

Independent Public Account Audit

Contract #2018-05



Harrisburg Housing Authority
351 Chestnut Street
Harrisburg PA 17101-2785
(717) 232-6781
Dated: March 12, 2018

An Equal Opportunity Employer
An Equal Housing Provider



Table of Contents

Request for Proposals	2
Purpose	3
Background	3
Properties of the Harrisburg Housing Authority	3
Description of the Properties	3
Affiliate Properties	4
Scope of Work	5
Minimum Requirements	6
Fee Proposal	7
Contract Term	7
Proposal Content & Format	9
Evaluation Method	11
Proposal Evaluation	12
Contract Award	13
Post Contract Award Requirements	14
Invoicing and Payments	14
FEE PROPOSAL FORM	16
Form of Proposal	19
Proposer's Statement	19

Forms required to be completed and returned:

- Form of Proposal
- Vendor Information Form
- Section 3 Forms
 - Resident Self-Certification (if applicable)
 - Contractor's Certification (sign either way; notarize only if claiming)
 - Assurance of Compliance (must be signed)
 - Existing Employee Certification (if applicable)
- HUD 5369-A
- HUD 50071
- SF-LLL
- Fee Proposal Form

Informational Forms Only:

- HUD 5369-B
- HUD 5370-C Section I
- Sample Form of Contract
- MBE/WBE/Section 3 Utilization Reports

Request for Proposals

The Harrisburg Housing Authority will accept Proposals for Indefinite Quantity Contracts for the following services:

Contract #2018-02 – Real Estate & Development Legal Services

Contract #2018-03 – Labor & Employment Legal Services

Contract #2018-05 – Independent Public Account Audit
By a qualified Certified Public Accounting firm

Mail or hand deliver completed response(s), sealed in envelope(s) marked by the corresponding title(s)/contract number(s) above, to Harrisburg Housing Authority, 351 Chestnut Street, 12th floor, Harrisburg, PA 17101. All submissions must be received and time stamped no later than 12:00 noon, Tuesday, April 10, 2018. Fax submissions or emails will not be accepted.

RFP documents will be available Thursday, March 15, 2018, electronically at www.harrisburghousing.org (follow vendor registration link to our E-Procurement Vendor's web site). All parties interested in any project must register as a vendor by visiting our website www.harrisburghousing.org. Follow registration link under "Vendor/Businesses".

Questions and requests for information about the content of the documents shall be directed, in writing, to Christine Campbell via the E-Procurement web site, no later than 12:00 noon, Friday, March 23, 2018.

HHA reserves the right to reject any or all proposals and waive any informalities.

HARRISBURG HOUSING AUTHORITY

Emily J. Leader, Chair

Senghor A. Manns, President/CEO



Purpose

The Harrisburg Housing Authority (HHA) and its affiliates are seeking proposals from qualified Certified Public Accounting firms for an Independent Public Account Audit.

Background

The Harrisburg Housing Authority (HHA) is a nonprofit governmental entity enabled under the laws of Pennsylvania, and whose primary contract is with the U.S. Department of Housing and Urban Development (HUD). The agency was organized in 1937 under the U.S. Housing Act for the acquisition, development, modernization, operation, and administration of public housing programs. The primary purpose of HHA is to provide safe, decent, sanitary, and affordable housing to the elderly and low-income families in the City and to operate housing programs in accordance with federal legislation. The HHA currently owns and manages approximately 1,640 low-income Public Housing units and administers 1,095 Housing Choice Voucher Program units.

