



## Cover Sheet

### External Independent Auditing Services

#### A. Identifying Data

Name of Firm:	
Address:	
City & ZIP Code:	
Contact Person:	
Telephone Number:	
Fax Number:	
E-Mail Address:	

#### B. Summary:

Summary of Proposed Services	Proposed Audit Cost

#### C. Certification of Data

I do hereby certify that this application is submitted in accordance with the provisions and conditions outlined in the solicitation and that all data are accurate and represents the Respondent's intention to provide all services specified.

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date