

**Florida Courts E-Filing Authority
Financial Statement & SSAE 16 Audit- Request for Proposals**

Instructions: Please thoroughly read all instructions in this Request for Proposals (RFP) before completing.

Applicants must complete this template and all mandatory information must be provided in order to be responsive. Applicant may provide additional documentation as an additional attachment with specific references included in this form. Also, please write your Business Name on the bottom of each page of this Response Template.

ADMINISTRATIVE REQUIREMENTS RESPONSE (not scored)

Applicant Information: Information must be listed here

Business Name:	
Place of Business (Full Address): <i>If office has more than one place of business, please list the office of your firm that would have primary responsibility for this potential audit engagement</i>	
Contact Individual's Name:	
Telephone Number (including Area Code):	
Email of Contact Individual:	
Applicant provided a cover letter which included a detailed list of all materials and enclosures included in the application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant certifies that they are in compliance with all registration and licensing requirements to engage in the practice of public accounting in Florida.	Applicant certifies by signature below that they are registered and licensed to engage in public accounting in Florida _____ Signature
Applicant certifies that they possess all necessary insurance coverage to perform these services.	Applicant certifies by signature below that they possess all necessary insurance coverage _____ Signature

<p>Applicant certifies that there are no major outstanding lawsuits alleging audit deficiencies. If there are, please describe.</p>	<p><input type="checkbox"/> No lawsuits alleging audit deficiencies</p> <p><input type="checkbox"/> Lawsuits alleging audit deficiencies pending or in past 5 years (if checked, please include description of lawsuit and resolution).</p> <p>Signature: _____</p>
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Applicant Minimum Qualification Requirements (5 points possible):

<p>Provide name and brief professional qualifications, including years of experience in auditing, of partners, managers, and senior staff who would be assigned to this potential engagement.</p> <p>If the teams working on the Financial Statement Audit are different from the SSAE-16 Audit, please provide information on both teams.</p>	<p>All relevant staff listed or attached</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>Please summarize or attach a copy of the most recent peer review of your firm, particularly as the review relates to the public sector on a national and local level.</p>	<p>Peer review summarized or attached</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Audit Services Proposal: Applicants must answer each question and label any attachments. 15 points possible for this section.

<p>Applicant must provide an Audit Services Proposal. Please describe the process, timeline, support required, quality control, and guidelines followed for each audit process. (Describe financial statement audit separately from SSAE-16 audit). What experience has your company had in delivery of services as described in this RFP?</p> <p>15 Points possible total</p>	<p>Audit Services Proposal attachments labeled and included</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Fee Schedule Proposal (10 points possible):

<p>Fee Schedule Proposal Provide a cost estimate for the annual audit for the duration of the contract and please provide separate estimates for each audit. Use the table below to list annual costs, but you may include any additional fee schedules as required. Please also provide a fee schedule which shows per hour costs for additional staff time.</p>	<p>Fee schedule attachments labeled and included</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Proposed Fee Schedule

	Year 1	Year 2	Year 3	Year 4	Year 5
Financial Statement Audit					
SSAE-16 Audit					
Total Cost					

D.1.f. Provide three (3) customer references: References must be from customers where the Applicant provided similar services. Applicant must fill out the Reference Check form, giving CiviTek, acting on behalf of the Authority, the ability to contact the customer and obtain information if so desired. References may not necessarily be contacted, and the decision to contact them is at the discretion of the Selection Committee and Board. By filling this section out and signing below, Applicant gives CiviTek permission to contact the customer. **(5 Points Possible)**

Signature: _____

Reference #1: <input type="checkbox"/>	
Contact Name:	
Telephone:	
Email:	
Services Provided:	

Reference #2: <input type="checkbox"/>	
Contact Name:	
Telephone:	

Email:	
Services Provided:	
Reference #3: <input type="checkbox"/>	
Contact Name:	
Telephone:	
Email:	
Services Provided:	
Proprietary or Confidential:	
If applicable, Applicant shall identify the Sections of the Response which the Applicant considers "Proprietary" or "Confidential" information:	
Checklist of Mandatory Response Attachments:	
<input type="checkbox"/> Completed and signed Cover Letter including list of attachments	
<input type="checkbox"/> Completed Bidder Response Form (this document)	
<input type="checkbox"/> All attachments clearly labeled	