

2021 External Financial & Compliance Auditing: RFP SUBMISSION FORM CHECKLIST

**OFFEROR**

**NAME:** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFEROR(s) are required to include in their PROPOSAL SUBMISSION all items listed below as well as placing a check next to each item to indicate inclusion in PROPOSAL.**

1. **Cover letter** \_\_\_\_\_
2. **Corporate resolution or other evidence of authority as a licensed Certified Public Accountant/Accounting Firm** \_\_\_\_\_
3. **Executive summary** \_\_\_\_\_
4. **Confirmation of ability to perform and complete audit objectives** \_\_\_\_\_
5. **Disclosure of any known potential conflicts of interest with SCCMHA and/or Mid-State Health Network or any of its Network Affiliates/Service Provider Network (SCCMHA Service Provider Network Directory included with RFP)** \_\_\_\_\_
6. **Completed offeror cost sheet (excel spreadsheet included with RFP)** \_\_\_\_\_
7. **Listing of 3 current governmental or municipal accounting clients or service references** \_\_\_\_\_
8. **E-file sent via email to [mbriggs@sccmha.org](mailto:mbriggs@sccmha.org) & signed original delivered or mailed along with 4 complete copies of offeror proposal to be received by SCCMHA July 27, 2021 by 5:00 pm deadline.** \_\_\_\_\_