Properties of the Harrisburg Housing Authority

WILLIAM HOWARD DAY HOMES	(PA 8-1)	HOVERTER HOMES	(PA 8-2)
JOHN A.F. HALL MANOR	(PA 8-3)	HILLSIDE VILLAGE	(PA 8-4)
M.W. SMITH HOMES	(PA 8-5)	JACKSON TOWER	(PA 8-6)
MORRISON TOWER	(PA 8-7)	LICK TOWER	(PA 8-9)
SCATTERED SITES	(PA 8-10)		

Description of the Properties

Name of Development	# Units	Type of Units	Location
William Howard Day Homes	218	Efficiencies & 1, 2, 3, 4 Bedroom	1300 Community Drive Harrisburg PA 17103
George A. Hoverter Homes	233	Efficiencies & 1, 2, 3, 4 Bedroom	1260 Oylar Road Harrisburg PA 17104
John A.F. Hall Manor Homes	538	1, 2, 3, 4 Bedroom	17 th & Hanover Street Harrisburg PA 17104
Hillside Village	70	2, 3 Bedroom	12 th & Reily Street Harrisburg PA 17103
M.W. Smith Homes	80	2, 3, 4 Bedroom	Cameron & Calder St Harrisburg PA 17103
Jackson Tower	159	Efficiencies & 1 Br-(Elderly) High-Rise-(13 stories)	1315 N. 6 th Street Harrisburg PA 17102
Morrison Tower	119	Efficiencies & 1 Br-(Elderly) High-Rise-(12 stories)	351 Chestnut Street Harrisburg PA 17101
Lick Tower	144	Efficiencies & 1 Br-(Elderly) High-Rise-(13 stories)	1301 N. 6 th Street Harrisburg PA 17102
Scattered Sites	79	2, 3, 4, 5 Bedroom	Various Locations
Total Units	1,640		

Affiliate Properties

Current Address Compliment							
Uptown Lots				First Mulberry			
Address	Parcel	Acreage		Address	Parcel	Acreage	
611 Forrest St	10-019-011	0.04		1249 Mulberry St	02-012-010	0.31	
613 Forrest St	10-019-010	0.04		1201-03 Mulberry St	02-011-016	0.29	
615 Forrest St	10-019-009	0.03		1257-59 Thompson St	09-048-026	0.14	
617 Forrest St	10-019-008	0.04		1264 Derry St *	09-048-022	0.02	@
619 Forrest St	10-019-007	0.03					
621 Forrest St	10-019-006	0.03					
623 Forrest St	10-019-005	0.03					
625 Forrest St	10-019-004	0.02					
627 Forrest St	10-019-003	0.03					
629 Forrest St	10-019-002	0.03	@				
2124 Jefferson St	10-019-019	0.06					
2128 Jefferson St	10-019-035	0.13					
2130 Jefferson St	10-019-017	0.02					
2132 Jefferson St	10-019-016	0.02					
2133 Jefferson St	10-012-050	0.03					
2137 Jefferson St	10-012-048	0.04					
2141 Jefferson St	10-012-046	0.04					
2143 Jefferson St	10-012-045	0.04					
2145 Jefferson St	10-012-044	0.03		Other Lots	Parcel		
2146 N. 6th St	10-026-005	0.04					
2148 N. 6th St	10-026-004	0.06					
2238 N. 6th St	10-025-010	0.06					
2294 N. 6th St	10-025-003	0.03					
2296 N. 6th St	10-025-002	0.03					
2298 N. 6th St	10-025-001	0.03		*Pending Purchase			
2300 N. 6th St	10-024-024	0.04		@ has building			
North 6th Street Apts							
2508 N. 6th St	10-022-017	0.1					
2512 N. 6th St	10-022-016	0.1	@				
2516 N. 6th St	10-022-015	0.11	@				

Scope of Work

The selected firm shall perform a comprehensive audit of all HHA programs (listed below) for fiscal years ending December 31st each year, and shall be responsible for delivering a Report on Audit of Financial Statements and Supplemental Information for each fiscal on or before **August 31** of the following year, to the Harrisburg Housing Authority President's Office. Completion of the audits shall conclude upon those deadlines imposed by HUD for the submission of audits, inclusive of electronic remittance to the Real Estate Assessment Center, after review and approval by the HHA, on or before the ***September 30** due date for each audit year performed.

