

ATTACHMENT A

Checklist of Professional Services

Hawaii State Department of Education Project Number PS D27-002

General Information for Applicant:

- Firms will be automatically added to the Professional Services Qualified List for all projects checked provided that the Review Committee determines the firm is qualified to perform the type of work indicated.
- A letter of confirmation of the Professional Service categories that the firm has been qualified for shall be mailed within four (4) weeks after the first deadline of submittals.
- The STATE does not guarantee that selections will be made for all projects from the Qualified List.
- The STATE reserves the right to combine similar type projects in each category and to select professionals to provide services for more than one project.

Directions:

Please provide the following information.

Exact Legal Name of Offeror, including "dba" or "division" of a corporation (furnish the exact legal name of the entity under which an awarded contract, if any, will be executed)			
Address: Principal Place of Business (may not be a P.O. Box):			
Mailing Address (only if different):			
Telephone Number:		Facsimile Number:	
Federal Tax Identification Number:		State of Hawaii General Excise Tax License Number:	
State of Incorporation	<input type="checkbox"/> A Hawaii business incorporated or organized under the laws of the State of Hawaii; OR <input type="checkbox"/> A Compliant Non-Hawaii business incorporated or organized under the laws of the State of _____ on (date) _____, and, if applicable, registered with the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.		
Is your firm: (Check one only) <input type="checkbox"/> national <input type="checkbox"/> regional <input type="checkbox"/> Hawaii (only)		Size of Hawaii Office <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	
Name of primary contact person:		Title:	
Email address:			
Type of business: (check one)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____		
Names of all Offeror's parent, affiliate and subsidiary organizations:		Today's Date	

License and Qualifications:		Yes	No
1. Firm is licensed to practice in the State of Hawaii		1. <input type="checkbox"/>	<input type="checkbox"/>
2. Firm is in good standing with the American Institute of Certified Public Accountants (AICPA)		2. <input type="checkbox"/>	<input type="checkbox"/>
3. Firm has a current AICPA required quality control review report. If yes – provide copy. If no, review scheduled for: _____(qualification subject to review).		3. <input type="checkbox"/>	<input type="checkbox"/>
4. Firm has professional liability insurance.		4. <input type="checkbox"/>	<input type="checkbox"/>
5. Firm's audit staff assigned to the engagement meet the Continuing Professional Education (CPE) requirements as outlined in Government Auditing Standards.		5. <input type="checkbox"/>	<input type="checkbox"/>
6. Firm's staff assigned to the engagement include licensed Certified Public Accountant (CPA)s or be directly supervised by a licensed CPA.		6. <input type="checkbox"/>	<input type="checkbox"/>
7. Firm currently provides accounting or management consulting services to State agency.		7. <input type="checkbox"/>	<input type="checkbox"/>
8. If yes, list the State agencies on Attachment B, and indicate whether the Firm is independent with respect to these State agencies.		8. <input type="checkbox"/>	<input type="checkbox"/>
9. Firm is independent from the State agencies requesting the audit or accounting services.		9. <input type="checkbox"/>	<input type="checkbox"/>
Indicate the specific Professional Service the firm wishes to be considered for (check all that apply):		<input type="checkbox"/> 1. Accounting <input type="checkbox"/> 2. Auditing	
Indicate the type of audits or accounting services, project size, location, and specific projects the Firm is interested in conducting for the STATE:		<input type="checkbox"/> Financial Audits <input type="checkbox"/> Accounting Services <input type="checkbox"/> Discretionary Audits <input type="checkbox"/> Other audits or accounting service engagements	
Size Projects (hours):	<input type="checkbox"/> Up to 250 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> Over 5,000 <input type="checkbox"/> 251-500 <input type="checkbox"/> 1,001-5,000		
Available: <input type="checkbox"/> Year Round Or indicate month(s):	<input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> September <input type="checkbox"/> February <input type="checkbox"/> June <input type="checkbox"/> October <input type="checkbox"/> March <input type="checkbox"/> July <input type="checkbox"/> November <input type="checkbox"/> April <input type="checkbox"/> August <input type="checkbox"/> December		

ATTACHMENT B
Previous Similar Work Experience
Hawaii State Department of Education Project Number PS D27-002

List previous government or similar work experience from the last five (5) years. Describe briefly any work done (especially the experience of the Hawaii office), which is similar or related to audits or accounting of state and local governmental units. Attach additional sheets if more space is required.

Indicate the following for each entry:

- Agency and, or Client Name
- Type of Service (Financial or Single Audit or Accounting Services, et cetera.)
- Month and Year
- Number of Actual Hours
- If Agency and, or Client is a State agency, indicate whether the Firm is independent with respect to these State agencies

ATTACHMENT C
Firm Experience and Qualifications
Hawaii State Department of Education Project Number PS D27-002

Attach additional sheets if more space is required.

1. BACKGROUND AND HISTORY: Provide a brief description of the Firm's background and history.
2. FINANCIAL AUDITS: Provide a brief description of the Firm's experience in conducting financial audits in accordance with auditing standards generally accepted in the United States of America and auditing standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.
3. SINGLE AUDITS: Provide a brief description of the Firm's experience in conducting single audits in accordance with auditing standards generally accepted in the United States of America, auditing standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, and the U.S. Office of Management and Budget Circular A-133, Audits, and indicate whether the Firm is independent with respect to these State agencies, States, Local Governments, and Non-Profit Organizations.
4. ACCOUNTING SERVICES: Provide a brief description of the CPA's experience in the types of accounting services available to State Agencies.

