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

Group 2 11-1-18

REVISED 1-14-19 REVISED 1-3-19

RFP Issue Date 1-18-19 Proposals Due 2-15-19

Expected Award Date 3-15-19

TTOTIDE \$7

RFP NO.	AUDITED AGENCY/ TYPE OF ENGAGEMENT	ANTICIPATED CONTRACT NUMBERS	MAIN LOCATION	ENGAGEMENT PERIOD(S)	*APPROX. OR HISTORICAL HOURS	PROPOSAL DUE DATE	HOURLY RATE OR FIXED FEE BASIS	ENGAGE- MENT LEVEL
19-1	Department of Healthcare and Family Services Year 1 (Financial Audit and Compliance Attestation)	19-9-47600-10 20-9-47600-10	Springfield	Year(s) Ended 6-30-19	7,850	2-15-19	Fixed Fee	4
	Year 2 (Financial Audit)	20-0-47600-12 21-0-47600-12	Springfield	Year Ended 6-30-20	4,000	2-15-19	Fixed Fee	4
19-4	Office of the Governor (Compliance Attestation)	19-9-30400-10 20-9-30400-10	Springfield	2 Years Ended 6-30-19	1,300	2-15-19	Fixed Fee	2
19-5	Office of the Lieutenant Governor (Compliance Attestation)	19-9-30500-10 20-9-30500-10	Springfield	2 Years Ended 6-30-19	700	2-15-19	Fixed Fee	2
19-6	Governor's Office of Management & Budget (Compliance Attestation)	19-9-50400-10 20-9-50400-10	Springfield	2 Years Ended 6-30-19	2,000	2-15-19	Fixed Fee	2
19-7	Legislative Reference Bureau (Compliance Attestation)	19-9-11400-10 20-9-11400-10	Springfield	2 Years Ended 6-30-19	500	2-15-19	Fixed Fee	1

Unless otherwise noted, all questions and correspondence related to the RFPs in Group 2 should be directed to the Compliance Audit Director.

^{*} 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.