***We bring to the Respondents' attention the reporting deadline for the fiscal year ending 2017 (August 31, 2018), emphasizing the timeline thereof.**

The following is a list of programs administered by the Housing Authority:

- Low Income Public Housing (1,640 Units)
 - Capital Fund Program
 - Family Self-Sufficiency Program
 - Housing Choice Voucher Program (approximately 1,095 vouchers)
 - Family Self-Sufficiency Program
 - Resident Opportunities and Self Sufficiency (ROSS) Grant
 - 501c(3) - designator federal non-profit - Paladin
 - Pennsylvania non-profit organization - Aegis
- The audit must be done in accordance with Office of Management and Budget Omni-Circular 2 CFR Part 200 and the related Compliance Supplement applicable to those programs administered by the Authority. Other authoritative HUD sources include HUD handbooks such as HUD Handbook 2000.04 REV-2, Change 1, Consolidated Audit Guide for Audits of HUD Programs; HUD Handbook 7476.1, REV-1, Change 2, Audits of Public Housing Agencies (PHAs) and Indian Housing Authorities (IHAs) by Independent Auditors (IAs); and PIH Notice 95-31, 96-32, and 97-30; Public and Indian Housing (PIH) Compliance Supplement for Annual Audit of Public Housing Agencies and Indian Housing Authorities by Independent Auditors. Other applicable Federal laws, regulations, and authoritative sources include the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996, Government Auditing Standards (the "Yellow Book") promulgated by the Comptroller General of the United States General Accounting Office, and the General Accounting Office Publication Assessing Compliance With Applicable Laws and Regulations. The American Institute of Certified Public Accountants issued the audit and accounting guide entitled Audits of State and Local Governmental Units. The Financial Accounting Foundation determines Generally Accepted Auditing Standards as published by the American Institute of Certified Public Accountants in their Statements on Auditing Standards.

The auditor's report shall include:

- An opinion on financial statements and schedule of expenditure of Federal awards;
- A report on internal control;
- A report on compliance;
- A schedule of findings and questioned costs;
- Other reports, documentation, or schedules as required by HUD and applicable auditing or financial reporting standards.

Minimum Requirements

The Respondent must meet the following minimum requirements to be considered:

- Must be a Certified Public Accountant (CPA).
- Must meet the appropriate state licensing requirements.
(Please attach proof of your firm meeting the appropriate State of Pennsylvania Licensing requirements; a photocopy of your certificate, license or permit will serve this purpose)
- Must have a record of responsible comparable work.
- Must comply with applicable requirements for peer review and continuing professional education.
(Please attach proof of your firm's peer review)
- Must certify that its principal officer(s) or member(s) do not currently have and will not have during any period covered by this audit any interest, direct or indirect, in HHA or any of its members, commissioners, or officials.
- Must certify that it has not provided accounting or bookkeeping services for HHA during the period covered by the audit. Any exceptions must be explained.
- Must certify that no member of, or delegate to Congress of the United States or City Commissioner shall be admitted to any share or part of this contract or to any benefit that may arise hereforth.
- Must warrant that he/she has not employed any person to solicit or secure this contract upon any agreement for a commission, percentage, brokerage or contingent fee. Breach of this warranty shall give HHA the right to terminate this contract, or, in its discretion, to deduct from the auditor's fee the amount of such commission, percentage, brokerage or contingent fee.
- Must certify that he/she will not assign or transfer any interest in this contract except that claims for monies due or to become due from HHA under the contract may be assigned to a bank, trust company, or other financial institution. If the Respondent is a partnership, this contract shall inure to the benefit of the surviving or remaining member(s) of such partnership.
- Must certify that he/she will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age or national origin. The Respondent must certify that it shall take affirmative action to ensure that applicants are employed, and employees are treated during employment, without regard to race, color, religion, sex, age or national origin. Such action, shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.
- Certification that the CPA, proposed audit staff, and the audit firm have not been the object of any disciplinary action during the past three (3) years. (If the respondent is unable to make this certification, then a complete explanation of the circumstances for noncertification must be submitted).
- Must comply with requirement that a Quality Control Review was performed.
(Please attach proof or letter of comment issued pertaining thereto)

Fee Proposal

Under Tab 9 complete and include the cost schedule (attached) for all proposed engagement team members. Also include estimated fees for travel costs (lodging, airfare, rental vehicle/mileage) as well as any other expenses anticipated in the performance of this contract.

