

**BEAUMONT-CHERRY VALLEY WATER DISTRICT  
PROFESSIONAL AUDITING SERVICES  
PROPOSAL DATA SHEET**

**I. FIRM NAME:**  
**CONTACT PERSON:**  
**PHONE:**  
**EMAIL:**

**DATE:**

**II. QUALIFICATIONS:**

(Briefly state your firm's qualifications)

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

<u>Client</u>	<u>Date Most Recent Audit</u>	<u>Contact</u>	<u>Phone</u>

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

<u>Name</u>	<u>Title</u>	<u>Years Experience</u>	<u>Certificate/Degree</u>	<u>Last Public Audit</u>
	Partner			
	Manager			
	Sr. Acct.			
	Accountant			

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

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

<u>Name</u>	<u>Title</u>	<u>Standard Hourly Rate</u>	<u>Quoted Hourly Rate</u>
	Partner	\$ per hour	\$ per hour
	Manager	\$ per hour	\$ per hour
	Sr. Acct.	\$ per hour	\$ per hour
	Accountant	\$ per hour	\$ per hour

**VI. FEES:**

<u>Service</u>	<u>Anticipated Hours</u>	<u>Fees Y/E 12/31/17</u>	<u>Fees Y/E 12/31/18</u>	<u>Fees Y/E 12/31/19</u>	<u>Fees Y/E 12/31/20</u>	<u>Fees Y/E 12/31/21</u>
<u>Audit with financial statements</u>						
<u>Management Letter</u>						
<u>Article XIIB</u>						
<u>SCO Reporting</u>						
<u>Other per RFP</u>						
<u>Total</u>						

**VII. 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.)

**VIII. 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 5:00 p.m., Thursday, September 21, 2017, to the Beaumont-Cherry Valley Water District, Attn: Yolanda Rodriguez, Director of Finance & Administrative Services, 560 Magnolia Ave, Beaumont, CA 92223

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Individual Submitting Proposal  
Authorized on Behalf of Firm

\_\_\_\_\_  
Date