APPENDIX A

PROPOSER GUARANTEES

I. The proposer certifies it can and will provide and make available, at a minimum all services set forth in Section II, Nature of Audit Services Required and in Section III, Nature of Agreed-Upon Procedures Services Required.

Signature of Official: ________________________________

Name (typed): ________________________________

Title: ________________________________

Firm: ________________________________

Date: ________________________________
A P P E N D I X  B  
PROPOSER WARRANTIES

A. Proposer warrants that it is willing and able to comply with State of Rhode Island laws with respect to foreign (non-state of Rhode Island) corporations.

B. Proposer warrants that it will maintain in full force at all times professional liability to include errors and omissions in the minimum amount of $1 million per occurrence and supply evidence of the same to the City of East Providence, listing the City as additional insured. In addition, the proposer shall also supply evidence of Workers Compensation insurance at the State of RI minimum required levels.

C. Proposer warrants that it will not delegate or subcontract its responsibilities under an agreement without the express written permission of the City of East Providence. Any subcontractors, co-proposers, or any other entity providing professional services under the engagement will be subject to, and will have met, all the same applicable requirements as the proposer.

D. Proposer warrants that all information provided by it in connection with this proposal is true and accurate. Proposer further understands that any representations made with the submission will be relied upon and if proven to be false will be grounds for termination of the contract, if awarded. False representations will also be grounds for forfeiture of all payments under the contract. This will not limit the municipality from seeking any other legal or equitable remedies.

E. Proposer warrants that there are no client conflicts, which would inhibit the ability to perform the audit in accordance with professional standards.

Signature of Official: ________________________________

Name (typed): ______________________________________

Title: ______________________________________________

Firm: ______________________________________________

Date: ______________________________________________
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<th>Max Price for City Audit</th>
<th>Max Price for School Audit</th>
<th>Max Price for UCOA Agreed-Upon Procedures</th>
<th>Total Price for All Audits</th>
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BIDDING FIRM: ____________________________________________

NUMBER & STREET: _________________________________________

CITY/STATE/ZIP: __________________________________________

SIGNATURE: ___________________________ DATE: ______

PRINT NAME: ____________________________________________

TITLE: _________________________________________________

PHONE NO: (___)__________ FAX NO: (_, )__________

EMAIL ADDRESS: _________________________________________