Contract Term

This Contract is effective for a period of three (3) years, commencing on the date the Contract is completely executed, unless properly amended or terminated as provided here. The Contract may be renewed by mutual written agreement upon its expiration with two (2) additional one (1)-year renewal periods.

Prior to the execution of this Contract, the CONTRACTOR shall have no authority to begin work under this Contract. The AGENCY'S Contracting Officer and/or designee shall not authorize any payments to the CONTRACTOR prior to such award, nor shall the AGENCY incur any liability to reimburse the CONTRACTOR regarding any expenditure for the purchase of materials or the payment for Services prior to commencement of this Contract. The Contract shall not become effective until the Contract has been approved and signed by the authorities having jurisdiction over this Contract.

Response Time Frame And Other Information

Response submission period:	March 15, 2018 through April 10, 2018 Responses due by 12:00 noon, Tuesday, April 10, 2018
Questions/Answer period:	March 15, 2018 through March 23, 2018 @ 12:00 noon (via Housing Agency Marketplace web site)
Evaluation period:	April 10, 2018, through April 20, 2018
Interviews (if required):	April 23, 2018, through April 27, 2018
Award:	May 10, 2018 (to conform with the Board of Commissioners Meeting)

Proposals must comply with regulations and statutes relating to procurement in the State of Pennsylvania, the U.S. Department of Housing and Urban Development and the policies of the Harrisburg Housing Authority. The person submitting the proposal must have the authority to bind the organization in a contract. Late submissions will not be considered.

One original and five hard copies of the proposal shall be delivered to the following address: (facsimiles and/or e-mailed submissions will not be accepted)

Harrisburg Housing Authority
Senghor Manns, CEO/President
351 Chestnut Street
Harrisburg, PA 17101-2785

All costs directly or indirectly related to the preparation of a response to this RFP shall be the sole responsibility of and shall be borne by the respondent.

Requests for all other information must be in writing, via the Housing Agency Marketplace. Questions and responses will then be made available to all respondents. Interested parties may register at <http://www.harrisburghousing.org>, follow vendor registration link, to be re-directed to Housing Agency Marketplace.

It is the expressed policy of the HHA that parties responding to this request refrain from initiating any direct contact or communication with the Acting President, HHA staff or members of the Board of Commissioners with regard to this Request for Proposals during the selection process. Any violation of this policy will be considered a basis for disqualification.

HHA reserves the right to waive any minor informality in any proposal when these actions appear to be in the Housing Authority's best interest, cancel the RFP, reject any or all proposals, make an award based solely on the proposals, or to negotiate further with one or more firms. The Housing Authority also reserves the right to reject the proposal of any firm that has previously failed to

perform satisfactorily, or has failed to complete, on time, a contract or contracts of a similar nature. The Authority also reserves the right to select the proposal designed to deliver the most favorable overall impact upon the agency and the right to ask questions, interview or negotiate the services and price before awarding the contract. HHA reserves the right to withdraw this solicitation at any time.

All proposals received will become a part of the Housing Authority's official files without any obligation on the Housing Authority's part to return submitted material.

The Housing Authority is an equal opportunity employer. The award will be made without regard to race, color, religion, gender, age, mental or physical disability (or history thereof), marital or family status, beliefs, and national origin.

Proposal Content & Format

Tabbed Proposal Submittal: The HHA intends to retain the successful Respondent pursuant to a “Best Value” basis, not necessarily a “Low Bid” basis. Therefore, so that the HHA can properly evaluate the offers received, all proposals submitted in response to this RFP must be formatted in accordance with the sequence noted following. Each category must be separated by numbered index dividers (which number extends so that each tab can be located without opening the proposal) and labeled with the corresponding tab reference also noted below. None of the proposed services may conflict with any requirement the HHA has published herein or has issued by addendum.

