

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

**Group 1  
11-1-18**

**REVISED 12-10-18**  
RFP Issue Date 12-14-18  
Proposals Due 1-10-19  
Expected Award Date 2-8-19

<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>ENGAGE- MENT LEVEL</b>
19-1	Department of Healthcare and Family Services <b>Year 1</b> (Financial Audit and Compliance Attestation)	19-9-47600-10 20-9-47600-10	Springfield	Year(s) Ended 6-30-19	7,850	1-11-19	Fixed Fee	4
	<b>Year 2</b> (Financial Audit)	20-0-47600-12 21-0-47600-12	Springfield	One Year Ended 6-30-20	4,000	1-11-19	Fixed Fee	4
19-2	Department of Lottery <b>Year 1</b> (Financial Audit and Compliance Attestation)	19-9-45000-10 20-9-45000-10	Springfield	Year(s) Ended 6-30-19	2,700	1-11-19	Fixed Fee	4
	<b>Year 2</b> (Financial Audit)	20-0-45000-12 21-0-45000-12	Springfield	1 Year Ended 6-30-20	1,425	1-11-19	Fixed Fee	4
19-3	Capital Development Board <b>Year 1</b> (Financial Audit)	19-9-50500-12 20-9-50500-12	Springfield	1 Year Ended 6-30-19	2,000	1-11-19	Fixed Fee	2
	<b>Year 2</b> (Financial Audit and Compliance Attestation)	20-0-50500-10 21-0-50500-10	Springfield	Year(s) Ended 6-30-20	3,500	1-11-19	Fixed Fee	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.