GREENBURGH-GRAHAM UNION FREE SCHOOL DISTRICT

-- LEGAL NOTICE --

ADVERTISEMENT FOR PROPOSALS FOR Claims Auditor 2021-2022 RFP # 2021-2

CLAIMS AUDITOR - RFP #2021-2

Proposals will be received until Tuesday, March 9, 2021 at 11:00 AM by the Business Office at: 1 South Broadway Hastings on Hudson, NY 10706.

At which time and place all proposals will be publicly opened at 11:00 AM on the above date. Conditions, Specifications, Forms and instructions for submitting proposals may be downloaded from our website www.greenburghgraham.org and click on "claims auditor" RFP Vendors are requested to carefully review the instructions contained therein.

Greenburgh-Graham UFSD IS NOT RESPONSIBLE FOR PROPOSALS OPENED PRIOR TO THE PROPOSAL OPENING IF PROPOSAL NUMBER AND OPENING DATE DO NOT APPEAR ON THE OUTSIDE OF THE ENVELOPE. PROPOSALS OPENED PRIOR TO THE DATE AND TIME INDICATED ARE INVALID.

THE PROPOSER ASSUMES THE RISK OF ANY DELAY IN THE MAIL OR IN THE HANDLING OF THE MAIL BY EMPLOYEES OF Greenburgh-GrahamUFSD, AS WELL AS IMPROPER HAND DELIVERY. Please refer to the

General Information/Conditions for details.

The Greenburgh-Graham UFSD reserves the right to waive any informalities in the proposals, or to reject all proposals, or to accept any proposal which in the opinion of the Board will be to their best interest.

Greenburgh-Graham UFSD 1 South Broadway Hastings on Hudson, NY 10706

By: Tracy Woodson, District Clerk

REQUEST FOR PROPOSAL

for CLAIMS

AUDITOR RFP

#2021-2

For Fiscal Year Ending June 30, 2022

Greenburgh-Graham UFSD

1 South Broadway

Hastings on Hudson, NY 10706

CLAIMS AUDITOR

Purpose

The Greenburgh Graham UFSD is accepting proposals from individual certified public accountants and certified public accounting firms having specific experience in the areas outlined in the Request for Proposal. Certified public accountant credentials may be substituted by individuals with school district claims auditor experience.

The objective of this Request for Proposal is to enter into a contract with the selected proposer to furnish claims auditor services to the Greenburgh Graham UFSD as outlined herein for the period of July 1, 2021 through June 30, 2022 with the option to renew each year.

Qualifications

The claims auditor should have knowledge in educational financial operations, pertinent legal requirements, purchasing policies, accounting systems and procedures, and other areas that are deemed necessary. The individual appointed as the claims auditor must be independent and have no other responsibilities related to business operations of the district. The auditor cannot be a close or immediate family member of an employee, officer or contractor providing services to the district. If the claims audit function is performed by an independent contractor, the individual and his or her employer may not have any other contracts with the district and should not provide any goods or services to the district. In addition, the individual and his or her employer may not be a close or immediate family member of anyone who has responsibilities related to the business operations of the district or have other contracts with the district. A close family member is defined as a parent, sibling, or non-dependent child. An immediate family member is defined as a spouse, spouse equivalent, or dependent (whether or not related).

Scope of Duties and Responsibilities

The claims auditor reports directly to the Board of Education. All claims must be presented to and approved prior to payment by the claims auditor charged with the auditing function. When the claims are delivered to the claims auditor for approval, he/she should ascertain that at least the following tests have been performed prior to releasing the claims for payment:

- Prove the mathematical accuracy of all computations. This should include verification of extensions and additions and the recalculation of any discount.
- Determine that the charges are not duplicates of items already paid.
- Compare the invoice with the purchase order.
- · Confirm that the Purchasing Agent indicated approval.
- Verify that the employee who actually received the materials or equipment for which the claim is made signed the receiving copy of the purchase order.
- Follow the detailed process described in Appendix A.

In summary, the audit process should ascertain that:

- A purchase order has been issued.
- If the purchase order is for professional services a contract is in place.
- The obligation was incurred by an authorized district official.
- The goods or services for which payment is claimed were in fact received.
- The claim is in proper form, is mathematically correct, meets legal requirements, does
 not include any charges for taxes from which the district is exempt, does not include
 charges previously claimed and paid, and is in agreement with an attached purchase
 order.

Certification

The claims auditor is required to provide the treasurer with evidence that claims have been audited and are eligible for payment. This evidence is provided through a warrant on which the audited claims have been listed.

