



CITY OF EAST PROVIDENCE

WEBSITE ADVERTISEMENT

PROFESSIONAL AUDITING SERVICES AND AGREED-UPON PROCEDURES

RFP NO. EP19/20-36

BID OPENING DATE THURSDAY, NOVEMBER 5, 2020 at 11:00 AM

A P P E N D I X 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 sub-contractors, 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: _____

A P P E N D I X C

B I D P R O P O S A L

REQUEST FOR AUDIT SERVICES AND AGREED-UPON PROCEDURES SERVICES

Year of Engagement	Max Price for City Audit	Max Price for School Audit	Max Price for UCOA Agreed-Upon Procedures	Total Price for All Audits
2020	10/31	10/31	6/30/2020	
	\$	\$	\$	\$
2021	10/31	10/31	6/30/2021	
	\$	\$	\$	\$
2022	10/31	10/31	6/30/2022	
	\$	\$	\$	\$

BIDDING FIRM: _____

NUMBER & STREET: _____

CITY/STATE/ZIP: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

TITLE: _____

PHONE NO: (____) _____ FAX NO: (____) _____

EMAIL ADDRESS: _____