

RFP Addendum # 1

Request for Proposals for
**Limited Partnerships and Other SHA Entities Audit, Tax Services
and Related Solutions**
(Solicitation # 5446)

Date of Addendum # 1: November 18, 2020

The Request for Proposals (RFP) for the above-named project is amended as noted in this Addendum. This Addendum consists of one page.

This Addendum makes a correction to RFP Solicitation No. 5446 as follows:

Item 1. D. INFORMATION TO BE PROVIDED IN YOUR PROPOSAL Sub-Section titled **Response / Proposal Content**, in the list of Criteria, the following language replaces the language in the RFP:

- **Relating to Criterion 4:** Price / Rates: Please complete the attached Price / Rates Form (see Attachment A – Price / Rates) and submit it with your proposal. This form will be used for comparing and scoring proposed prices and rates. No other form of price quotes will be accepted.

Item 2. The Attachment mentioned above (Attachment A – Price / Rates form) was inadvertently left off the RFP and is attached hereto for your use.

Item 3. Anywhere in the RFP that talks about the deadline for questions says questions are due by 2:00 pm, Tuesday, November 30, 2020. That is hereby changed to 2:00 pm, Monday, November 30, 2020.

END OF RFP ADDENDUM # 1

Attachment A - PRICE / RATES FORM

Limited Partnership & Other SHA Entities Audits, Tax Services and Related Solutions (Solicitation No. 5446)

In order to have a comparable and justifiable evaluation process of assigning scores for prices and/or rates, you must complete this Price / Rates Form and submit it with your proposal.

For this form, assume you are performing one Tax Credit Limited Partnership Audit and Tax Return with no Bond Debt Coverage Ratios or Net Cash Flow Distribution calculations required.

Audit / Financial Statements

Classification / Title	Task	# of Hours	* Hourly Rate	Task Total	Audit / Fin. Stmts. Total
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Reimbursable Costs				\$	
Audit / Financial Statements Total					\$

Tax Returns

Classification / Title	Task	# of Hours	* Hourly Rate	Task Total	Tax Returns Total
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
Reimbursable Costs				\$	
Tax Returns Total					\$

GRAND TOTAL					\$
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* Hourly Rates must be All-Inclusive (includes base salary, overhead, fringe benefits and profit).

Firm Name: _____

Date: _____

Signature of Person Authorized to Sign Contracts for Your Firm

Title