1. **FIRM NAME:** **DATE:**

**CONTACT PERSON**:

**PHONE**:

**EMAIL:**

1. **QUALIFICATIONS:**

(Briefly state your firm’s qualifications)

1. **PAST GOVERNMENTAL CLIENTS/CONTACT PERSON (List three):**

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Most Recent Audit | Contact | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **AUDITING PERSONNEL PROVIDED FOR THIS ENGAGEMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Years Experience | Cert/Degree | Last Public Audit |
|  | Partner |  |  |  |
|  | Manager |  |  |  |
|  | Sr. Acct. |  |  |  |
|  | Accountant |  |  |  |

\*Please remember to include resumes with your RFP response.

1. **HOURLY RATES OF AUDITING PERSONNEL:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Standard Hourly Rate | Quoted Hourly Rate |
|  | Partner | $ per hour | $ per hour |
|  | Manager | $ per hour | $ per hour |
|  | Sr. Acct. | $ per hour | $ per hour |
|  | Accountant | $ per hour | $ per hour |

1. **FEES:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service | Anticipated Hours Expended | Fees2019-20 | Fees2020-21 | Fees2021-22 | Fees2022-23 | Fees2023-24 |
| Audit |  |  |  |  |  |  |
| Management Letter |  |  |  |  |  |  |
| Single Audit (if required) |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

1. **QUALIFICATIONS REGARDING FEES:**

(Please state succinctly any qualifications you need to make regarding your proposed fee (e.g., out of pocket expenses, fee increases, extraordinary services, etc.)

1. **BILLING SEQUENCES:**

(Please state the firm’s normal billing practice, as it will be applied to this engagement.)

It is understood that this information must be complete and submitted by 2:00 p.m., Friday, May 15, 2020, to the Monterey Peninsula Regional Park District, Attn: Kelly McCullough, Finance Manager, P.O. Box 223340, Carmel, CA 93922 or via FED EX/UPS to 4860 Carmel Vallely Rd., Carmel, CA 93923 and via email to mccullough@mprpd.org.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Submitting Proposal Date

Authorized on Behalf of Firm