

**UTILITIES UCNSB
City of New Smyrna Beach
RFP#9-18 Audit Services**

REQUEST FOR PROPOSAL

The Utilities UCNSB, City of New Smyrna Beach, Florida (**UCNSB**) is seeking proposals from qualified public accounting firms to:

Provide Independent Audit Services for the UCNSB as of, and for the year ended September 30, 2018, with the option to renew for three additional one-year periods.

Notice is hereby given that sealed proposals will be received at 200 Canal Street, New Smyrna Beach, FL 32168, until **2:30 P.M.** on **March 6, 2018** at which time they will be publicly opened in the 3rd floor DeBerry Room.

Submit	Maureen Crossman, CPPB	Mailing	Post Office Box 100
Proposals To:	Materials Manager	Address:	New Smyrna Beach, FL
	Utilities UCNSB,		32170-0100
	City of New Smyrna Beach		
	(386) 424.3046 Voice		200 Canal Street
	(386) 424.2748 Fax	Walk In	New Smyrna Beach, FL
	MCROSSMAN@UCNSB.ORG	Delivery:	32168

Proposers must indicate on the sealed envelope the following:

- A. RFP Number**
- B. Hour and Date of Opening**
- C. Name of Proposer**

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PROPOSAL SCHEDULE

- DISTRIBUTION OF THE REQUEST FOR PROPOSAL: **February 5, 2018**

- DEADLINE FOR FINAL QUESTIONS BY 2:30 P.M.: **February 16, 2018**
 - E-MAIL TO MCROSSMAN@UCNSB.ORG

- ADDENDUM PUBLISHED BY 5:00 P.M.: **February 23, 2018**

- PROPOSAL RETURN DEADLINE BY 2:30 P.M.: **March 6, 2018**
 - LOCATION: **RECEPTION
UTILITIES COMMISSION, CITY OF NEW SMYRNA BEACH
200 CANAL STREET
NEW SMYRNA BEACH FL, 32168**

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2. GENERAL TERMS AND CONDITIONS

1. **INSTRUCTIONS TO AUDITORS:** To insure consideration of your proposal, please follow these instructions. Proposals not in compliance with conditions specified herein are subject to rejection.
2. **SEALED PROPOSALS: AN ORIGINAL PROPOSAL AND 5 COPIES plus a USB Flash Drive** must be in the Finance Department by the date and time specified
 - a. Name and address of Proposer
 - b. RFP number
 - c. Date and time of RFP Opening
3. **UCNSB:** The term **UCNSB** used herein refers to the Utilities Commission, City of New Smyrna Beach, Florida, or its duly authorized representative.
4. **AUDITOR:** The term **AUDITOR** used herein refers to the auditing firm submitting a proposal to the **UCNSB** in response to this solicitation.
5. **COLLUSION:** The **AUDITOR** hereby attests that the prices in this offer have been arrived at independently without consultation, communication or agreement with any competitor for the purpose of restricting competition.
6. **QUESTIONS REGARDING PROPOSAL:** **UCNSB** has made every effort to provide prospective auditors with the information needed to appropriately respond to this RFP. **UCNSB** realizes that some clarification, interpretation, or additional information may be required.

Questions regarding any portion of this RFP shall be directed, in writing, to:
Utilities Commission, City of New Smyrna Beach
Maureen Crossman, CPPB
Materials Manager
mcrossman@ucnsb.org
or
P.O. Box 100
New Smyrna Beach, FL 32170-0100

All such requests must be received no later than 2:30 PM, Eastern Standard Time, **February 19, 2018**. Responses to all requests for more information will be included in any addenda and will be made available to all **AUDITORS** on **February 23, 2018**.

Requests for additional information received after the **February 19, 2018** deadline will not receive a response. Responses will **not** be made orally.

Any additional information pertaining to this RFP or to the services being sought hereunder obtained in a manner other than as described in the preceding paragraph should be regarded as unofficial. **UCNSB** will not be bound in any way by information so obtained, or by a **AUDITOR**'s reliance thereon.

