

APPENDIX E - COST BREAK DOWN FOR TRWD

Note: To be submitted **separately in a sealed envelope** marked COST BREAK DOWN.

Indicate the estimated average hourly rate for the following levels.

	<u>2026</u>	<u>2027</u>	<u>2028</u>	<u>2029</u>	<u>2030</u>
Partner					
Manager					
Senior					
Juniors/Experienced Staff					
Accountants/Staff					

Indicate the total cost of the audit on a per year basis for TRWD:

Fiscal year 2026 financial records	\$_____
Fiscal year 2027 financial records	\$_____
Fiscal year 2028 financial records	\$_____
Fiscal year 2029 financial records	\$_____
Fiscal year 2030 financial records	\$_____