

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