
U.S. DEPARTMENT OF COMMERCE bureau of the census
SV-8704
1997 ECONOMIC CENSUS MANAGEMENT AND CONSULTING SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

FEBRUARY 12, 1998

If you have questions about
completing this report, please call completing this report, please call or write the Census Bureau. In
any communication, be sure to any communication, be sure to
refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to.

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136
Please read the accompanying instructions before answering the questions.

Census use
(Please correct any errors in name, address, and ZIP Code.)
YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.


Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)
$093 \quad 1 \square$ Yes
$2 \square$
No - Report physical location below



Item 8. KIND OF BUSINESS OR ACTIVITY
a. Mark (X) the ONE box which best describes this establishment in 1997.

Management services providing management staff to direct or coordinate clients' business operation, but not providing operating s
complete operation of clients' business

Administrative, office or project management (except construction management)

Construction management for buildings (acting as an "agent" for owners of construction projects)

Construction management for heavy construction (acting as an "agent" for owners of construction projects).
Construction general contractor (assuming
financial liability for construction projects) -
Describe type of construction work
87411011700001

Other management services - Describe
$\square 7777776$

Facilities support services providing operating staff to perform a range of services to support operations within clients' facilities, but not involved with or responsible for the core activities of clients' business operations

Facilities support management, except computer Describe
$\square 8744001$

Computer facilities management
$\square 7376001$
Management consulting providing advice and counsel to clients on various aspects of operating a business or other type of organization, but not providing management services for day to day operation

Administrative and general management consulting.8742101
Human resources and personnel management consulting.

Executive search consulting and placement service.

8742201

Actuarial consulting7361201

Marketing consulting8999121

Manufacturing management consulting (e.g.,
manufacturing operations or productivity8742401
Physical distribution or logistics consulting
Site location consulting
Urban/city planning services
Safety or security consulting
Tariff consulting
. . . . . .
Freight rate auditors8742402 87424038748202874840147312214731222

## Other scientific and technical consulting

services
Economic consulting$\square 8748301$
Meteorological consulting or weather forecasting services899920187110017379111389161 $\square 7389201$
Interior design consulting8748101
consulting)6282021 securities and commodities)7777775

Item 8. KIND OF BUSINESS OR ACTIVITY - Continued


## Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total - see example below.
Please do not combine data for two or more receipts lines.
Line a(1) - Include fees received to plan, control, and coordinate construction projects for the owner of the construction contract. General contractors should report receipts on line m.
Line a(2) - Include receipts from providing management and oversight of day to day operations to other businesses and organizations (providing only management personnel). Receipts from consulting (Advise and counsel clients on business operation) should be reported on lines d(1)-d(5).
Line b-Include receipts from providing a range of services, including operating staff, to support operations within clients' facility. Receipts from providing one service should be reported under the provided service.

Line d(1)-d(5) - Include consulting fees received for counseling and advising clients on aspects of operating business (not providing management services for day to day operation).

| If figure is $\mathbf{3 8 . 7 6 \%}$ of total sales: |  | Mil. | Thou. | Dol. | Percent |
| :---: | :---: | :---: | :---: | :---: | :---: |
| - Report whole percents |  |  |  | $\longrightarrow$ | 39 |
| Not acceptable - |  |  |  | $\longrightarrow$ | 38.76 |
| Sources of receipts | Census use | ESTIMATES are acceptable. Report dollars OR percents. |  |  |  |
|  |  | Mil. | Thou. | Dol. | Percent |
| a. Management services <br> 1. Construction management | 400 | 401 | I |  | 402 |
|  |  |  | 1 |  |  |
|  | 2050 |  | 1 |  |  |
| 2. Other management services - Describe | 2300 |  | 1 |  |  |
|  |  |  | 1 |  |  |
| 076 |  |  | 1 |  |  |
|  |  |  | 1 |  |  |

b. Facilities management services, except computer Describe
077

| c. Computer facilities management | 1050 |  |  |
| :---: | :---: | :---: | :---: |
| d. Management consulting services <br> 1. Administrative and general management consulting | 2251 |  | 1 |
| 2. Human resources consulting | 2252 | I | I |
| 3. Marketing consulting | 2253 | , | I |
| 4. Process, physical distribution, and logistics consulting | 2254 |  | I |
| 5. Other management consulting - Describe 078 | 2255 | । | 1 1 1 1 |

ITEM 9 CONTINUED ON PAGE 3

If not shown, please enter your 11-digit Census File Number If not shown, please enter your 1
from the address label on page 1

Item 9. SOURCES OF RECEIPTS - Continued

h. Computer consulting, except programming, systems design, and computer facilities management - Describe

| and computer facilities <br> management - Describe |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| i. Public relations services |  |  |  |  |
| j. Accounting and auditing |  |  |  |  |
| services |  |  |  |  |

Item 10. RECEIPTS, BY CLASS OF CLIENT
Estimate the percentage of receipts
(reported in item 5) by class of client
a. Individuals
b. Trade, farming, industrial, transportation, financial, and other business firms
c. Federal Government
d. State and local governments
e. All other
f. TOTAL

100\%
Item 11. EXPORTED SERVICES
NOTE - An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions) Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.
Did the receipts reported in item 5 include any amounts received for exported services?
$405 \quad 1 \quad$ Yes - Amount $2 \square$ No

## Title

Census File Number

Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION
a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?
$1 \square$ Yes - Complete this item
$2 \square$ No - Skip to item 13
b. Is this company $\quad$ Enter name, address, and EIN of the owning owned or another company?
$097 \quad 1 \square$ Yes $\longrightarrow$
$2 \square$ No
c. Does this company companies?
$098 \quad 1 \square$ Yes $\longrightarrow$
$2 \square$ No or controlling company

EIN (9 digits)
Enter name, address, and EIN of the owned or controlled company
d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?
If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other format in REMARKS or on a separate sheet of paper
Estimates are acceptable if book figures are not available.


REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

Item 13. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.

| Period covered by this report | FROM: Mo. | Year | TO: | $\begin{array}{r} \text { Mo. } \\ \hline \end{array}$ | Year |
| :---: | :---: | :---: | :---: | :---: | :---: |

Name of person to contact regarding this report - Print or type

| Telephone | Area code | Number | Extension |  |
| :--- | :--- | :--- | :--- | :--- |
| Signature of authorized person |  |  |  | Date |