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7. **INVOICES**: All invoices resulting from the award of this bid will be paid within 30 days of receipt of invoice or receipt of goods or acceptance of work performed.
8. **BID FORM**: A Bid Form is provided in the appendix and a completed original and one duplicate copy shall be returned in a **sealed envelope properly marked with Bid number and acknowledgment of receipt of addenda where applicable**. It is incumbent upon each AUDITOR to ensure that they have received all addenda before submitting their PROPOSALS.
9. **PREPARATION OF PROPOSAL**: All information shall be entered in ink, typewritten or produced by computer. It is your responsibility to make certain that unit prices and extended prices are correct. The **UCNSB** will not be responsible for errors or omissions made by proposer in determining proposal price (s). The proposal must contain a manual signature of an authorized representative of the firm proposing.
10. **OBLIGATION OF PROPOSER**: By submitting a proposal, the Proposer covenants and agrees that they have satisfied themselves from their own investigation of the conditions to be met, that they fully understand their obligation and that they will not make any claim for, or have right to cancellation or relief from the contract because of any misunderstanding or lack of information.
11. **AMENDED OR WITHDRAWN PROPOSALS**: Proposals may be amended or withdrawn only by written notice prior to the PROPOSAL opening. Amendments will only be accepted in the form of a new PROPOSAL package. The proposer must pick up the original RFP package and submit an amended sealed proposal prior to the RFP's closing date and time. Amendments or withdrawals received after the RFP opening will not be effective, and the original RFP submitted will be considered.
12. **PUBLIC ENTITY CRIMES**: UNDER SECTION 287.133(2)(a), FLORIDA STATUTES, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for Category two for a period of 36 months from the date of being placed on the convicted vendor list. See attachment "A".
13. **CONSIDERATION OF PROPOSALS**: The **UCNSB** reserves the right to award the contract to the Proposer(s) that the **UCNSB** deems to offer the best overall proposal. The **UCNSB** is therefore not bound to accept a proposal on the basis of lowest price. In addition, the **UCNSB** at its sole discretion, reserves the right to cancel this Proposal, to reject any and all proposals, to waive any and all informalities and/or irregularities, to re-advertise with either the identical or revised specifications, or not award a contract at all if it is deemed to be in the best interest of the **UCNSB** to do so. The **UCNSB** also reserves the right to make multiple or split awards if it is deemed to be in the **UCNSB'S** best

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interest. The **UCNSB** shall not be responsible for any cost or expense incurred by the Proposer in preparing or submitting a proposal or any cost prior to the execution of a contract agreement.

14. **TIE PROPOSAL:** Where tie proposals are between proposers, one of which is located in Volusia County and the other proposer is not, the recommended award shall be to the local proposer.
15. **SUBMITTING PROPOSALS:** Proposals shall be **addressed and mailed or delivered as specified on page one (1) to 200 Canal St. New Smyrna Beach, Florida 32168.**
16. **NO PROPOSAL:** In the event a Request for Proposal is returned as a no bid, "**NO PROPOSAL**" shall be properly marked on the outside of the envelope with the RFP number.
17. **REJECTED PROPOSAL:** The **UCNSB** reserves the right to reject proposals containing any additional OR EXCLUDED terms or conditions not specifically requested in the original conditions and specifications.
18. **CHANGES:** **UCNSB** may, at any time, direct in writing additions, deletions or changes to all or any part of the work. If any such changes cause an increase or decrease in the cost of or in the time required to perform such work, Contractor shall submit detail information substantiating such claims and an equitable adjustment shall be made to the price or time of performance
19. **CONFLICT OF INTEREST OF OFFICERS OR EMPLOYEES OF UCNSB:** No member or employee or other public official of the **UCNSB** who exercises any function or responsibility with respect to this contract, during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract or subcontract, or the proceeds thereof, for work to be performed. Further, the **AUDITOR** shall cause to be incorporated in all subcontracts, the language set forth in this paragraph prohibiting conflict of interest.
20. **EMPLOYEE CONFLICT OF INTEREST:** It shall be unethical for any **UCNSB** employee to participate directly or indirectly in a procurement contract when the **UCNSB** employee knows that:
 - (1) The **UCNSB** employee or any member of the **UCNSB** employee's immediate family has a financial interest in the procurement contract; or
 - (2) Any other person, business, or organization with whom the **UCNSB** employee or any member of a **UCNSB** employee's immediate family is negotiating or has an arrangement concerning prospective employment is involved in the procurement contract.

