

STATEMENT OF NO RESPONSE

If your firm is does not intend on submitting a proposal, please complete and return this form prior to the Solicitation Opening date shown herein. Return by email (afraaser@cityofsebastian.org) or by mail to:

CITY OF SEBASTIAN
ATTN: PROCUREMENT
1225 MAIN STREET
SEBASTIAN, FLORIDA 32958

Company's Name: _____
Company Address: _____
Phone No: _____

We are not responding to RFP #20-02 Financial Auditing Services for the following reason(s) (mark all that applies):

- _____ ***Do not offer the good(s) or service(s) required***
- _____ ***Our schedule would not permit us to perform responsibly***
- _____ ***Unable to meet specifications/scope of services***
- _____ ***Unable to meet minimum requirements***
- _____ ***Insufficient time allowed for preparation of response***
- _____ ***Project/Budget too small***
- _____ ***Specifications unclear – too vague, rigid, etc. (please explain below)***
- _____ ***Other (please specify below)***

REMARKS

Signature

Print Name / Title

Date

SOLICIATION INFORMATION FORM

Please submit this form to assist us in learning more about how our solicitation opportunities are most often found.

Company's Name: _____

Company Address: _____

Phone No: _____

Please tell us how you found out this Request for Proposal was released/available (mark all that applies):

_____ *Indian River Press Journal (TCPalm)*

_____ *DemandStar/Onvia*


_____ *City of Sebastian Web Site*

_____ *Other (please specify below)* _____

MAILING LABEL

Cut along the outer border and affix this label to the sealed envelope to identify it as a Sealed Solicitation Submittal.

SEALED RFP • DO NOT OPEN	
SOLICITATION #:	RFP #20-02
SOLICITATION TITLE:	Financial Auditing Services
DUE DATE/TIME:	Friday, April 10, 2020 @ 2:00 PM EST
SUBMITTED BY:	Proposer's Name
	Proposer's Address
	Proposer's Address
DELIVER TO:	City of Sebastian ATTN: Procurement Division 1225 Main Street Sebastian, Florida 32958



ELECTRONIC SUBMISSIONS ARE AVAILABLE AT VENDORLINK.COM
(Registration Required)

PROPOSAL CHECKLIST

Please use the following checklist as a reference document to confirm all requirements are met in your RFP submission. **This checklist must be submitted as part of the Proposal.** Please be advised that this checklist should not be interpreted as a comprehensive list of all information required by this Solicitation from prospective Proposers. It simply serves as a guide for the most significant documents to be included in the Proposal and should be enhanced as deemed necessary. It is solely the Proposer's responsibility to read and understand all requirements and adhere to all issued Addenda.

Requirements	OFFICE USE ONLY
One (1) original copy of proposal (bearing original signatures)	
Six (6) copies of proposal	
One (1) electronic copy of proposal (USB)	
Proposal Checklist – FORM A	
Addenda Acknowledgment – FORM C	
Transmittal Letter (<i>Refer to Section 2.1</i>)	
Table of Contents (<i>Refer to Section 2.2</i>)	
TAB #1 – QUALIFICATIONS (<i>Refer to Sections 2.3 - 2.6</i>)	
Company Profile	
Experience	
Project Team (Resumes, Licenses, etc.)	
Peer Review	
TAB #2 – AUDIT APPROACH (<i>Refer to Sections 2.7 – 2.10</i>)	
Project Approach	
Current Workload	
Anticipated Potential Audit Problems	
Report Format	
TAB #3 – REFERENCES (<i>Refer to Sections 2.11</i>)	
Reference List – FORM D	
TAB #4 – FORMS (<i>Refer to Section 2.12</i>)	
Contact Information Sheet – FORM B	
Proposer's Disclosure Questionnaire – FORM E	
Document Notification Affidavit - FORM F	
Subcontractor List – FORM G	
TAB #5 – INSURANCE (<i>Refer to Section 2.13</i>)	
Proof of Insurance	
COST PROPOSAL – SEPARATE ENVELOPE (<i>Refer to Section 2.14</i>)	
Cost Proposal – FORM H	

PLEASE ENSURE THE MAILING LABEL IS AFFIXED TO THE SEALED ENVELOPE.

(See page 25)

IMPORTANT: Failure to submit the requested copies or complete and submit the required forms may result in submittal being deemed non-responsive and removed from consideration.

CONTACT INFORMATION SHEET

DUE DATE: Proposals due on or before 2:00 PM EST at City of Sebastian ATTN: Procurement 1225 Main Street Sebastian, Florida 32958 Friday, April 10, 2020 Check Addenda for any revised opening dates before submitting your proposal. Proposal(s) received, after the date and time stated above, shall not be considered for award.	RFP NO.: #20-02	RELEASE DATE: 03/02/2020	CONTACT: Ann-Marie Fraser, CPPB, MBA Procurement/Contracts Manager (772) 388-8231 afraser@cityofsebastian.org
	RFP TITLE: <p style="text-align: center;">FINANCIAL AUDITING SERVICES</p>		
Firm's Name and "Doing Business As", if applicable:			
Federal Tax Identification Number:			
Address: _____ City: _____ State: _____ Zip Code: _____			
Telephone Number: _____ Fax Number: _____			
E-Mail Address of Authorized Representative:			
<p>The undersigned hereby proposes and agrees to furnish all labor, materials, and equipment, and to perform all work required for the above-named Project in the manner and time prescribed in the Scope of Work and Drawings (if applicable) and such addenda thereto as may be issued prior to bid opening date.</p>			
<hr/> Signature of Authorized Representative (Manual)			
<hr/> Name of Authorized Representative (Typed or Printed)			
<hr/> Title			

Failure to fully complete and submit this Information Sheet may result in rejection of the submittal

ADDENDA ACKNOWLEDGMENT

Proposer's Name: _____ **Phone #:** _____

RFP Title: Financial Auditing Services **RFP #:** 20-02

Proposer shall indicate below each Addendum received. Acknowledgment confirms receipt and understanding of issues Addenda. Proposer understands that failure to acknowledge any addenda issued may cause their proposal to be considered non-responsive. To confirm the number of addenda (if any), Proposer may contact the Procurement Division at (772) 388-8231.

