



Creating an Agreed Upon Procedure (AUP) Contract For Local Public Bodies (Tiers 3-6)

Creating Your Contract

Begin by navigating to the 'View Contract Forms' tab on the left-hand side of the screen. Click on 'Generate Form' to access the Contract Data Form for Local Public Bodies under the Tiered System page

View Contract Forms

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This form consists of five sections.

In Section I: LPB Contact Information, some details will be pre-filled. Please verify their accuracy.

Contract Data Form for Local Public Bodies under the Tiered System

Please enter all contract information below. If not applicable, please put N/A in the field.

I. LPB Contact Information

Agency Type

Local Public Body (LPB) - Tier 5

Name Of LPB

New Mexico Office of the State Auditor

Address Of LPB

2540 Camino Edward Ortiz, Suite A

Phone # Of LPB

505-476-3800

Fax # Of LPB *Optional*

City

Santa Fe

State

NM

Zip

87507

Web Site Address *Optional*

www.osa.nm.gov

Verify info is correct

LPB Head Contact Information

Name Of LPB Head

Title Of LPB Head

Email Address Of LPB Head

LPB Contact Information

Name Of LPB Contact

Title Of LPB Contact

Phone # Of LPB Contact

Fax # Of LPB Contact *Optional*

Email Address Of LPB Contact

Note: Please fill out e-mail address of contact person. All fully executed contracts will be sent via e-mail unless otherwise requested.

Provide the LPB Head name, title and email

Verify info is correct and up to date and make appropriate changes

In Section II, provide the contact information for your selected Independent Public Accountant (IPA). Please provide the on-site manager's name, phone number and email. In the Name of IPA firm it's important to note that you MUST select their name from the drop down list.

II. Recommended Independent Public Accountant (IPA) Information

As required by the Audit Rule, an IPA subject to contract restriction is responsible for informing this LPB whether it is eligible to engage in this proposed contract. By signing the signature page, I am verifying herein that the IPA has certified its eligibility to engage in this proposed contract.

On-Site Manager Name

Phone #

E-Mail Address

Name Of IPA Firm

Fax # *Optional*

Provide the information of your selected IPA here

Search the IPA Firm by typing the first few letters of their name. *Do not type the entire name.....

II. Recommended Independent Public Accountant (IPA) Information

As required by the Audit Rule, an IPA subject to contract restriction is responsible for informing this LPB whether it is eligible to engage in this proposed contract. By signing the signature page, I am verifying herein that the IPA has certified its eligibility to engage in this proposed contract.

On-Site Manager Name

Phone #

E-Mail Address

Name Of IPA Firm

Re
Real Time Solutions Test Firm
Precision Accounting, LLC
REDW, LLC
Dingus, Zarecor & Associates, PLLC
Macias, Gutierrez & Co., CPAs, PC
Mackie, Reid & Company, PA
Rubino & Company, Chartered

.....A drop down will appear. Select your IPA firm from the drop down

In section III enter the Fiscal Year, the estimated start date, and the estimated completion date.

III. Important Dates

For Which Fiscal Year (FY) Is This Recommendation Being Made:

Estimated Audit Start Date **Estimated Completion Date**



In Section IV, specify whether this is a multi-year SPB or RFP, or a one-year award.



IV. Small Purchase Bid (SPB) or Request for Proposal (RFP) Information

Please check the appropriate box below:

- This is a multi-year SPB or RFP.
- This is a one-year award for only the fiscal year indicated in Section III.

If it is a multiyear a new field will populate, allowing you to select which year of the multiyear proposal this contract applies to.



IV. Small Purchase Bid (SPB) or Request for Proposal (RFP) Information

Please check the appropriate box below:

- This is a multi-year SPB or RFP.
- This is a one-year award for only the fiscal year indicated in Section III.

This request applies to the chosen year of a multi-year proposal:

- Year 1
- Year 2
- Year 3

In Section V: Fee and Hour Breakdown, fill out the table accurately using numbers only, without commas.

V. Fee and Hour Breakdown

Do not use commas - numbers only

Category	[Year 1] Hours	[Year 1] Cost
LPB Contract		[\$]
Other		[\$]
SUBTOTAL		[\$] 0.00
Gross Receipts Tax		[\$]
TOTAL	0	[\$] 0.00

In the Additional Questions section, enter the contract's fiscal year ending date, the number of copies needed, and your agency's contract reference number.

Additional Questions

Agency Contract Reference Number *Optional*

Contract For The Fiscal Year Ending

Number Of Copies To Be Delivered By The Contractor To The Agency

Save Information ↓

Preview ✓

Click To save the contract to return to at a later time

To preview the contract and submit the contract to the OSA click here

On the preview page, you can review your contract before submitting it to the OSA for review. Click the **Save & Notify OSA** to submit the contract.

Preview Mode Save & Print Save & Notify OSA Cancel

Not Final Copy

Contract No.

**STATE OF NEW MEXICO
AGREED-UPON PROCEDURES CONTRACT
(Tier 5)**

New Mexico Office of the State Auditor
hereinafter referred to as the "Agency," and

Real Time Solutions Test Firm
hereinafter referred to as the "Contractor," agree:

As required by the Audit Rule, Section 2.2.2.1 NMAC *et seq.*, Contractor agrees to, and shall, inform the Agency of any restriction placed on Contractor by the Office of the State Auditor pursuant to Section 2.2.2.8 NMAC, and whether the Contractor is eligible to enter into this Contract despite the restriction.

Click here to submit your contract

The browser will display a green notification indicating the contract was successfully submitted.

Once submitted click on the back button to return to the **View Contracts Forms** page.

Preview Mode Back

Information saved and email sent successfully

Contract No.

**STATE OF NEW MEXICO
AGREED-UPON PROCEDURES CONTRACT
(Tier 5)**

Your Contract will now have a submitted status indicating successful submission to the OSA.

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