

ATTACHMENT A
Checklist of Professional Services
HIDOE Project No. PS D17-002

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 deadline of submittals.
- The DOE does not guarantee that selections will be made for all projects from the Qualified List.
- The DOE 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.

Name of Professional/Firm (include dba if applicable):			
Business Address (may not be PO Box):			
Mailing Address (only if different):			
Telephone Number:		Facsimile Number:	
Federal Employer ID#: or SSN (if sole proprietor)		State of HI GET#:	
State of Incorporation	<input type="checkbox"/> Hawaii <input type="checkbox"/> Identify if other: _____		
Is your firm: (Check one only)		Size of Hawaii Office	
<input type="checkbox"/> national <input type="checkbox"/> regional <input type="checkbox"/> Hawaii (only)		<input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	
Name of primary contact person:			
Title:			
email address:			
Type of business (corporation, LLC, etc.):		Today's Date	
License and Qualifications:			Yes No
1. Firm is licensed to practice in the STATE of Hawaii			<input type="checkbox"/> <input type="checkbox"/>
2. Firm is in good standing with the AICPA			<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)			<input type="checkbox"/> <input type="checkbox"/>
4. Firm has professional liability insurance			<input type="checkbox"/> <input type="checkbox"/>
5. Firm's audit staff assigned to the engagement meet the CPE requirements as outlined in Government Auditing Standards			<input type="checkbox"/> <input type="checkbox"/>
6. Firm's staff assigned to the engagement include licensed CPAs or be directly supervised by a licensed CPA			<input type="checkbox"/> <input type="checkbox"/>
7. Firm currently provides accounting or management consulting services to a state agencies			<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.			<input type="checkbox"/> <input type="checkbox"/>
9. Firm is independent from the State agencies requesting the audit or accounting services			<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 DOE:	<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"/> 251-500 <input type="checkbox"/> 1,001-5,000 <input type="checkbox"/> Over 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 Work Experience
HIDOE Project No. PS D17-002

List previous government or similar work experience from the last 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/Client Name
- Type of Service (Financial or Single Audit or Accounting Services, etc.)
- Month and Year
- Number of Actual Hours
- If Agency/Client is a State agency, indicate whether the Firm is independent with respect to these State agencies

ATTACHMENT E
PARTNER/PRINCIPAL HISTORY
HIDOE Project No. PS D17-002

List the personal history of partners/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 with Firm

3. Years of experience (total, as Principal in this Firm, w/other Firms, other than Principal)

4. Resident of Hawaii since (year)

5. CPE Requirements in accordance with Governmental Auditing Standards (yes/no)

6. Education (college, degree, year and specialization)

7. Membership in professional organizations

8. License (type, year, State)

9. Responsibilities on previous government or similar type of engagements

ATTACHMENT G
REFERENCES
HIDOE Project No. PS D17-002

Provide comments from clients with engagements similar or related to audit/accounting services provided to state agencies. Use one form per client. No more than three (3) Reference forms may 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 (Approx. Hrs):	
7.	Years known CPA:	
8.	Did CPA start audit on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why?	
9.	CPA completed audit on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, why?	
10.	No. of CPA's staff sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	CPA knowledgeable about:	Rate the following from 5 to 1 (5 being best).
	a. Accounting principles.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	b. Auditing procedures.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	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:	
	a. Courteous?	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	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
	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?	
	If yes, was it due to:	
	a. Scope of services not clear?	
	b. Change in scope of services?	
	c. Other: Explain.	
14.	Drafting financial statements:	Rate the following from 5 to 1 (5 being best).
	a. Assistance provided	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	b. Financial statements provided	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	c. Other: Explain.	
15.	How would you rate this CPA.	<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