**ETF0060 – Annual audit of the Wisconsin Deferred Compensation Program financial statements and notes**

The following requirements are Mandatory for all Proposers. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer.

**Instructions:** Check “Agree” or “Disagree” to each Mandatory requirement as appropriate and sign and date.

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| --- | --- | --- | --- |
| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|  |  | **4.1** | Proposer shall perform the Services within the United States, pursuant to Wis. Stat. § 16.705 (1r). |
|  |  | **4.2** | All Proposer work products developed as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of the Department. |
|  |  | **4.3** | Proposer shall have no conflict of interest with regard to any other work it performs on behalf of the State of Wisconsin. |
|  |  | **4.4** | Proposer shall not be suspended or debarred from performing federal or State government work. |
|  |  | **4.5** | Proposer shall maintain during the term of the Contract, the continuing professional education standards required under the most current version of the Generally Accepted Auditing Standards (GAAS) in the United States and the standards applicable to financial audits contained in Government Auditing Standards.. |
|  |  | **4.6** | Proposer shall include an affirmative statement in the Proposal indicating that Proposer’s organization is an independent Certified Public Accounting (CPA) firm. |
|  |  | **4.7** | Proposer’s audits on the WDC financial statements and notes shall be made in accordance with the most current Generally Accepted Auditing Standards (GAAS) in the United States and the standards appliable to financial audits contained in Government Auditing Standards. |
|  |  | **4.8** | Proposer attests it will meet all requirements of this RFP. |
|  |  | **4.9** | Proposer shall promptly report to the Department all situations or transactions that come to the Contractor’s attention while performing the Services that could be indicative of fraud, abuse, illegal acts, material errors or other irregularities. Upon notification, the Department shall determine the appropriate course of action. |
|  |  | **4.10** | All documents applicable to the Contract remain the property of the Department. Proposer shall retain all such documents for a minimum of seven (7) years after the date of each audit report, unless the Proposer is notified in writing by the Department to extend the retention period. In the event of on-going litigation, Proposer shall retain all documents applicable to the Contract until the claim has reached final resolution. Upon the Department’s request, Proposer shall give the Department access to review all audit work papers Proposer has completed as part of the Services. |
|  |  | **4.11** | Proposer shall make all documents applicable to the Contract available to the following parties or their designees upon such party’s request:   1. The State of Wisconsin 2. The Department of Employee Trust Funds 3. The Wisconsin Legislative Audit Bureau 4. Other parties designated by the federal or State government or by the Department as part of an audit quality review process   In addition, Proposer shall respond to the reasonable inquiries of the Department’s successor auditors and allow such auditors to review all audit documentation created by the Proposer in the performance of the Services. |

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| **ACKNOWLEDGE AND ACCEPT:** | | |
| This form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company’s Proposal *may* be rejected on the grounds that any item listed above is marked as “Disagree.” Also, I acknowledge I have specified and provided a reason for any answer marked as “Disagree” in Appendix 7 - Assumptions and Exceptions of my company’s Proposal. | | |
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| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |