

Attachment A

**Town of Moncks Corner
Audit Proposal Summary Sheet**

Firm Name: _____

Address: _____

Phone No: _____

Contact Person: _____

Persons responsible for the Audit and # years with the Firm

(Please include qualifications (i.e. Resumes) of those available and to be assigned)

	Name	# of Years with the Firm
Partner		
Manager		
Senior		
Staff		

	All-Inclusive Fee For Fiscal Year Ending	Basic Financial Audit	Single Audit	Total For Financial Audit and Single Audit	Cost of Preparation of CAFR
2022					
2023					
2024					
2025					

Other Services Hourly Rate for Non Audit Services:

Hourly Rate	
Partners:	
Senior Managers:	
Managers:	
Staff:	
Paraprofessionals:	

Attachment A – Continued:

Comments: _____

References:

Government Entity	Address	Contact Person	Phone No.	Years of Engagement

 Authorized Signature

 Print Name

 Title

_____, 2014
 Date