**Request for Proposals**

**Long Island Power Authority**

**Financial Audit Consulting Services**

|  |  |
| --- | --- |
| **Firm Name**: |  |

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| --- |
| **Contract Year 1****(Audit of FY ending December 31, 2018)** |
| Job Title | Name | Hourly Rate | Estimated Number of Hours | Total |
| Partner |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| **Audit Not-to-Exceed Total for Contract Year 1** | $\_\_\_\_\_\_\_ |

|  |
| --- |
| **Contract Year 2****(Audit of FY ending December 31, 2019)** |
| Job Title | Name | Hourly Rate | Estimated Number of Hours | Total |
| Partner |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| **Audit Not-to-Exceed Total for Contract Year 2** | $\_\_\_\_\_\_\_ |

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| **Firm Name**: |  |

**Request for Proposals**

**Long Island Power Authority**

**Financial Audit Consulting Services**

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| **Contract Year 3****(Audit of FY ending December 31, 2020)** |
| Job Title | Name | Hourly Rate | Estimated Number of Hours | Total |
| Partner |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| **Audit Not-to-Exceed Total for Contract Year 3** | $\_\_\_\_\_\_\_ |

|  |
| --- |
| **Contract Year 4****(Audit of FY ending December 31, 2021)** |
| Job Title | Name | Hourly Rate | Estimated Number of Hours | Total |
| Partner |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| **Audit Not-to-Exceed Total for Contract Year 4** | $\_\_\_\_\_\_\_ |

**Request for Proposals**

**Long Island Power Authority**

**Financial Audit Consulting Services**

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| **Firm Name**: |  |

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| **Contract Year 5****(Audit of FY ending December 31, 2021)** |
| Job Title | Name | Hourly Rate | Estimated Number of Hours | Total |
| Partner |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Manager |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Senior Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| Accountant |  | $\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_ |
| **Audit Not-to-Exceed Total for Contract Year 5** | $\_\_\_\_\_\_\_ |

|  |
| --- |
| **Additional Audit Services** |
| Job Title | Rate for Contract Year 1 and 2 | Rate for Contract Year 2 | Rate for Contract Year 3 | Rate for Contract Year 4 | Rate for Contract Year 5 |
| Partner | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| Senior Manager | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| Manager | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| Senior Accountant | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| Accountant | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |

Should the Authority require Additional Audit Services, this Fee Schedule will be used as the basis for compensation. Should any additional auditing/accounting services be required, an amendment to the contract will be prepared. The request for completion of this schedule does not represent an intention or commitment by the Authority with regard to exclusive right of the successful proposer to provide any additional accounting/auditing services as may be required by the Authority.

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|  |  |  |
| **Authorized Signatory for the Firm** |  | **Name (print or type)** |
|  |  |  |
| **Title** |  | **Date** |