Tab 1, Form of Proposal: This Form is attached to this RFP document. This 1-page Form must be completed and executed where provided thereon and submitted under this tab as a part of the proposal submittal.

Tab 2, Form HUD-5369-A, Representations, Certifications, and Other Statements of Bidders: This Form is attached to this RFP document. This form must be fully completed, executed where provided thereon and submitted under this tab as a part of the proposal submittal.

Tab 3, Vendor Information Form: The Vendor Information Form is attached to this RFP document. This form must be fully completed, executed and submitted under this tab as a part of the proposal submittal. NOTE: Insurance policies to be supplied upon request only.

Tab 4, Proposed Services: The successful responder must demonstrate their ability to perform these services in an efficient, timely and independent manner. The description of the responder’s proposal and experience shall indicate possession of a broad and practical knowledge of HUD rules, regulations and requirements, and federal law and applicable procedure pertaining to public housing grants.

To that end, this tabbed section is for the responder to provide the following:

- A summary of your proposed approach
- Detail the level of assistance you would require of the Housing Authority's staff to conduct said services

Tab 5, Managerial Capacity/Financial Viability: This is the section reserved for demonstrating the qualifications and technical ability of the staff member(s) who will conduct the services. Please include a company biography. The respondent must submit under this tab a concise description of its managerial and financial capacity to deliver the proposed services, including brief professional resumes for the principals, as well as those individuals assigned to the engagement team.

Tab 6, Client Information: The Respondent shall submit a listing of at least 3 former or current clients for whom the Respondent has, within the preceding 24 months, performed similar or like services to those being proposed herein. The list shall, at a minimum, include:

- The name of the firm;
- The client's contact name;
- The client's telephone number;
- A brief description and scope of the service(s) provided.

Tab 7, Equal Employment Opportunity: The Respondent shall submit under this tab a copy of its Equal Opportunity Employment Policy, and any documentation it believes substantiates practice and history of employing minorities and/or women in professional positions. This tab should also include any certification of Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE).

Tab 8, Section 3 Documentation: For any Respondent claiming a Section 3 Preference, he/she shall, under this tab, include the fully completed and executed (inclusive of the form being notarized) Section 3 Certification Form (attached to this RFP document).

Tab 9, Fee Proposal: Shall be submitted on the Cost Proposal form provided, indicating hourly fees for each identified staff person, as well as estimated hours required to perform the scope of work. Also indicate any travel/lodging fees, reimbursable fees and other associated costs and fees.

Tab 10, Other Information (Optional Item): The Respondent may include hereunder any other general information that the Respondent believes is appropriate to assist the HHA in its evaluation. Include Subcontractor/Joint Venture Information under this tab.

If no pertinent information is to be placed under any of the tabs (especially the "Optional" tabs), please place there under a statement such as "THIS TAB LEFT INTENTIONALLY BLANK."

Evaluation Method

Initial Evaluation: Each proposal received will first be evaluated for responsiveness (i.e. meets the minimum of the requirements). The HHA shall select a minimum of a three-person panel to evaluate each of the proposals submitted in response to this RFP.

Evaluation Panel: The President will select the evaluation panel from available staff and/or consultants. The Contract Manager will assemble the evaluation packets for each evaluator and deliver along with instructions.

Evaluation Period: The panel has generally five business days to complete the evaluation. Additional time may be granted in cases where a large number of responses are received and/or interviews are to be conducted.

Evaluation Summary: The Contract Manager will complete a summary of responses from the evaluators. At his/her discretion, the Contract Manager may call for an evaluation summary meeting to discuss the proposals, the evaluations or to short list some firms for further consideration. Final recommendation of the firm presenting the best value of the short-listed firms may be accomplished by, but not limited to, vote of the panel.