ADDENDUM #	DATE RECEIVED

No Addenda was received in connection with this solicitation.

Print Preparer's Name: _____ Title: _____

Signature: _____ Date: _____

Failure to fully complete, sign and submit this Form may result in rejection of the submittal

REFERENCE LIST

Proposer's Name: _____

List a minimum of five (5) client references in which auditing services were provided within the last three (3) years, at least 3 of these references should be clients that received the GFOA Certificate for the most recent fiscal year.

Reference #1	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	
Reference #2	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	
Reference #3	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	
Reference #4	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	
Reference #5	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	

Failure to fully complete and submit this List may result in rejection of the submittal

PROPOSER'S DISCLOSURE QUESTIONNAIRE

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter. Additional sheets may be attached if required.

Proposer's Name: _____

Address: _____

Contact Person: _____

Title: _____

Phone No.: _____

Email Address: _____

Federal Identification No.: _____

This Business is: () An Individual () A Partnership () A Corporation

Proposer's License No., if applicable: _____

*Attach certificate of status, competency, and/or state registration

(1) Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years? YES NO

(2) Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years? YES NO

(3) Has your firm had against it or filed any request for equitable adjustment, contract claims, bid protest, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business? YES NO

(4) Describe each affiliation or business relationship with an employee, board member, elected official(s) or an immediate family member of any such person of the City of Sebastian. If none, write NONE.

(5) Describe ANY other affiliation or business relationship that may cause a conflict of interest. If none, write NONE.

If yes, state the nature of the request for equitable adjustment, contract claim, litigation, or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and I agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this proposal for the City of Sebastian.

Signature

Date

Failure to fully complete, sign and submit this Questionnaire may result in rejection of the submittal

DOCUMENT NOTIFICATION AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____ acknowledge that I have legal authorization
(Printed Name)
to contractually bind _____,
(Company Name)

I acknowledge that as part of my response to this solicitation I have read and reviewed copies of the following documents/notifications, attached:

- Conflict of Interest Disclosure
- Drug-Free Workplace Provisions
- Public Entity Crimes Notification
- Non-Collusive Affidavit
- E-Verify Acknowledgement
- Immigration Laws Notification
- Scrutinized Vendor Certification
- No Lobbying Notification
- Debarment and Suspension Certification
- Vendor Performance Acknowledgement

I hereby swear or affirm that I have read and that I understand and accept all the requirements and regulations imposed by the above-referenced documents and that I acknowledge and accept that the above-referenced documents and all terms and conditions contained therein are included in the response to this solicitation.

The foregoing Affidavit was subscribed and sworn to before me this _____ day of _____, 2020, by _____ who is personally known to me or who has produced _____ as identification and who did take an oath.

[Notary Seal]

Notary Public Name:

Notary Public Signature:

Notary Commission Expiration:

Failure to fully complete, sign and submit this Affidavit may result in rejection of the submittal

SUB-CONSULTANTS LIST

Proposer's Name: _____ **Phone #:** _____

RFP Title: Financial Auditing Services **RFP #:** 20-02

NOTE: List **all sub-consultants** you invited to bid on this project, whether they were selected or not. If sub-consultants will not be used on this agreement, check the box below. **Form must be submitted with your proposal.** Use additional sheets if necessary.

The City reserves the right to reject any proposals if the Proposer names sub-consultants who have previously failed in the proper performance of an award, or failed to deliver on time contracts of a similar nature, or who is not in a position to perform under this award. The City reserves the right to inspect all facilities of any sub-consultant in order to make a determination as to the foregoing.

Company Name	Work To Be Performed	Contact Person	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I affirm that Sub-consultants will not be used to complete projects under this agreement.

Print Preparer's Name: _____ Title: _____

Signature: _____ Date: _____

Failure to fully complete, sign and submit this Form may result in rejection of the submittal

FINANCIAL AUDITING SERVICES

COST PROPOSAL

Amounts include all direct (labor, travel, incidentals, etc.) and indirect costs. **The Proposer agrees that if the proposal is accepted, the fees will not increase over the agreed upon contractual amount for the entire contract term, including renewals.** Any changes in accounting principles, or state or federal laws, rules and requirements associated with the annual financial report, requiring additional work shall be pre-approved by the City by way of a Change Order (refer to page 34).

Year	Audit Period Ending	Total Projected Hours	Financial Audit	Single Audit, if required
1	September 30, 2020		\$	\$
2	September 30, 2021		\$	\$
3	September 30, 2022		\$	\$
TOTAL A:			\$	\$
Optional Extension Period 1:				
4	September 30, 2023		\$	
5	September 30, 2024		\$	
TOTAL B:				
Optional Extension Period 2:				
6	September 30, 2025		\$	
7	September 30, 2026		\$	
TOTAL C:				
TOTAL A + B + C:			\$	\$
OPTIONAL PRICING: THESE COSTS <u>WILL NOT</u> BE USED FOR EVALUATION OF COST				
Additional Work:				
Role		Hourly Rate		
Partners		\$		
Managers		\$		
Supervisory Staff		\$		
Staff		\$		
Other:		\$		
Authorized Name & Title:				
I am a legal agent of the above named company and am fully authorized to sign and bind the above listed Company to the contract.				
Signature:		Date:		

Failure to fully complete, sign and submit this Form may result in rejection of the submittal