Proposal Submissions

Certified public accountants and certified public accounting firms wishing to submit proposals must include responses to the following:

- 1. A letter describing the services to be provided to Greenburgh-Graham UFSD.
- 2. A schedule of the fees the individual or audit firm intends to charge the District based on a contracted amount for the school year.
- Provide the names of all current and former School District clients with information on the number of years of service to each along with the names and telephone numbers of contact persons in each District.
- 4. Provide a description of any regulatory action taken against the individual or audit firm within the last five years by a regulatory agency such as the Internal Revenue Service or State Education Department.
- 5. Provide a statement verifying that there are no conflicts of interest between the individual or audit firm and the Greenburgh-Graham UFSD Board of Education.
- 6. Identify any litigation brought against the individual or audit firm during the past five years. Explain any pending litigation that may have a financial impact on your firm.
- 7. Provide a Certificate of Insurance in accordance with the attached requirements.

Scoring Criteria

- Qualifications Experience of individual or audit firm, educational background, specialized skills.
- 2. Number of New York State school's districts/BOCES that the individual or audit firm has audited, including total years of service.
- 3. Results of interview by Board of Education/Audit Committee.
- 4. Fees Estimated costs as compared to other proposals

Mailing Instructions

All proposals must be received by the District Clerk no later than Tuesday, March 9, 2021 at 11:00 AM. Any proposals received after this deadline will be returned unopened. In addition, the successful applicant must be available for an interview with the Board of Education at a date to be determined by the Board of Education in the Administration Building.

Please submit three (3) copies of your proposal responses to the following address:

Tracy Woodson

District Clerk

Greenburgh-Graham UFSD

1 South Broadway

Hastings on Hudson, NY 10706

Proposal responses must be sealed when delivered. The outside of the proposal envelope should be marked with the Request for Proposal number, proposal opening date and time. Failure to comply with all provisions of the Request for Proposal may result in disqualification.

Appendix A

- a. Is purchase order attached?
- b. Is purchase order pre-numbered?
- c. Are all purchase orders in sequence?
- d. Is the purchase order signed by a purchasing agent?
- e. Is the purchase order date prior to the invoice date?
- f. Did the employee sign the receiving copy indicating work and/or materials delivered to the District are satisfactory and the order is complete or any missing items have been duly noted?
- g. Is the appropriate detailed back-up and/or are the original receipts attached?
- h. Is the invoice an original and not a fax or photocopy? If the invoice is a fax, is supporting documentation attached explaining why the invoice is not an original?
- i. Is the invoice approved for payment?
- j. Is the amount accurate on the invoice?
- k. Are all goods and services clearly described on the invoice?
- I. Do the goods and/or services on the invoice match the PO?
- m. Verify purchase order estimated costs are comparable to the invoice.
- n. Verify that sales tax is not being paid.
- o. Trace any payments made to consultants or for professional services to contract or board minutes.
- p. Verify that all purchases associated with an open purchase order do not exceed limit.
- q. Verify that all bids and quotes obtained were in accordance with District's purchasing policy.
- r. Confirm all invoices and supporting documents are canceled (stamped paid) to prevent duplicate payment.
- s. Are all written quotes, RFP's and/or bids attached to the voucher package or available for review?
- t. Review employee travel claims:
 - Verify employee's attendance calendar against dates of travel
 - Verify distance claimed against mileage chart in staff handbook
 - Verify travel is not for a conference which should be claimed on conference request form
- u. After checks have printed, verify all checks are in numerical order and no numbers are missing.
- v. Match check to original payment request and verify the check is addressed to correct remit to address.
- w. Review payroll change, overtime and error reports.
- x. Verify payroll proof report is accurate and all deductions and taxes have been paid.

INSURANCE REQUIREMENTS

- a. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the proposer hereby agrees to effectuate the naming of the district as an unrestricted additional insured on the proposer's insurance policies, with the exception of workers' compensation and professional liability. If the policy is written on a claims-made basis, the retroactive date must precede the date of the contract
- b. The policy naming the district as an additional insured shall:

Purchase an insurance policy from an A.M. Best rated "secured" New York State licensed insurer.

Contain a 30-day notice of cancellation.

State that the organization's coverage shall be primary coverage for the District, its Board, employees and volunteers.

The district shall be listed as an additional insured by using endorsement CG 2026 or broader. The certificate must state that this endorsement is being used. If another endorsement is used, a copy shall be included with the certificate of insurance.