Proposal Evaluation

The Evaluation Committee will review the Proposals in accordance with the following evaluation criteria:

- 1. Technical Competence and Methods 0-35 Points**
Proposal Methodology is clearly stated and delineated in a manner consistent with a professional approach to the tasks. Demonstrated technical background and capability of the Respondent to complete the expected work described under the Scope of Service is evaluated.

- 2. Managerial and Organizational Structuring 0-20 Points**
Through the identification of key personnel and staff to be assigned to the Authority, and an explanation of the areas of expertise, demonstrate the ability to undertake the type of work referenced. This will include delineating the organizational structure of the organization or team, the resumes of each individual assigned to each role of the team (or individual), and a description of the interactions among the team. From this information, a judgment will be made concerning the anticipated overall ability of the team or individual to perform the contract.

- 3. Experience and References 0-20 Points**
The Respondent's experience will be evaluated and rated as presented by past performance of similar projects. HHA will assign scoring based on specific experience in the areas identified in the scope of work and services. Evaluators may contact references for information regarding past performance.

- 4. Involvement of Small Business, Minority Business Enterprises, Woman Business Enterprises and Section 3 Participants 0-10 Points**
 - a. Certified Section 3 business, plan, training education fund or dedicated staff 0-3 Points
 - b. DBE/MBE/WBE participation (attach copy of appropriate certification) 0-7 points

- 5. Fee Schedule 0-15 Points**
The Respondent will be evaluated based on the proposal fee schedule as it pertains to services as delineated by this RFP. Based upon this proposed fee structure, an assessment will be made concerning the reasonableness of the fee proposal for accomplishing the proposed scope of work.

- TOTAL 100 Points**

Contract Award

If a contract is awarded as a result of this RFP, the following detailed procedures will be followed:

Upon final completion of the proposal evaluation process, the Contract Manager will forward to the President (also the agency's General Counsel) for review and approval a written award recommendation. The President may choose to approve the award or may take the award recommendation to the HHA Board of Commissioners at a scheduled Board of Commissioners meeting for approval. If so, the HHA Board will then make its determination of whether or not to follow the panel's recommendation. If the recommendation is followed and the top-rated Respondent is approved for award, all Respondents will receive an announcement of award or final determination. Contract price negotiations may, at the HHA's option, be conducted prior to or after the Board approval. In the event the Board does not approve the panel's recommendation, HHA reserves the right to re-evaluate, rebid or cancel the solicitation.

- **Contract Conditions:** The following provisions are considered mandatory conditions of any contract award made by HHA pursuant to this RFP:
- **Contract Form:** The HHA will not execute a contract on the successful Respondent's form. Contracts will only be executed on the sample Professional Services Contract (attached) and by submitting a proposal; the successful Respondent agrees to do so. The HHA will consider any contract clauses that the Respondent wishes to include therein, but the failure of the HHA to include such clauses does not give the successful Respondent the right to refuse to execute the HUD contract form.
- **General Conditions:** HUD Form 5370-C, Section I is made part of this contract.
- **Assignment of Personnel:** The HHA shall retain the right to demand and receive a change in personnel assigned to the work if the HHA believes that such change is in the best interest of the HHA and the completion of the contracted work.
- **Unauthorized Sub-Contracting Prohibited:** The successful Respondent shall not assign any right, nor delegate any duty for the work proposed pursuant to this RFP (including, but not limited to, selling or transferring the contract) without the prior written consent of the Contract Officer. Any purported assignment of interest or delegation of duty, without the prior written consent of the Contract Officer shall be void and may result in the cancellation of the contract with the HHA, or may result in the full or partial forfeiture of funds paid to the successful Respondent as a result of the proposed contract; either as determined by the Contract Officer.
- **Contract Period:** The HHA will award a three (3)-year contract to the successful Respondent to perform Financial Management Services.

- **Work made for hire:** All work performed pursuant to this agreement specifically including all deliverables developed or prepared for HHA is the exclusive property of HHA. All right, title and interest in and to said property shall vest in the HHA and shall be deemed to be a work made for hire and made in the course of the services rendered pursuant to this agreement.

