



CLAY COUNTY  
**PUBLIC HEALTH CENTER**



800 Haines Drive  
Liberty, Missouri 64068  
p. 816-595-4200  
clayhealth.com

DATE: November 2, 2022  
TO: Licensed Auditors/Auditing Firms  
RE: **Request for Proposal for Auditing Services for FY2022-2024**

Clay County Public Health Center seeks proposals from Licensed Certified Public Accountants/ Accounting Firms who have a minimum of five (5) years' experience conducting annual, independent in accordance with Government Auditing Standards. A copy of the Request for Proposal (RFP) is located at [www.clayhealth.com](http://www.clayhealth.com).

Sealed proposals are to be addressed to Penni Aubut, Accounting Manager, Clay County Public Health Center, 800 Haines Dr., Liberty, Missouri 64068, and **received on or before December 2, 2022 at 4:30 p.m.** Proposals received after this date/time will be returned to sender unopened. Proposals must be sealed and marked "Auditing Services." Any questions regarding the proposal should be directed in writing to [rfp@clayhealth.com](mailto:rfp@clayhealth.com).

The Health Center reserves the right to reject any or all proposals and to waive any irregularity in the proposals. A private bid opening will be held by Clay County Public Health Center. Proposals are scheduled to be reviewed at the Board of Trustees meeting December 15, 2022. Respondents will be notified in writing following the approval of the award.

**The schedule of the proposal process is as follows:**

<b>Release of RFP</b>	November 2, 2022
<b>Intent to Bid Deadline</b>	Send intent to bid - including firm name & contact information - to <a href="mailto:rfp@clayhealth.com">rfp@clayhealth.com</a> <b><u>no later than November 14, 2022 at 4:30 p.m.</u></b>
<b>Submittal Deadline</b>	December 2, 2022 at 4:30 p.m.
<b>Intended Award Date</b>	December 16, 2022

Sincerely,

Darrell Meinke  
Deputy Director

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## A. BACKGROUND & PURPOSE

Since 1953 Clay County Public Health Center, herein referenced as the “Health Center,” has developed and administered effective programs and services for our citizens, as well as encouraged and collaborated with community partners in order to maintain a healthy community. Today we continue to ensure that our efforts address Clay County’s most important health problems and concerns, as well as ensure we engage our citizens in assessing and planning to address our specific public health needs.

The current annual budget of the Health Center is \$9.4 million, and both an independent annual audit and single audit are required.

## B. CONTRACT PERIOD

The initial term of a contract awarded as a result of this RFP shall be for a period of three fiscal years, with an intended contract from **December 1, 2022 – November 30, 2025 (audits for fiscal years 2022-2024.)**

The pricing shall remain as bid for the entire contract period.

The Health Center may, at its sole discretion, renew the contract for not more than one (1) additional year upon written notice to the Firm, with any renewal beginning upon the anniversary date of the original contract. Exercise of the renewal option shall be made, if at all by the Health Center, not less than thirty (30) days prior to the end of the Contract term. The renewal period will be under the same terms and conditions as the original contract.

If, at any time, the Health Center determines it is in its best interest to discontinue use of these services the Health Center reserves the right to cancel the contract to be awarded by giving thirty (30) days advance written notice.

## C. INSTRUCTIONS & QUALIFICATIONS

Please refer to the cover sheet of this RFP for initial instructions and the schedule of the proposal process. An intent to bid is required.

Respondents are to provide **three (3) proposal copies**, including complete, concise, organized and detailed responses. Any costs incurred by Firms in preparing or submitting proposals are the Firms sole responsibility.

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A copy of the most recent audit is available upon request. It is the responsibility of each Firm submitting a proposal to familiarize themselves with the most recent audit to fully understand the nature of the work required.

The Health Center offers the right to any potential insurer to inspect records and to ask questions to which the Health Center will respond to, to the best of its ability, up to the due date. If it becomes necessary to revise the RFP, the Health Center will provide an addendum to each Firm the Health Center is aware of receiving the RFP.

The Health Center may also request an in-person meeting to present their proposal to senior leaders. In this event the Health Center will notify selected brokers of the time and date.

**Minimum Qualifications**

Respondents must:

- 1) Be a Licensed Certified Public Accountant (CPA) audit organization.
- 2) Have a minimum of five (5) years' experience conducting audits in accordance with Government Auditing Standards, and Generally Accepted Accounting Principles.

**Submit with Proposal (3 copies):**

- 1) Responses to Firm Questionnaire, including a copy of the Firm's most recent peer review report and any letters accompanying and replies thereto
- 2) Firm Reference Form
- 3) Execution of Proposal Form
- 4) A copy of all agreements and service terms that will be required to initiate any proposed services

**To be provided in event of awarded contract, prior to execution of contract:**

The following five (5) documents are not required to be included in the Firm's proposal. However, the Firm must be able to provide the following prior to execution of a contract.