A **UCNSB** employee or any member of a **UCNSB** employee's immediate family who holds a financial interest in a disclosed blind trust shall not be deemed to have a conflict of interest with regard to matters pertaining to that financial interest.

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21. **GRATUITIES AND KICKBACKS:**

(1) Gratuities. It shall be unethical for any person to offer, give, or agree to give any **UCNSB** employee or former **UCNSB** employee, or for any **UCNSB** employee or former **UCNSB** employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity **UCNSB** in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore.

(2) Kickbacks. It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier sub-contractor or any person associated therewith, as an inducement for the award of a subcontract or order.

(3) Contract Clause. The prohibition against gratuities and kickbacks prescribed in this Section shall be conspicuously set forth in every contract and solicitation therefore.

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3. GENERAL INFORMATION

3.1 The Present State of The Utilities UCNSB, City of New Smyrna Beach, Florida: The Utilities Commission was created in 1967 through the passage of Chapter 67-1754 Laws of Florida, Special Acts of 1967 (House Bill 1669), which amended the Charter of the City of New Smyrna Beach, Florida (the “City”) to create the Utilities Commission. In 1985 the Florida Legislature enacted Chapter 85-503, Laws of Florida that constituted an amendment to Chapter 67-1754, Laws of Florida and became the revised Enabling Act for the Utilities Commission. The Special Act was a complete restatement of the 1967 Enabling Act, but included the 1984 charter amendments and added that the Utilities Commission would function the same as it previously functioned under Chapter 67-1754 Laws of Florida. The Utilities Commission is governed by five UCNSBers who are appointed by the City of New Smyrna Beach. In a referendum held in October, 1984, voters approved amendments to the City Charter which (1) require City of New Smyrna Beach approval for extensions of utility services outside the City limits; (2) give the City of New Smyrna Beach the right to review and approve the Utilities Commission’s operating budget; and (3) require City of New Smyrna Beach approval before issuing or refunding revenue certificates and entering into contracts which exceed four years. The Utilities Commission currently provides utility services to approximately 27,000 electric, 26,000 water, and 23,000 wastewater/reuse customer accounts.

3.2 Audit Services for the Utilities UCNSB, City of New Smyrna Beach

- a. The UCNSB is seeking written, sealed proposals with statements of qualifications, from qualified public accounting firms to provide audit services to the UCNSB for the fiscal year ended September 30, 2018, with the option to renew for three additional one year periods (2019, 2020, 2021).
- b. The UCNSB operates under the direction of a contracted General Manager/CEO as a single enterprise fund (also reported as a component unit of the City of New Smyrna Beach).
- c. Resolution 28-78 and other local and state statutes require an annual audit of the books of account, financial records and transactions of all administrative departments of the UCNSB by an independent certified public accountant.
- d. Proposals will be evaluated by an Evaluation Committee comprised of the UCNSB Commissioners. The committee will evaluate the firms based on the evaluation criteria in this proposal. A power point presentation may be requested.
- e. The Audit working papers shall be retained by the Auditor for five years. The working papers shall be made available to the UCNSB should the need arise.
- f. The UCNSB has prepared a CAFR for the past 39 years, and intends to do the same for the years covered in the RFP.

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- g. The auditor of the UCNSB for the past several years, including fiscal year 2017, was BMC CPA's. Audit fees for each of the last five fiscal years were:
 - 1. Fiscal year 2012 - \$49,266
 - 2. Fiscal year 2013 - \$48,749
 - 3. Fiscal year 2014 - \$50,312
 - 4. Fiscal year 2015 - \$54,765
 - 5. Fiscal year 2016 - \$43,500

