s) and Business Number(s) (if incorporated)
- | Venture partner(s) | Business Number(s) (if incorporated) |
|--------------------|--|
| 041 _____ | 043 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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 **229** no. of months **231** 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 Ceased operation (please specify) 046 _____
 New business in 1999 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 1999 fiscal year, as reported in section 3, on page 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) Fee Income (total revenue generated on a fee basis for billable contracts; exclude reimbursable expenses and sub-consultant fees)	301
b) Reimbursable sub-consultant fees (exclude fees paid to architects hired on contract)	302
c) Other reimbursable expenses (all contract-related expenses recoverable from the client; exclude sub-consultant fees)	303
d) Other operating revenue (please specify) 050 _____	304
e) Total operating revenue	305
f) Non-operating revenue	306
g) Total Revenue (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) Total (should equal Box 301)	318

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
100%

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

Percentage

501

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

Dollars
(omit cents)

345

E) Miscellaneous

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

Percentage

346

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

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.

A) Project Related Expenses

	Dollars (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) Telephone, telex, facsimile, photocopies, printing, travel, etc.	361
c) Sub-consultant fees paid to architects (exclude fees paid to architects on contract)	362
d) Other sub-consultant fees	363
e) Other reimbursables	364
f) Project related non-reimbursables	365
g) Total project related expenses (sum of items (a) to (f))	396

B) General and Administrative Expenses

h) General and administrative salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	380
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	351
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)	352
k) Purchased legal, accounting, auditing, management and other services	355
l) Professional liability insurance	356
m) All other general and administrative expenses	398
n) Total general and administrative expenses (sum of items (h) to (m))	397

C) Total Operating Expenses

(sum of items (g) and (n))	399
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6. Employment

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

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

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

	Number
	155
a) Architects – Registered	156
b) Architects – Other	157
c) Engineers	158
d) Landscape architects	159
e) Urban planners	160
f) Interior designers	161
g) Other professional and technical staff	162
h) Administrative, clerical and support staff	
i) Other (please specify)	163
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 3 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.	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. (without Nunavut)	611	624	637	654	668
Yukon Territory	612	625	638	655	669
Total	613	626	639	656	670

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 150, 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
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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 057	Company's Home Web page address (URL) 058
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Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

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

801

hours

