

**Consultant Name:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**By signing, I certify that I have reviewed the questionnaire and all information contained herein is accurate and true.**

**Signature of Principal Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Officer Name/Title (Print):** \_\_\_\_\_

1. List all other State DOT's your firm works with and provide the approved overhead rates with these agencies if they differ from NJDOT. Please provide this information for all years under review by NJDOT.
2. Have you provided the same schedule of indirect cost to other States which you have submitted to NJDOT for approval? If not, please list and explain any reasons for deviations.
3. Have adjustments been made to your indirect cost schedules by any other State DOT agencies for the period in question? If so, please list the account, amount, and reason for the adjustment.
4. For the current fiscal year has your company engaged in any mergers or acquisitions? If yes provide the details of each and the effective date(s).