- c. The proposer agrees to indemnify the district for any applicable deductibles.
- d. Required Insurance:
 - Commercial General Liability Insurance

\$1,000,000 per occurrence/ \$2,000,000 aggregate.

- Automobile Liability
 - \$1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles.
- Workers' Compensation and N.V.S. Disability

Statutory Workers' Compensation, Employers• Liability and N.Y.S. Disability Benefits Insurance for all employees.

- Professional Errors and Omissions Insurance
 - \$1,000,000 per occurrence/ \$2,000,000 **aggregate** for the professional acts of the consultant performed under the contract for the district. If written on a "claims-made" basis, the retroactive date must pre-date the inception of the contract or agreement. Coverage shall remain in effect for two years following the completion of work.
- Excess Insurance
 - On a "Follow-Form" basis, with limits of \$3,000,000 each occurrence and aggregate.
- e. Proposer acknowledges that failure to obtain such insurance on behalf of the district constitutes a material breach of contract. The proposer is to provide the districts with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities. The failure of the district to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the district.

VENDOR IDENTIFICATION

Name of Organization:	
Address of Organization:	
Contact Person and Title:	
Phone:	
Fax:	
E-Mail:	
Website:	
Federal ID#:	
Are you incorporated: () Yes () No a) If yes, in what State are you incorporated?	
b) If you are not incorporated in New York State, are you authorized to do business in	
New York?	
If you are not incorporated, you are a (n):	
Partnership	
Sole Proprietorship Unincorporated association	
Other (please specify)	

This form must be returned with your proposal.

VENDOR IDENTIFICATION Continued)

list all Principals of the bidding firm:			
list all individuals who will be available throughout the term of the agreement for continuing advice and counsel.			
List all Business Names, Corporate or otherwise, used by the above listed Principals over the past ten (10) years:			
Have any of the projects represented by the above resulted in litigation?			
I,,as Principal of the bidding firm, hereby (print name) (print title) certify that the above listed information is complete, true and accurate.			
(signature)			
This form must be returned with your proposal.			

HOLD

HARMLESS

(PROPOSER)

does hereby covenant and agree to
(Individual/Firm)
defend, indemnify and hold harmless the Greenburgh-Graham UFSD from and
against any and all liability, loss, damages, claims, or actions (including costs
and attorney's fees) for bodily injury and/or property damage, to the extent
permissible by law, arising out of or in connection with the
(Name of project)
by the, it's agents, servants and
(Individual/Firm)
employees.
Signature: Date:

This form must be returned with your **proposal.**

BID PROPOSAL CERTIFICATIONS

BID PROPOSAL CEI	RIFICATIONS		
Firm Name	Telephone No		
BuGress A Bite Sertification	Fax No.		
The bidder certifies that he will furnish, at the prices he services as proposed on this bid.	erein quoted, the materials, equipment and/or		
II. Non-Collusive Bidding Certification			
By submission of this bid proposal, the bidder certifies that he is complying with Section I03-d of the General Municipal Law as follows: (b) A bid shall not be considered for award nor shall a award be made where (b) (I) (2) and (3) above have r been complied with; provided, however, that if in a case the bidder cannot make the foregoing certificati			
Statement of non-collusion in bids and proposals to political subdivision of the state or any public department, agency or official thereof where competitive bidding is required by statue, rule, regulation, or local law, for work or services performed or to be performed or goods sold or to be sold, shall contain the following statement subscribed by the bidder and affirmed by such bidder as true under the penalties of perjury: Non-collusive bidding certification.	the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where (a) (I) (2) and (3) above have not been complied with, the bid shall not be considered for award. Nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.		
"(a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:	The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the		
(I) The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition as to any matter relating to such prices with any other bidder or with any competitor.	same prices being bid, does not constitute, without more, a disclosure within the meaning subparagraph one (a). 2. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services		
(2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be dis- closed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and	performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the		
(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the pur- pose of restricting competition."	deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non- collusion as the act and deed of the corporation.		

Title

Date

Signature (Authorized)

Greenburgh-Graham UFSD 1 South Broadway, Hastings on Hudson, NY 10706

IRAN DIVESTMENT ACT CERTIFICATION

As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a new provision has been added to the State Finance law {SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) will be developing a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Pursuant to SFL § 165-a(3){b), the initial list is expected to be issued no later than 120 days after the Act's effective date, at which time it will be posted on the OGS website.

