



# Creating a Full Financial Audit Contract

## 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

Before you generate a new contract, please check the table below to see if one has already been created.

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5/2/2024 1:30:29 PM	2024	Test User	Submitted		View
5/2/2024 1:21:13 PM	2028	Test User	Submitted		View
5/2/2024 11:43:32 AM	2027	Test User	Submitted		View

This form consists of seven sections.

In section I, Agency Contact Information, some information will be pre-filled for you. Verify the accuracy of this information so OSA can contact you about your audit.

## Contract Data Form for Audits

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

### I. Agency Contact Information

#### Agency Type

Local Public Body (LPB) - Do Not Qualify For Tiered System

#### Name Of Agency

New Mexico Office of the State Auditor

#### Phone # Of Agency

505-476-3800

#### City

Santa Fe

#### Zip

8750733

#### Address Of Agency

2540 Camino Edward Ortiz, Suite A

#### Fax # Of Agency *Optional*

#### State

NM

#### Web Site Address *Optional*

www.osa.nm.gov

Verify info is correct

## Agency Head Contact Information

Name Of Agency Head

Title Of Agency Head

Email Address Of Agency Head

## Agency Contact Information

Name Of Agency Contact

Title Of Agency Contact

Phone # Of Agency Contact

Fax # Of Agency Contact *Optional*

Email Address Of Agency Contact

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

Provide the Agency Head name, title and email

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

In Section II, you will find the contact information for your selected IPA. Please provide the on-site manager's name, phone number, and email address. When entering the name of the IPA firm, it is important to type a few letters into the 'Name of IPA' Firm box to populate the drop-down list, and then select the correct name from the 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 in For Which Fiscal Year(FY) is this Recommendation being made for the appropriate year, you agency's exact Fiscal Year End Date, the Estimated Audit Start Date, and the Esitmated Completion date

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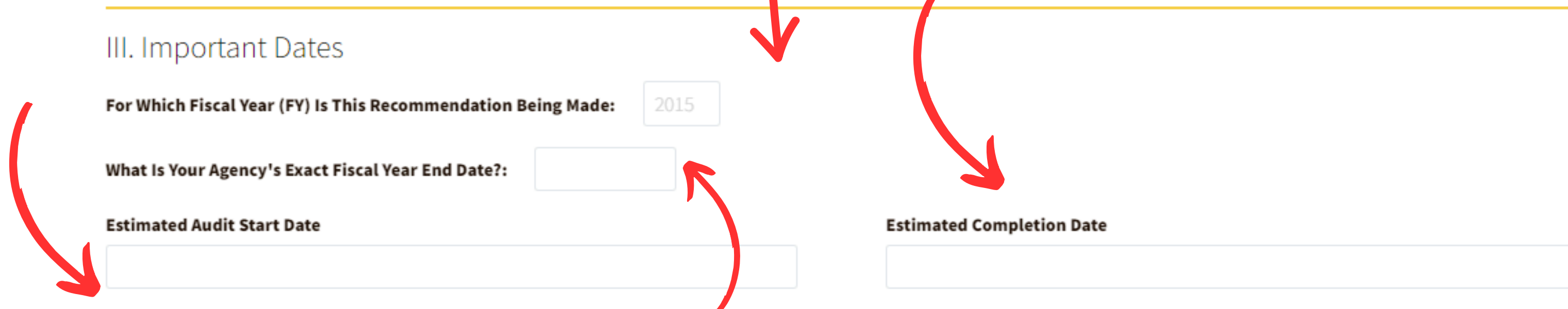
III. Important Dates

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

What Is Your Agency's Exact Fiscal Year End Date?:

Estimated Audit Start Date

Estimated Completion Date



In Section IV, indicate whether this is a multi-year SPB or RFP, or a one-year award, by selecting the appropriate radio button.

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#### 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.

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#### 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 , fill out the table accurately using numbers only and no commas.

### V. Fee and Hour Breakdown

*Do not use commas - numbers only*

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

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

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#### 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

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**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.

Save & Print ↓ Save & Notify OSA ↓ Cancel ×

## STATE OF NEW MEXICO AUDIT CONTRACT

Contract No. **0321**

**Click here to submit your contract**

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 this Contract despite the restriction.

any expansion of scope)

al and compliance audit of the Agency for Fiscal Year **2026** in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards, Uniform principles, and Audit Requirements for Federal Awards*, the Audit Act, Sections 12-6-1 through 12-6-15, NMSA 1978, and the Audit Rule ( Section 2.2.2.1 NMAC *et seq.*).

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.

View 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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5/2/2024 11:17:41 AM	2024	Test User	Submitted		View