4. SCOPE OF SERVICES

- 4.1** The UCNSB is requesting proposals from qualified certified public accounting firms to provide auditing services for the fiscal years outlined in the preceding section. The audits must be performed in accordance with:
 - a. Generally Accepted Accounting Principles (GAAP)
 - b. Government Auditing Standards, issued by the Comptroller General of the United States
 - c. Governmental Accounting Standards Board (GASB) and Financial Accounting Standards Board (FASB)
 - d. Florida Statutes, as applicable
 - e. Auditing standards and procedures recommended in the American Institute of Certified Public Accountants' Industry Audit and Accounting Guide "Audits of State and Local Governments" as amended.
 - f. The Rules of The Auditor General of the State of Florida, Chapter 10.550
- 4.2** The audit shall be an annual financial audit as defined in Section 218.31 (17), Florida Statutes, and shall be conducted in accordance with generally accepted auditing standards as well as the standards mentioned previously.
- 4.3** Management and AUDITOR shall mutually agree upon a schedule that allows for the CAFR to be provided for distribution no later than March 31st of the calendar year following the audit. Timeliness is critical in the performance of the audit. In recent years, audit field work has been performed beginning in mid-November through December.

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- 4.4** When applicable, the AUDITOR will provide a cost estimate to complete a “Single Audit”, prior to the start of the regular fiscal year audit.
- 4.5** Accompanying the financial statements, the Auditor will submit a Management Letter of Comments and Recommendations, if applicable, for improvement of program and financial management per the Auditor’s opinion after examining the UCNSB’s financial statements.
- 4.6** The Auditor shall submit and present to the UCNSB for its approval (during a Monthly UCNSB Meeting) Comprehensive Annual Financial Report (CAFR) which shall comply with the applicable reporting standards as contained in the publications aforementioned, as amended. Twenty (20) color copies and one electronic pdf of document shall be made. The UCNSB will provide a color cover page (also in electronic format) for the final document. Each audit report shall contain at a minimum, the following:
- a. Index.
 - b. Letter of Transmittal
 - c. Independent Auditor’s report
 - d. Management’s Discussion and Analysis
 - e. Basic Financial Statements
 - f. Notes to the Financial Statements
 - g. Supplemental Information to include detailed financial information for each division operated by the UCNSB.
 - h. Statistical Section
 - i. Independent Auditors’ Report on Compliance and on Internal Control Over Financial Reporting based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
 - j. Management Letter
 - k. Independent Accountant’s Report

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- 4.7** The firm selected shall submit progress reports to or hold periodic meetings with the Director of Finance/CFO and Treasurer of the UCNSB. The information provided in these reports/meetings should be sufficiently detailed to provide assurance that the audit is on schedule, noting achievements and problems, which have potential effect on the schedule.
- 4.8** The UCNSB will provide the auditor with reasonable workspace, internet connection, telephone lines, copying machine and fax capability.
- 4.9** An audit completion conference with the Director of Finance/CFO and/or the General Manager/CEO, or their designee will be conducted by the lead auditor. At the conference findings and recommendations regarding compliance and internal control and other findings shall be discussed. Ample time shall be provided to Management to respond in writing to these findings as required to be incorporated with the final CAFR.
- 4.10** The auditor will collect from the Florida State Retirement Website the data necessary for the firm to calculate the UCNSB's proportionate share of its net pension liability in accordance with GASB 68. The firm will update the required notes within the CAFR and provide the UCNSB with the required journal entries for approval.

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PROPOSAL SUBMITTAL REQUIREMENTS AND EVALUATION FACTORS

Proposals shall include all of the information requested in this RFP and below, and any additional information that the **AUDITOR** deems pertinent to the understanding and evaluating of the proposal. Proposals shall be organized for evaluation in tabbed sections. Submittals must be clear, concise, typed on letter size paper and individually bound. Submittals should contain no more than (30), double sided, single spaced pages, at least #10 fonts. Longer submittals may be discarded. The **AUDITOR** should not withhold any information from the written response in anticipation of presenting the information orally or in a demonstration, since oral presentations or demonstrations may not be solicited. Failure to supply all of the information requested shall result in the proposal being excluded from consideration. The **UCNSB** reserves the right to request information or clarification from **AUDITORS** following the bid opening.