Post Contract Award Requirements

Prior to award (**but not as part of the submission of the proposal**), the successful Respondent will be required to produce the following:

- An original certificate evidencing the Respondent's current industrial (**workers compensation**) insurance carrier and coverage amount;
- An original certificate, naming the HHA as an additional insured, showing the entity's **general liability insurance coverage** (minimum of \$1,000,000 each occurrence, general aggregate minimum limit of \$2,000,000), with fire damage of \$50,000, with a deductible of not greater than \$1,000;
- An original certificate, naming the HHA as an additional insured, showing the entity's **cyber liability insurance coverage** (minimum of \$1,000,000);
- An original certificate showing the Respondent's professional liability and/or "**errors and omissions**" **coverage** (minimum of \$1,000,000 each occurrence, general aggregate minimum limit of \$2,000,000, with a deductible of not greater than \$1,000);
- An original certificate showing the Respondent's **automobile insurance coverage** in a combined single limit of \$1,000,000. For every vehicle utilized during the term of this program, when not owned by the entity, each vehicle must have evidence of automobile insurance coverage with limits of no less than \$50,000/\$100,000 and medical payment of \$5,000.
- A copy of the Respondent's Harrisburg Mercantile License allowing that entity to provide services within the City of Harrisburg. Info available at:
<https://cityofharrisburg.zendesk.com/hc/en-us/articles/204527970-Business-Privilege-and-Mercantile-License>
- W-9 form. Info available at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

The aforementioned requested information shall be entered where requested on the Vendor Information Form under Tab 3 (**DO NOT ATTACH COPIES WITHIN THE PROPOSAL SUBMITTAL**--HHA will garner the necessary certificates from the successful Respondent prior to contract execution).

Invoicing and Payments

Contractor shall submit detailed billing to HHA within 30 days of job completion.

To receive any payment due, submit invoices of completed work to the headquarters address of HHA, 351 Chestnut Street, Harrisburg, PA 17101-2785. ACH payment is also available.

The Harrisburg Housing Authority is tax exempt. A tax exemption certificate will be furnished upon request.

Payment terms for approved invoices are on a net/30-day basis, and shall be formatted as follows:

- Company name, address, and telephone number;
- Invoice number, HHA purchase order, contract number, and task order number;
- Contractors must submit MBE/WBE/Section 3 utilization reports with invoicing.
 - If invoice frequency is greater than monthly, one submission per month is required.
 - If the composition of the work force does not waiver, one submission annually is required.
- If applicable, attach the completed Request For Service (RFS) form, with approval/signature by HHA staff of satisfactory completion. This is the form initiated by HHA requesting the contractor's services.

**FAILURE TO PROVIDE THIS INFORMATION IN ACCORD WITH THE FORMATTING
REQUIREMENTS MAY DELAY THE PROCESSING OF INVOICES.**

**REQUEST FOR PROPOSAL - ANNUAL AUDIT FOR FISCAL YEARS
2017, 2018, & 2019**

FEE PROPOSAL FORM

For the following programs:

Low Income Public Housing	Family Self-Sufficiency Program
Capital Fund Program	Housing Choice Voucher Program

Progress Payments

HHA agrees to pay the audit firm, as compensation for the services, reports and fee agreed upon, in three installments per year, for each of the two years according to this schedule:

- 1st remittance due after the completion of field work;
- 2nd remittance due after the audit report is received by HHA
 - (on or before August 31st);
- 3rd remittance due after the review and approval of the audit report by the Real Estate Assessment Center.

