ATTACHMENT A
PROPOSAL SUMMARY FORM

South Fork Coeur d'Alene River Sewer District

Request for Proposals (RFP) – Professional Services for Independent Financial Statement Audit

Fiscal Year Ending November 30, 2026

1. PROPOSER INFORMATION

Firm Name: _____

Address: _____

City, State, Zip: _____

Website: _____

Primary Contact Name: _____

Title: _____

Phone: _____

Email: _____

2. FIRM QUALIFICATIONS

Number of Years in Business: _____

Number of Professional Staff: _____

Number of Licensed CPAs: _____

Idaho CPA Firm License Number: _____

3. EXPERIENCE

Please indicate your firm's relevant experience (check all that apply):

☐ Governmental Financial Statement Audits
☐ Enterprise Fund Audits
☐ Single Audits (Uniform Guidance)
☐ Special District Audits
☐ Idaho Local Government Audits

Number of governmental audits completed during the last five (5) years:

_____

4. ASSIGNED ENGAGEMENT TEAM

Identify the specific individuals who will be assigned to this engagement. The District places significant weight on the qualifications and continuity of the proposed team.

Name	Position / Title	Years of Relevant Experience	Role on This Engagement

5. REQUIRED CERTIFICATIONS

The undersigned certifies that (check all that apply):

☐ The firm is legally authorized to perform public accounting services in the State of Idaho.

☐ The firm meets all applicable licensing and registration requirements in Idaho.

☐ The firm and proposed engagement team have no conflicts of interest that would impair independence with respect to the District.

☐ The firm will comply with all requirements contained in this RFP, including GAGAS independence and continuing professional education requirements.

☐ The firm maintains the insurance coverage required by the District's Professional Services Agreement.

6. REFERENCES

Provide three (3) governmental or special district audit references from the last five years.

Agency / Client Name	Contact Person	Phone	Email

7. FEE PROPOSAL

In accordance with Idaho procurement practices for professional services, cost information is not requested with this proposal. After the District selects the most qualified firm, the District will request a detailed fee proposal from the selected firm for negotiation. No pricing information should be included with this proposal unless specifically requested by the District.

8. ADDENDA

The proposer acknowledges receipt of the following addenda (if any):

Addendum Number / Description	Date	Initials

9. AUTHORIZED SIGNATURE AND CERTIFICATION

I certify that the information contained in this proposal is true, accurate, and complete, and that I am authorized to bind the firm to this proposal and to the terms of the District's Professional Services Agreement if selected.

Firm Name: _____

Authorized Representative Name: _____

Title: _____

Signature: _____ Date: _____

This form must be completed, signed, and submitted with the firm's proposal.