## **CUBA INDEPENDENT SCHOOL DISTRICT**



50 County Road 13 · Cuba, NM 87013 · Phone: 575.289.3211 · website: cuba.k12.nm.us

April 5, 2024

The Cuba Independent School District is requesting quotes to provide audit services for the following three (3) fiscal years; 2023-2024, 2024-2025, 2025-2026 in compliance with the generally accepted auditing standards and the terms and conditions of the State of New Mexico Audit Contract incorporated herein by reference, the current <u>State of New Mexico</u> Office of the State Auditor Audit Rule 2016 2.2.2 NMAC: Requirements for Contracting and Conducting Audits of Agencies.

The following provides the evaluation criteria that will be used in selection. Please submit the requested information under each subtitle in order for us to evaluate equitably.

Section I. CAPABILITY OF FIRM – (30 Points)

- A. A description of the respondent's resources that will be dedicated to the cooperative's audit that includes the number and type of staff to be utilized.
- B. A description of the work, if any, performed for the district over the last three years along with a statement of personal or organizational independence from any relationship or situation that might be viewed as potential or actual conflict of interest with the cooperative.
- C. A copy of the respondent's most recent external quality control review (peer review) report including letter of comments.
- E. A copy of the New Mexico State Office of the State Auditor's desk review results and timeliness.

Section II. WORK REQUIREMENTS AND TECHNICAL APPROACH – (30 Points)

- A. A statement describing the respondent's understanding of audit requirements for school districts.
- B. A brief description of the respondent's approach to the project that includes a technical plan, starting and ending dates for major work segments (i.e. planning, interim fieldwork, fieldwork, and reporting).

Section III. FIRM STRENGTHS OR WEAKNESSES - (30 Points)

A. Please provide additional information that would indicate your firm's qualifications for this contract including familiarity with the District's financial management system software, Tyler Technologies School ERP Pro (formerly Visions).

Section IV. FEE PROPOSAL - (10 Points)

Please submit your fee proposal in the format provided in Attachment A. Price must be a fixed dollar amount for the Fiscal Year Audit. Prices quoted must be inclusive of all costs, including, but not limited to, clerical assistance, photocopies, travel, etc. but shall exclude applicable taxes. Applicable taxes shall be shown as a separate item. The contracting agency shall be required to pay applicable tax including any increase effective after date of contract.

**DUE: APRIL 19, 2024** 

ATN: Rhiannon Chavez, CPO PO Box 70 Cuba, NM 87013

To submit via email: rchavez@cuba.k12.nm.us

## Attachment A

## Cuba Independent School District AUDIT SERVICES Fee Proposal

|                                 | 1st Year<br>Hours<br>FYE<br>6/30/24 | 1st Year<br>Cost \$<br>FYE<br>6/30/24 | 2nd Year<br>Hours<br>FYE<br>6/30/25 | 2nd Year<br>Cost \$<br>FYE<br>6/30/25 | 3 <sup>rd</sup> Year<br>Hours<br>FYE<br>6/30/26 | 3 <sup>rd</sup> Year<br>Cost \$<br>FYE<br>6/30/26 |
|---------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|---|---|
| Financial Statement Audit       |                                     |                                       |                                     |                                       |   |   |
| Federal Single Audit            |                                     |                                       |                                     |                                       |   |   |
| Financial Statement Preparation |                                     |                                       |                                     |                                       |   |   |
| Other allowed nonaudit services |                                     |                                       |                                     |                                       |   |   |
| Other                           |                                     |                                       |                                     |                                       |   |   |
| SUB TOTAL                       |                                     |                                       |                                     |                                       |   |   |
| Gross Receipts Tax              |                                     | <del></del>                           |                                     |                                       |   | <del></del>                                       |
| TOTAL COMPENSATION              |                                     |                                       |                                     |                                       |   |   |
|                                 |                                     |                                       |                                     |                                       |   |   |

| COMPAN                 | Y (Please print)    | <br> |  |
|------------------------|---------------------|------|--|
| Name of A              | gent (Please print) | <br> |  |
| Signature <sub>.</sub> |                     | <br> |  |
| Title                  |                     | <br> |  |
| Date                   |                     |      |  |