- 1) Current Business License. A copy of the current business license will be required.
- 2) CPA License. A copy of the current license will be required.
- 3) Professional Liability Insurance. The Firm to whom the contract is awarded shall provide to the Health Center with documentation for the following: General Professional Liability Insurance Certificate with the following minimum limits: \$1,000,000 each incident/occurrence, automobile insurance should be at least five hundred thousand dollars (\$500,000) combined single limit per accident for bodily injury or property damage.
- 4) Workers Compensation Insurance. The safety of the successful bidder's employees or representatives and others in or around the area of repairs or maintenance is the responsibility of the successful bidder. Proof of worker's compensation insurance will be required.
- 5) Completed W-9 Tax Form. Completed form will be required.

**D. SCOPE OF WORK**

1. The annual audit shall be of both government and general fund financial statements, to include single audits when required.
2. The audit shall be performed in accordance with Government Auditing Standards and Generally Accepted Accounting Principles.

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3. Expectation of audit field work to begin in February, with draft audit submitted to CCPHC in early April to be included in the April Board Packet. Audit representative to be present at the April CCPHC Board Meeting to present the Audit to the board, and also be present at the May CCPHC Board Meeting to answer any questions the board may have. Final Audit is due to CCPHC by June 1.
4. The Firm will designate a representative who will be the contact with the Health Center and will oversee all activities in relation to this audit.
5. The Firm will be responsible for personnel, supplies, equipment, and all services offered in the proposal.
6. The Firm will be responsible for ensuring proper and timely services and reporting.
7. Completed work will be submitted to the Health Center for review. It will be the Health Center's discretion to whether tasks have been successfully completed and acceptable.
8. Within the annual auditing process, the selected Firm will be asked to prepare a Management Report highlighting any deficiencies in internal controls or processes or any other areas of concern that arose during the auditing process. The selected Firm will also give a brief report to the Director of Public Health and to the Board of Trustees during a regular business meeting.
9. The auditor is to be available to provide advice and answer questions throughout the year on financial accounting items, as needed.

**E. TERMS**

1. The Health Center reserves the right to request additional information, reject any or all proposals, to waive any irregularity in the proposals, and to not guarantee a minimum value for the contract to be awarded.
2. If a proposal is accepted the Health Center will execute a contract based upon items contained in this proposal.
3. The cost for developing the submittal is the sole responsibility of the Firm.
4. A written quote must be obtained for any work performed outside the contracted scope of work. The Health Center reserves the right to obtain additional work quotes and service from trade companies other than the successful Firm.
5. The Firm perform work in accordance with all local, state and federal regulations.
6. Should the Firm fail to perform the above scope of work within a reasonable amount of time, this contract may be voided immediately upon notification to the Firm.

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7. The Health Center reserves the right to award any contract to the next most qualified Firm if the successful bidder does not execute a contract within 30 days of being notified of the selection.
8. The Health Center reserves the right at any time to alter the specifications to meet increased or decreased needs. If such changes cause an increase/decrease in costs or time required for services, or otherwise affects any other provision of the agreement, an equitable adjustment shall be made and this agreement shall be modified in writing accordingly.
9. The Health Center is not responsible for accidents for injuries incurred by the Firm's employees. The Firm is required to maintain adequate insurance coverage. The Firm shall save and hold harmless, pay on behalf of, protect, defend, indemnify the Health Center, assume entire responsibility and liability for losses, expenses, demands and claims in connection with or arising out of any injury, or alleged injury (including death) to any person, or damage, or alleged damage to property of the Health Center or others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from the performance or the intended performance of any work/service, outlined or resulting from this agreement, by the Firm their employees, including losses, expenses or damages sustained by the Health Center, as well as the Health Center officers, agents, and employees from any and all such losses, expensed, damages, demands and claims. The Firm further agrees to defend any suit or action brought against the Health Center based on any such alleged injury or damage and to pay all damages, cost and expenses in connection therewith or resulting there from. As an integral part of this agreement, the Firm agrees to purchase and maintain, during the life of this contract, contractual liability insurance in the amounts required in the general liability insurance requirements. The obligations of the Firm pursuant to this paragraph shall not be limited in any way by any limitation in the amount or type of proceeds, damages, compensation, or benefits payable under any policy of insurance or self-insurance maintained by or for the use and benefit of the Firm.
10. All respondents to this RFP shall indemnify and hold harmless the Health Center and any of their officers and employees from all suits and claims alleged to be a result of this RFP. The issuance of this RFP constitutes only an invitation to present a proposal. The Health Center reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this RFP. The Health Center also reserves the right to seek clarifications, to negotiate with any Firm submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and schedule. If this RFP is withdrawn or the project canceled for any reason, the Health Center shall have no liability to any respondent for any costs or expenses incurred regarding this RFP or otherwise.
11. Failure to submit all the mandatory forms from this RFP package may be just cause for the rejection of the qualification package. However, the Health Center reserves the right to decide, on case-by-case basis, at its sole discretion, whether to reject such a proposal as non-responsive.