By submitting a Request for Proposal (RFP) in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Proposer/Contractor (or any assignee) certifies that once the prohibited entities list is posted on the OGS website, it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Additionally, Proposer/Contractor is advised that once the list is posted on the OGS website, any Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to the solicitation, must certify at the time the Contract is renewed, extended or assigned that it is not included on the prohibited entities list.

During the term of the Contract, should the Greenburgh Graham UFSD receive information that a person is in violation of the above-referenced certification, Greenburgh Graham UFSD will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then Greenburgh Graham UFSD shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

Greenburgh Graham UFSD reserves the right to reject any proposal or request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

Signature:	
Print Name:,	
-itle:,	
Company Name:	
Date:	

This form must be returned with your proposal.

/Pov	October 2018)	Request for Identification Number	Taxpayer and Certific	cation	Give Form to the
Denai	tment of the Treasury	send to the IRS			requestor. Be not
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Revenue Service Go to www.lrs.gov/FormW9 for Instructions and the latest Information.

1 Name (as shown on your locome tax return). Name Is required on this line; do not leave this line blank. Form Internal Revenue Service Business name/disregarded entity name, If different from above eoi a, 3 Check appropriate box for federal tax classification of the person whose name is entered on tine 1. Check only **one** cl the **4** Exemptions (codes apply only to 2 certain entities, not individuals; see instructions on page 3); following seven boxes c: D Individua/Sole proprietor or D c Corporation 0 s Corporation D Partnership D Trust/estate single-member LLC Exempt payee code (ii any) D limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) $g_{G_I}g_{C:I}$ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check Exemption from FATCA reporting $.:s._{\mathsf{u}}S$ LLC 11 the LLC is classified as a single-member LLC that is disregarded from the Low that light section of the LLC is classified as a single-member U.C that purposes. Otherwise, a single-member U.C that is disregarded from the content of the appropriate box for the tax · cc: ._{II}S_I Q. U !E D Other (see instruction,) /AI¥)/los to aocaunr:i tnliflr.i_..,...,_,,,,._{U.S.}) Address (number, street, and apt. or suite no.) See Instructions. Requester's name and address (optiona **\$** 5 6 List account number(s) here (optional) **Taxpayer** Identification Number ■!:.f:T (TIN)

0

| Social security number

backup withholding. For Individuals, this is generally your social security number (SSN). However,

resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it Is your employer identification number (EIN). If you do not have a number, see *How to*

T

TIN. later

Note: If the account is In more than one name, see the Instructions for line 1. Also see What Name and

orErn--pl-oye_r_ld_ent_lfl_ca_tlo_n_n_u_mber

for

Part II

Number To Give the Requester tor guidelines on whose number to enter.

Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form Is my correct taxpayer Identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a faaure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) Indicating that I am exempt from FATCA reporting Is correct.

Certification Instructions, You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report aD interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secl.If8d property, cancellation of debt, contributions to an individual retirement arrangement QRA), and generally, payments other than Interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part II, later.

Sign Here

person



General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest Information about developments related to Form W-9 and its instructions. such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An Individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer Identification number (TIN) which may be your social security number (SSN), individual taxpayer Identification number (ITIN), adoption taxpayer Identification number (ATIN), or employer Identifiscation number (EIN), to report on an information return the amount paid to you, or other amount reportable on an Information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

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Form 1099-DIV (dividends, including those from stocks or mutual funds) $\,$

- Form 1099-MISC (various types of Income, prizes, awards, or gross proceeds)
- Form 1099-8 (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage Interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only If you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

Cat. No. 10231X 2018) Fenn **W-9** (Rev. 10-

Greenburgh Graham UFSD 1 South Broadway Hastings on Hudson, NY 10706

NON-PROPOSER'S RESPONSE

The Greenburgh Graham UFSD is interested in the reasons why prospective Proposers fail to submit proposals. Failure to submit a proposal without explanation may result in removal of your firm from our Proposers' list. If you are NOT submitting a proposal, please indicate the reason(s) by checking off one or more of the items below and return this form to us.

more of the items below and return this form to us.					
1 Unable to propose at this time, but would like to receive future RFPs.	_ Unable to propose at this time, but would like to receive future RFPs.				
2 Insufficient time allowed for preparation and submission of Proposal.					
3 Other reasons					
You may remove our name from the RFP List for:					
This Service Class					
All Proposals					
Company Name					
Address	_				
Phone:Fax:	-				
Email:Website					
Authorized Signature					
Printed Name					

Date 14