UCNSB WILL CONSIDER THE FOLLOWING FACTORS IN THE EVALUATION OF THE PROPOSALS RECEIVED. The Commissioners will serve as the audit committee and evaluate the proposals received.

EVALUATION FACTOR # 1: EXPERIENCE

The proposal shows that the firm has extensive experience in governmental audits, specifically experience in auditing water, sewer, reclaimed water and electric operations of a similar size. Staff is competent and professional, exhibits prerequisite experience, and receives continuing professional education (CPE). The firm's proposal should also include a firm profile showing total number of employees by level, by office, including those specifically assigned to work on governmental engagements.

EVALUATION FACTOR # 2: REFERENCES

Quality of the references provided by the **AUDITOR**. The references provided indicate the **AUDITOR** is proficient in governmental audits with particular attention to FERC and utility accounting.

EVALUATION FACTOR # 3: AUDIT APPROACH

Proposal demonstrates a sound audit approach consistent with all applicable standards, including discussions of the segmentation of the engagement, **AUDITOR**'s use of technology, sampling methodologies and approach to assessing the **UCNSB**'s internal controls.

EVALUATION FACTOR # 4: PRICING

While not the sole or predominant factor used to evaluate the proposals, compensation will be considered to determine if the proposed cost is reasonable to satisfy the requirements and needs of the **UCNSB**. Please provide a lump sum fee for the initial year, plus the three optional years, as well as hourly rates by position for any additional work that may be contracted on an hourly basis in the future, such as a "Single Audit".

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EVALUATION FACTOR #5: LOCATION

To ensure adequate availability to meet the UCNSB's needs and attend any meeting upon short notice and for an increased awareness of local issues affecting the Utility's operations, consideration shall be given to proposing firms based upon the location of the proposing office in relation to the UCNSB office.

EVALUATION FACTOR # 6: COMPLETED FORMS

Please complete the enclosed forms and attach here.

Certification of Drug-Free Workplace

Public Entity Crimes

Non-collusion Affidavit

Request for Taxpayer Identification Number and Certification W-9 Form

Vendor Application

Questionnaire

Required Disclosure

Addenda Acknowledgement

Include a copy of your current Occupational License from an authorizing government agency

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CERTIFICATION OF DRUG-FREE WORKPLACE FORM

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

VENDOR SIGNATURE

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**PUBLIC ENTITY CRIMES FORM
SWORN STATEMENT UNDER SECTION 287.133(3) (1) FLORIDA STATUTES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted Bid, Bid or Contract for **AUDIT SERVICES FOR THE UTILITIES UCNSB CITY OF NEW SMYRNA BEACH**

2. This sworn statement is submitted by _____
[name of entity submitting sworn statement] whose business address is:
_____ and (if applicable) its
Federal Employer Identification Number (FEIN) is _____.

If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.

3. My name is _____ and my relationship to the entity named above is _____.

4. I understand that a “public entity crime” as defined in Paragraph 287.133 (1) (g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state, or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133 (91) (b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court or recording, relating to charges brought by federal or state trial court or recording, relating to charges brought by federal or state trial court or recording, relating to charges brought by indictment or information after July 1, 1989, as a result of just verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

6. I understand the “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means: (1) A Predecessor or Successor of a person convicted of public crime: or (2) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholder, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of public crime in Florida during the preceding 36 months shall be considered an affiliate.

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Public Entity Crimes Statement

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7. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provisions of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

8. Based on information and belief, that statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies]

_____ Neither the entity submitting this sworn statement, or one more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of public entity subsequent to July 1, 1989, AND [Please indicate which additional statement applies.]

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the final order.]

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the final order.]

_____ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date _____ Signature _____

STATE OF: _____ COUNTY OF: _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____
[name of individual signing] who after first sworn by me affixed his/her signature in the space provided above on this _____ day of _____, 20____.

