



Auxiliary Services Corporation
of SUNY Cortland

Request for Proposal Form

Professional Auditing and Tax Services

Contact Information

Firm name: _____
Firm address: _____
Telephone #: _____
Website address: _____
Contact name: _____
Contact title: _____
Contact email address: _____

Firm Information

Please provide the size, location, and a brief history of the CPA firm:

Year of formation: _____

Approximate number of NY State licensed CPAs in firm: _____

Approximately how many different New York State auxiliary
service corporations has the firm audited in the last 5 years?

Approximately how many different student governments
affiliated with SUNY has the firm audited in the last 5 years?

Does the firm offer retirement plan document preparation services and related Form 5500 preparation? Yes No

Pursuant to New York State Executive Law Article 15-A, the entities included in this RFP recognize their obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of contracts. As such, please confirm the following for your firm:

Is your firm a certified Minority-owned business? Yes No
Is your firm a certified Women-owned business? Yes No

If you answered "Yes" to either question above, please provide evidence of the certification.

Please provide the date and results of your last peer review, as well as the name of the firm performing the review:

Is the firm subject to any current litigations? Yes No

Has the firm been subject to any AICPA or state CPA society ethics referrals? Yes No

Engagement Information

Briefly describe your firms audit approach (i.e. detailed vs. analytic test work):

Expected partner in charge of audits: _____

Summarize qualification:

Expected staffing levels for each engagement and hours expected:

- CAS - audit engagement _____
- CAS - tax engagement _____
- CAS - pension engagement _____
- SGA - audit engagement _____
- SGA - tax engagement _____

Can your firm adhere to the deadlines outlined in the scope of services?

Yes

No

Please list other services offered by firm and related fee:

--

Is there additional fees for telephone conversations or email correspondence?

Yes

No

If yes, what is the additional fees?

Describe the process of transitioning CAS to a new audit firm, indicate approach taken, time involved, and expenses. Describe process of obtaining old workpapers and cooperation with predecessors.

--

References

Please provide 3 client references, preferably from clients in the same industry of the companies included in this RFP.

Reference #1

Name: _____
Title: _____
Email address: _____
Company name: _____

Reference #2

Name: _____
Title: _____
Email address: _____
Company name: _____

Reference #3

Name: _____
Title: _____
Email address: _____
Company name: _____

Financial Proposal

The quote for any particular group(s) should cover the 6 years presented.

The template below should be used to provide proposed fee information (whole dollars only):

	Fiscal Year						Total
	2023	2024	2025	2026	2027	2028	
Audit							
CAS - including SUNY Report							
SGA							
Total							
Form 990, 990-T, 990-N, CHAR500, CT-13							
CAS							
SGA							
Total							
Pension Audit and Form 5500(2)							
CAS							
Total							

Partner Manager Staff

Current Hourly Consulting Rates:

--	--	--