**FIRM QUESTIONNAIRE – PAGE 1 OF 2**

*Responses are to include responses to the following information. Proposals are to be prepared in a way to provide a clear, concise description of abilities to satisfy the scope of work set forth in this RFP.*

Full Legal Business Name

Address

Contact Name, Title, Phone & Email

Type of Business:

Corporation

Partnership

Individual

Other, Explain:

**GENERAL INFORMATION**

- 1) Provide the history of your Firm, particularly your auditing experience. Include:
  - a) The number of years your Firm has operated full-time without interruption;
  - b) The number of years you have conducted audits using Government Auditing Standards;
  - c) Any parent/subsidiary/affiliate relationships;
  - d) The number of employees; and,
  - e) Disclosure if your Firm has been in bankruptcy, reorganization or receivership in the past five (5) years.
- 2) Describe your Firm's experience with government audits using Government Auditing Standards.
- 3) How many of your clients do you currently work with on an annual auditing basis? How many of your clients do you currently work with on a consultant basis?

**SERVICES**

- 1) Describe your Firm's philosophy/approach to client services. Include details on how you ensure excellent customer service, quality control. Include any special or extraordinary services provided that would distinguish you from your competitors.
- 2) Indicate the qualifications of the staff to be assigned to this audit, indicating at minimum their position title, total years with the Firm, experience and relevant certification/ continuing education.
- 3) Describe the make-up of the audit team, and If the staff are supervised include a description of planned supervision.
- 4) How do you ensure your clients receive necessary information regarding applicable industry trends, best practices or latest developments? Provide details regarding related communications and/or educational opportunities your Firm has offered clients in the past year.
- 5) Describe your approach to the Health Center audit, including timeline of all stages. Include how you will work with staff, areas that will receive emphasis, and any other information you would like to relay that assist the Health Center in understanding your process.

**FIRM QUESTIONNAIRE – PAGE 2 OF 2**

- 6) Include a copy of the Firm's most recent peer review report and any letters accompanying and replies thereto.
- 7) If applicable, furnish a list of any subcontractors you would utilize on our audit.

**OTHER**

- 1) List or detail all pertinent information that would indicate the ability of your business to satisfactorily fulfill the scope of work outlined in this RFP.
- 2) Describe any requirements listed in the Scope of Services that you are not able to accommodate, or any exceptions, special conditions or deviations from the requested scope defined in this Proposal. Any additional recommendations for coverage or enhancements must outline a clear cost and detailed reason why said item is beneficial to the Health Center.

**COST PROPOSAL**

**All fees for service must be listed clearly and in detail.**

- 1) Clearly describe and list your fees – including a statement of your understanding of the work to be performed - for an audit performed for FY2022, FY2023 & FY2024. Provide a “total, not to exceed” amount, and consider both an independent annual audit and single audit.
- 2) Include your hourly billing rates by position (ex. partner, senior, staff) and provide a description and/or breakdown of hours by personnel classification to be used in providing requested auditing services.
- 3) List any details for, or exceptions/ assumptions of enclosed pricing.
- 4) List pricing for any additional services offered/recommended (if applicable).

**FIRM REFERENCES FORM**

***A minimum of three references are required. All references must be from customers for whom your business has completed work similar to the specifications of this proposal. Additional pages may be attached if necessary.***

References for:

(Business Name)

1. Business Name

Address

Contact Person Name & Title

Phone, Fax & Email

Describe Scope of Work and approx. dates of service

2. Business Name

Address

Contact Person Name & Title

Phone, Fax & Email

Describe Scope of Work and approx. dates of service

3. Business Name

Address

Contact Person Name & Title

Phone, Fax & Email

Describe Scope of Work and approx. dates of service



**EXECUTION OF PROPOSAL FORM**

The responding Firm certifies the following by checking the following items:

That this proposal was signed by an authorized representative of the business.

That the potential Firm has determined the cost and availability of all services and/or materials associated with performing the services outlined herein.

That all costs associated within the proposal submitted have been determined and included in the Firm's response.

Therefore, in compliance with the foregoing Request for Proposals, and subject to all terms and conditions thereof, the undersigned offers and agrees to the conditions as set forth in this Request for Proposal with no exceptions. In the event of exceptions, exceptions must be clearly noted and detailed within the Firm's response.

Business Name

Authorized Signature

Date

Printed Name & Title