

ATTACHMENT A

MODESTO CITY SCHOOLS

REQUEST FOR PROPOSAL NO. 26-4841  
INDEPENDENT AUDIT SERVICES

COST PROPOSAL RESPONSE FORM

To: Salida Area Public Facilities Financing Agency  
C/O Modesto City Schools – RFP No. 26-4841  
426 Locust Street  
Modesto, CA 95351-2699  
Attention: Angela Zeoli  
Director I, Purchasing

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to and in compliance with your Notice to Auditors Calling for Proposal and all other documents relating thereto, the undersigned Auditor, having familiarized himself/herself with the terms and conditions of the proposal documents, hereby proposes and agrees to perform, within the time stipulated, the work to be done and to provide all labor and materials necessary to perform the work in connection with:

INDEPENDENT AUDIT SERVICES

All in strict conformance with the specifications for the amounts as specified below:

1. CONTRACT PRICE – ALL FUNDS OF SALIDA AREA PUBLIC FACILITIES FINANCING AGENCY for the fiscal year ending June 30, 2026.

(Amount in Words)

\$ \_\_\_\_\_

2. CONTRACT PRICES – Fiscal years ending after June 30, 2026

Fiscal Year Ending June 30, 2027 \$ \_\_\_\_\_

Fiscal Year Ending June 30, 2028 \$ \_\_\_\_\_

3. CONTRACT PRICES –

Fiscal Years Ending June 30

| Hourly Rates         | <u>2026</u> | <u>2027</u> | <u>2028</u> |
|----------------------|-------------|-------------|-------------|
| Partner              | \$          | \$          | \$          |
| Manager              | \$          | \$          | \$          |
| In-Charge Accountant | \$          | \$          | \$          |
| Staff Accountant     | \$          | \$          | \$          |

**ATTACHMENT A (Continued)**

4. It is understood that the District reserves the right to reject this proposal and that this proposal will remain open and not be withdrawn for a period of sixty (60) days after the date scheduled for submission of proposals.

The names of all persons interested in the foregoing proposal as principals are as follows:

|      |                                           |
|------|-------------------------------------------|
| Name | Title                                     |
| Name | Title                                     |
| Name | Title                                     |
| Date | Name of Firm                              |
|      | By _____<br>Signature of Authorized Agent |
|      | By _____<br>Signature of Authorized Agent |
|      | By _____<br>Signature of Authorized Agent |

NOTE: If Auditor is a corporation, the legal name of the corporation shall be set forth above together with the signature of authorized officer or agents and the documents shall bear the corporate seal; if Auditor is a partnership, the true name of the firm shall be set forth above together with the signature of the partner or partners authorized to sign contracts on behalf of the partnership; and if Auditor is an individual, his/her signature shall be placed above.

**THIS FORM MUST BE SUBMITTED WITH PROPOSAL**