My UCNSB expires: _____ Personally known to me, or
Produced Identification: _____

Notary Public _____ Print, Type or Notary Stamp _____ Type of I.D. _____

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NON-COLLUSION AFFIDAVIT OF PRIME BIDDER FORM

State of _____

County of _____

_____, being first duly sworn, deposes and says that:

He/she is _____ of _____, **PROPOSER** that has submitted the attached **PROPOSAL**;

He/she is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Neither the said **PROPOSER** nor any of its officers, partners, owners, agent representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, sought by agreement or collusion or communication or conference with any other **PROPOSER**, firm or person, to fix the price or prices in the attached Bid or of any other **PROPOSER**, or to fix any overhead, profit or cost element of the Bid price or the Bid price of any other **PROPOSER**, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the **UCNSB**.

The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the **PROPOSER** or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signed

Title

Subscribed and sworn to before me this _____ day of _____, 20____.

Title

My UCNSB Expires: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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VENDOR APPLICATION

In addition to General conditions, your **PROPOSAL** may be disqualified if the following vendor information is not returned with your **PROPOSAL**.

Vendor is:

- () Corporation
- () Partnership
- () Sole Proprietorship
- () Other _____ (Explain)

Federal Employer Identification
Number or Social Security Number: _____

Do you collect Florida State Sales Tax? () Yes () No

Firm Name: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

Email Address: _____ Web Address: _____

Commodity or Service Supply: _____

If vendor is quoting, as a manufacturer's representative and the purchase order should be addressed to the manufacturer in care of the vendor, so indicate.

If remittance address is different from the mailing address so indicate below.

Firm Name: _____

Mailing Address: _____

Submitted by: _____

Name & Title Printed: _____

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QUESTIONNAIRE

Additional space may be required. Please answer questions in the order presented. All questions must be answered or PROPOSER may be disqualified.

1. Has your company ever been denied insurance or had insurance canceled?
2. Is your company bondable? Has your company ever been denied bond?
If yes, explain.
3. Can your insurance company produce a certificate of insurance stating your limits and naming UCNSB as an Additional Insured?
4. Since January 1, 2011, has your company been a defendant in any lawsuits?
5. Is your company a subsidiary or otherwise legally affiliated with any other company?
6. Is your company rated by Dunn & Bradstreet or any other rating agency?
If yes, what is the name of the agency and rating?
7. Is your company in any stage of bankruptcy, including initial filing?
8. Has your company been disbarred by the Federal Government or any State Government?
9. How many employees does your company have?

Staff Employees: Full Time _____ Part Time _____

Contract Employees: Full Time _____ Part Time _____

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REQUIRED DISCLOSURE

At its sole discretion, the **UCNSB** may reject any proposer the **UCNSB** finds to lack, or whose present or former executive employees, officers, directors, stockholders, partners or owners are found by the **UCNSB** to lack honesty, integrity, or moral responsibility. The discretion of the **UCNSB** may be exercised based on the **UCNSB'S** own investigation, public records, or any other reliable sources of information. By submitting a proposal, **AUDITOR** recognizes and accepts that the **UCNSB** may reject the proposal based upon the exercise of its sole discretion and proposer waives any claim it might have for damages or other relief resulting from the rejection of its proposal based on these grounds.

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PROPOSAL FORM

PROPOSERS NAME: _____

The undersigned hereby declares that the following list states any and all variations from, and exceptions to, the requirements of the scope of work.

These Prices are valid for orders placed within **ninety** days from date of award.

Submitted By:

Company _____

Name and Title _____ Signature _____

Telephone No. _____ e-mail _____

The UCNSB reserves the right to award the contract to the PROPOSER(s) that the UCNSB deems to offer the best overall bid. The UCNSB is therefore not bound to accept a bid on the basis of lowest price. In addition, the UCNSB at its sole discretion, reserves the right to cancel this Bid, to reject any and all bids, to waive any and all informalities and/or irregularities, to re-advertise with either the identical or revised specifications, or not award a contract at all if it is deemed to be in the best interest of the UCNSB to do so. The UCNSB also reserves the right to make multiple or split awards if it is deemed to be in the UCNSB'S best interest. The UCNSB shall not be responsible for any cost or expense incurred by the PROPOSER in preparing or submitting a bid or any cost prior to the execution of a contract agreement.

As representative for the PROPOSER, I have read and understand this statement.

Name and Title _____ Signature _____