The proposal shall contain the fee for both years, inclusive of all costs and expenses, proposed by the Respondent. The total fee for both years must be broken down into the following applicable components:

FY 2017

- | | | |
|------------------------|--|----------|
| 1. Partner (Principal) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 2. Senior (Manager) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 3. Semi-Senior | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 4. Staff | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 5. Other: | \$ _____ per hour, Estimated Hours _____ | \$ _____ |

Audit Report Expense

Describe what "Other" expenses represent: _____

- | | | |
|-----------------------------------|--|----------|
| 6. Travel, Meals,
Lodging, etc | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
|-----------------------------------|--|----------|
- (For Information Only)**

Total	Estimated Hours _____	\$ _____
--------------	------------------------------	-----------------

TITLE: _____ **PRINT NAME:** _____

**REQUEST FOR PROPOSAL - ANNUAL AUDIT FOR FISCAL YEARS
2017, 2018, & 2019**

For the following programs:

Low Income Public Housing
Capital Fund Program

Family Self-Sufficiency Program
Housing Choice Voucher Program

FY 2018 & FY2019

- | | | |
|------------------------|--|----------|
| 1. Partner (Principal) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 2. Senior (Manager) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 3. Semi-Senior | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 4. Staff | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 5. Other: | \$ _____ per hour, Estimated Hours _____ | \$ _____ |

Audit Report Expense

Describe what "Other" expenses represent: _____

- | | | |
|-----------------------------------|--|----------|
| 6. Travel, Meals,
Lodging, etc | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
|-----------------------------------|--|----------|
- (For Information Only)**

Total	Estimated Hours _____	\$ _____
--------------	------------------------------	-----------------

NAME OF BIDDER: _____

ADDRESS: _____

CITY: _____

STATE & ZIP CODE: _____

CONTACT NUMBER: _____

E-MAIL ADDRESS: _____

Acknowledgement of Addenda: (Please list Addendum numbers)

X _____
SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSAL

DATE

TITLE: _____ PRINT NAME: _____

**REQUEST FOR PROPOSAL - ANNUAL AUDIT FOR FISCAL YEARS
2017, 2018, & 2019**

For the following programs:

501c(3) - designator federal non-profit - Paladin
 Pennsylvania non-profit organization - Aegis

- | | | |
|------------------------|--|----------|
| 1. Partner (Principal) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 2. Senior (Manager) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 3. Semi-Senior | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 4. Staff | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
| 5. Other: | \$ _____ per hour, Estimated Hours _____ | \$ _____ |

Audit Report Expense

Describe what "Other" expenses represent: _____

- | | | |
|--|--|----------|
| 6. Travel, Meals,
Lodging, etc
(For Information Only) | \$ _____ per hour, Estimated Hours _____ | \$ _____ |
|--|--|----------|

Total	Estimated Hours	_____	\$ _____
--------------	------------------------	-------	-----------------

NAME OF BIDDER: _____

ADDRESS: _____

CITY: _____

STATE & ZIP CODE: _____

CONTACT NUMBER: _____

E-MAIL ADDRESS: _____

Acknowledgement of Addenda: (Please list Addendum numbers)

X _____
SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSAL

DATE

TITLE: _____ **PRINT NAME:** _____

Form of Proposal

(This Form must be fully completed and placed under Tab #1 of the proposal submittal)

Instructions: The items listed below must be completed and included in the Proposal unless otherwise specifically noted. Please complete this form by marking X, where the referenced information has been included.

X = ITEM INCLUDED	SUBMITTAL ITEMS (One original and five hard copies of each Proposal)
_____	Tab 1 Form of Proposal
_____	Tab 2 Form HUD-5369-C
_____	Tab 3 Vendor Information Form
_____	Tab 4 Proposed Services
_____	Tab 5 Managerial Capacity/Financial Viability
_____	Tab 6 Client Information
_____	Tab 7 Equal Employment Opportunity Statements
_____	Tab 8 Section 3 Documentation (Optional)
_____	Tab 9 Fee Proposal
_____	Tab 10 Other Information (Optional)

Proposer’s Statement

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the HHA discovers that any information entered herein is false, that shall entitle the HHA to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting the proposal submittal, the undersigned proposer is thereby agreeing to abide by all terms and conditions pertaining to this RFP as issued by the HHA. Pursuant to all RFP Documents, the Form of Proposal, and all attachments, the undersigned proposes to supply the HHA with the services described herein for the fees as agreed by the HHA and proposer.

Signature **Date** **Printed Name**

Company and Address