# Attachment 1: Proposal

|  | **Information Requested** | **Proposer Response** |
| --- | --- | --- |
|  | **Company Information** |  |
| 1 | Name of Firm |  |
| 2 | Contact Person Name and Title |  |
| 3 | Contact Person Address |  |
| 4 | Contact Person Phone Number |  |
| 5 | Contact Person Email Address |  |
|  | **Qualifications & Experience** |  |
|  | **Experience with audits of similarly sized clients** | |
| 6 | Number of years in business |  |
| 7 | Number of years providing audit/assurance services |  |
| 8 | Average size (annual revenue) of 1) all current audit clients; and 2) current public sector audit clients |  |
| 9 | Provide the names and contact information for at least three other, similarly sized clients of the  partner and manager that will be assigned to our organization for reference purposes. |  |
|  | **Familiarity with GASB Pronouncements/Accounting Guidelines and Single Audit Requirements** | |
| 10 | Number of public sector clients and public sector audit clients |  |
| 11 | Number of years providing audit/assurance services to public sector clients |  |
| 12 | Indicate whether your firm complies with all requirements listed in Section III of this RFP, including whether each individual associated with the City’s audit will have complied with all applicable continuing education requirements for audits of governmental entities. |  |
| 13 | Any additional information detailing your firm’s experience in providing audit/assurance services to local governments. |  |
| 14 | Number of current Single Audit clients |  |
| 15 | Number of years providing Single Audits |  |
|  | **Familiarity with Indiana State Board of Accounts Guidelines and Processes** | |
| 16 | Discuss your understanding of the guidelines and standards adopted by the Indiana SBOA and your ability to meet those standards. |  |
| 17 | Describe your experience in the past five years conducting audits for or otherwise engaging with the Indiana SBOA. |  |
|  | **Demonstrated Commitment to Excellence and Quality** | |
| 18 | State whether your firm is a member of the AICPA Governmental Audit Quality Center and, if so, for how long. |  |
| 19 | Include as an attachment to your proposal a copy of your firm’s most recent peer review reports, the related letter of comments, and the firm’s response to the letter of comments. |  |
|  | **Independence** | |
| 20 | Discuss your analysis of your firm’s independence with respect to the City of South Bend. |  |
|  | **Presence in Indiana and/or South Bend community** | |
| 21 | Location of office(s) in Indiana |  |
| 22 | Number and names of public sector clients in Indiana |  |
| 23 | Number and names of municipal clients in Indiana |  |
|  | **Intangibles – Experience & Qualifications** | |
| 24 | Provide any additional information on why your firm is best situated to perform audit services for the City of South Bend. |  |
|  | **Audit Implementation Methodology** |  |
|  | **Expected Time Onsite** | |
| 25 | Provide your expected timeline for the starting and completing of all audit work on an annual basis. Include in this timeline all the total amount of time you expect to be onsite. |  |
| 26 | Indicate whether your firm has or will have sufficient capacity to perform the annual audit, within the timeline specified above and in Section II.A of this RFP. |  |
|  | **Audit Approach and Focus Areas** | |
| 27 | Describe how your firm will approach the audit of the City of South Bend, including the areas that will receive primary emphasis. |  |
| 28 | Discuss the firm’s use of technology in the audit, including any access to City systems that would be requested or necessary. |  |
|  | **Communications** | |
| 29 | Discuss the communication process used by the  firm to discuss issues with City management and the South Bend Common Council. Include processes for communicating questions or concerns during the audit, as well as communication of audit findings and/or recommended corrective action plans. |  |
| 30 | Discuss your approach to communications with the Indiana SBOA. |  |
|  | **Intangibles – Audit Implementation Methodology** | |
| 31 | Provide any additional information on why your firm’s approach is superior or preferred. |  |
|  | **Audit Staff Quality / Continuity** |  |
|  | **Audit Staff Quality** | |
| 32 | Identify the partner, manager, and in-charge accountant who will be assigned to our audit if you are successful in your proposal and provide biographies. Indicate any complaints against them that have been leveled by the state board of accountancy or other regulatory authority, if any. Indicate any corrective actions that have been taken by the firm with respect to these individuals. |  |
|  | **Staff Planning & Use of Subcontractors** | |
| 33 | Describe the size and makeup of the audit team that you would anticipate using for the City’s audit. |  |
| 34 | Discuss your use of subcontractors or professionals not employed by your firm to perform audit tasks. |  |
|  | **Turnover & Continuity** | |
| 35 | Discuss any commitments you make to staff continuity, including your staff turnover experience in the last three years. |  |
| 36 | Notwithstanding the previous item, we understand that staff turnover happens. How does your firm handle staff turnover when it occurs, especially if it occurs in the middle of an audit? How do you ensure that staff members that may be auditing the City for the first time are up-to-speed on our unique circumstances? |  |
|  | **Audit Fee** |  |
|  | **Estimated Audit Fee** |  |
| 37 | Provide a cost estimate for each of the following services to be performed on an annual basis:   * Financial statement audit (without need for federal compliance audit) * Single audit (including both an audit of the financial statements and an audit of compliance with federal program requirements) |  |
|  | **Anticipated Cost Increases Over Time** |  |
| 38 | Furnish standard billing rates for classes of professional personnel providing assurance services for each of the last three years. |  |
| 39 | Indicate any anticipated future cost increases. Also indicate your firm’s approach toward increasing costs with existing clients. |  |
| 40 | Describe the process for billing for audit services, and how your invoices will be sufficiently detailed to demonstrate compliance with the terms of the contract. Additionally, indicate whether your firm will accept the City’s standard payment terms, which are net thirty (30) days from the City’s receipt of an undisputed invoice. |  |
|  | **Other** |  |
| 41 | Include as an attachment to your proposal a proposed contract for assurance services, and indicate here whether this contract complies with the terms of Section VI of this RFP. If you take exception to any of the items listed in Section VI, indicate that here. In addition to the terms listed in Section VI, your proposed contract should include at least a scope of services, fees or compensation for services, and specification of the contract period and conditions under which the contract may be terminated or renewed. |  |

*[Signature Page Follows]*

## Proposal Signature Page

The undersigned proposer having examined this RFP and having full knowledge of the condition under which the work described herein must be performed, hereby proposes that the proposer will fulfill the obligations contained herein in accordance with all instructions, terms, conditions, and specifications set forth; and that the proposer will furnish all required products/services and pay all incidental costs in strict conformity with these documents, for the stated prices as proposed.

Submitting Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I certify that:**

* I am authorized to propose on my company’s behalf.
* I am not currently an employee of the City of South Bend.
* None of my employees or agents is currently an employee of the City of South Bend.
* I am not related to any City of South Bend employee or Elected Official.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_