ATTACHMENT D
Staff Experience and Qualifications
Hawaii State Department of Education Project Number PS D27-002

Attach additional sheets if more space is required.

Please do not double count your employees between audit and other categories. List each employee under only one category. If an employee works in more than one category, list the employee in the category where the majority of the employee's time is spent.

1. TOTAL NUMBER OF PERSONNEL: List the number of personnel in your present organization.

Employee Classification	Audit	Tax	Support	Total
Partners and, or Principals			Not Applicable	
Certified Public Accountants (CPA), exclusive of partner and, or principals			Not Applicable	
Professional staff, exclusive of partners and, or principals and CPAs			Not Applicable	
Clerks, typists and other supporting staff				
Total				

2. PERSONNEL AVAILABLE FOR STATE ENGAGEMENTS: List the number of personnel available for assignment to state engagements.

Employee Classification	Audit	Tax	Support	Total
Partners and, or Principals			Not Applicable	
Certified Public Accountants (CPA), exclusive of partner and, or principals			Not Applicable	
Professional staff, exclusive of partners and, or principals and CPAs			Not Applicable	
Clerks, typists and other supporting staff				
Total				

3. PARTNERS and, or PRINCIPALS: List the names of Partners and Principals of the Firm and their island of residence.

Name	Title (Partner or Principal)	Island of Residence

ATTACHMENT E
Partner and, or Principal History
Hawaii State Department of Education Project Number PS D27-002

List the personal history of partners and, or principals who will be responsible for planning, directing, conducting, or reporting on the engagement. Use one form per individual. Please photocopy additional exhibits as required.

1.	Name:		2.	Position on with the Firm:	
3.	Total Years of experience: (as Principal in this Firm, with other Firms, other than Principal)		4.	Resident of Hawaii since:	
5.	CPE Requirements in accordance with Governmental Auditing Standards:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	Education (provide response 7a. – 7d.)				
7a.	College:				
7b.	Degree:		7c.	Year:	
7d.	Specialization:				
8.	Membership in professional organizations:				
9.	License (type, year, State):				
10.	Responsibilities on previous government or similar type of engagements:				

ATTACHMENT F
Manager and, or Seniors History
Hawaii State Department of Education Project Number PS D27-002

List the personal history of key managers and, or seniors who will be responsible for planning, directing, conducting, or reporting on the engagement. Use one form per individual. Please photocopy additional exhibits as required.

1.	Name:				
2.	Position on State Engagements:				
3.	Major Responsibilities with the Firm:				
4.	CPE Requirements in accordance with Government Auditing Standards;	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	Years of Experience:		6.	Resident of Hawaii Since	
7.	Education (provide response 7a. – 7d.)				
7a.	College:				
7b.	Degree:		7c.	Year:	
7d.	Specialization:				
8.	Membership in professional organizations:				
9.	License (type, year, State):				

ATTACHMENT G

References

Hawaii State Department of Education Project Number PS D27-002

Provide comments from clients with engagements similar or related to audit and, or accounting services provided to State agencies. Use one (1) form per client. At least three (3) clients shall be submitted.

Reference for (name of CPA Firm):				
1.	Name of Client:			
2.	Name of Person Completing this Form:			
3.	Contact Phone Number:			
4.	Fiscal Year service provided:			
5.	Type of engagement:	<input type="checkbox"/> Audit <input type="checkbox"/> Accounting Services <input type="checkbox"/> Other		
6.	Size of engagement (Provide approximate hours) :		Hours	
7.	Years known CPA (Provide number of years):		Years	
8.	Did CPA start audit on time?	<input type="checkbox"/> Yes (proceed to 9.) <input type="checkbox"/> No (proceed to 8-a.)		
8-a.	If no, why?			
9.	CPA completed audit on time?	<input type="checkbox"/> Yes (proceed to 10.) <input type="checkbox"/> No (proceed to 9-a.)		
9-a.	If no, why?			
10.	Number of CPA's staff sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11.	CPA knowledgeable about:	Rate 11-a. through c. from 5 to 1 (5 being best).		
11-a.	Accounting principles.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
11-b.	Auditing procedures.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
11-c.	Compliance requirements.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
12.	Was CPA staff:	Rate 12-a. through c. from 5 to 1 (5 being best).		
12-a.	Courteous?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
12-b.	Efficient use of time?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
12-c.	Adequately supervised?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
13.	Was the audit fee amended?	<input type="checkbox"/> Yes (proceed to 13-a. through c.) <input type="checkbox"/> No (skip to 14)		
13-a.	Scope of services not clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13-b.	Change in scope of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13-c.	Other: Explain.			
14.	Drafting financial statements:	Rate 14-a. through c. from 5 to 1 (5 being best).		
14-a.	Assistance provided	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
14-b.	Financial statements provided	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
14-c.	Other: Explain.			
15.	How would you rate this CPA. (5 being best)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
16.	Would you recommend this CPA to other State agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		