

**OFFICE OF THE AUDITOR GENERAL  
NOTICE OF INTENT TO ISSUE REQUEST FOR PROPOSAL**

**Group 1  
11-3-14**

RFP Issue Date 1-6-15  
Proposals Due 2-6-15  
Expected Award Date 3-13-15  
Page 1 of 1

<b>RFP NO.</b>	<b>AUDITED AGENCY/ TYPE OF ENGAGEMENT</b>	<b>ANTICIPATED CONTRACT NUMBERS</b>	<b>MAIN LOCATION</b>	<b>ENGAGEMENT PERIOD(S)</b>	<b>*APPROX. OR HISTORICAL HOURS</b>	<b>PROPOSAL DUE DATE</b>	<b>HOURLY RATE OR FIXED FEE BASIS</b>	<b>ENGAGEMENT LEVEL</b>
<b><u>RFP ISSUE DATE – January 6, 2015</u></b>								
15-1	University of Illinois (Financial Audit, Single Audit and State Compliance Attestation Examination)	15-5-63800-10 16-5-63800-10	Champaign	Year Ended 6-30-15	13,500	2-6-15	Fixed Fee	4
15-2	Illinois Department of Public Health (State Compliance Attestation Examination)	15-5-47700-10 16-5-47700-10	Springfield	2 Years Ended 6-30-15	5,800	2-6-15	Fixed Fee	3
15-3	Illinois Workers' Compensation Commission (Year 1: Financial Audit and State Compliance Attestation Examination) (Year 2: Financial Audit)	15-5-53200-10 16-5-53200-10 16-6-53300-12 17-6-53300-12	Chicago  Chicago	Year(s) Ended 6-30-15  Year Ended 6-30-16	3,600  450	2-6-15  2-6-15	Fixed Fee  Fixed Fee	2  2

\* Note: Data concerning the approximate or historical hours related to this engagement is not a representation by the OAG as to the number of hours your firm may need to perform this engagement in the future. You are responsible for reviewing all information available to you through the OAG and through other resources to determine the appropriate number of hours to propose on this engagement.

Unless otherwise noted, all questions and correspondence related to the RFPs in Group 1 should be directed to the Compliance Audit Director.