

**REQUEST FOR PROPOSALS FOR THE PROVISION OF AUDITING  
SERVICES TO CENTRAL BOSTON ELDER SERVICES,**

**BACKGROUND DOCUMENT**

**I. INTRODUCTION**

Central Boston Elder Services, an Aging Service Access Points agency, (hereafter referred to as CBES) is an Affirmative Action/ Equal Employment Opportunity organization requesting proposals for the provision of auditing services and completion of tax returns for CBES, CBES Development, LLC, CBES Management, LLC and Elder Care Alliance.

CBES is a private non-profit corporation serving persons 60 years of age and older who reside in Boston neighborhoods as well as serve other persons with disabilities. The agency is responsible for planning, organizing, and implementing a coordinated, comprehensive network of services to enable elders and others with disabilities to secure and maintain maximum independence in their home environment. The agency provides information and referral and case management services and sub-contracts with outside vendors for the provision of services such as homemaking and home delivered meals to elder clients. The agency administers the funding it receives for information and referral, case management, and administrative expenses as well as serves as a conduit and oversight agent for funding it is given for subcontracted services. The agency's **fiscal year runs from July 1 to June 30.**

CBES is responsible for servicing certain communities in Boston and its primary source of funding is the Commonwealth of Massachusetts, and is governed by Division of Purchased Services regulations.

CBES covers Allston, Brighton, Back Bay, Fenway, South End, Roxbury, North Jamaica Plain, Mission Hill and North Dorchester. Currently, the CBES annual budget is about \$42 million derived from 8 major programs.

CBES Development LLC (the Company) was formed as a limited liability company under the laws of the Commonwealth of Massachusetts on November 30, 2009. The Company will continue in existence until December 31, 2060, or such later date as the members agree, unless it is earlier dissolved and terminated in accordance with the provisions of the operating agreement. The Company was formed for the purpose of planning, constructing, and operating low income independent elderly housing called Dudley Square Supportive Housing for the Elderly (the Project). The Project consists of a seven-story building that includes 57 units of affordable rental housing and related amenities, located in Roxbury, Massachusetts.

The Project has qualified for and was allocated Low-Income Housing Tax Credits (LIHTC) under IRC Section 42 of \$823,853 annually for ten years and Tax Credit Assistance Program (TCAP) funds of \$4,929,634, which regulates the use of the Project as to occupant eligibility and gross unit rent, among other requirements. The project must meet the provisions of these requirements during each of the 15 consecutive years in order to remain qualified to receive the credits. The Company began taking the credits in 2012 and reached stabilized occupancy in October 2012. The Company will need to comply with the LIHTC requirements through 2026. In addition, the Company has executed an affordable housing restriction agreement, which requires the utilization of the Project pursuant to the term of the agreement and except as noted in the agreement is restricted in perpetual.

## **II. SERVICES TO BE FURNISHED UNDER THE CONTRACT**

The following services must be provided in each of the three years of the contract:

Conduct an independent audit of the all four agencies' financial statements. (This task must commence on the completion of each fiscal year and completed within the required deadlines).

Prepare federal and state tax submissions and Massachusetts Uniform Financial Reporting Documents for CBES. (This activity should commence on or about September 10 of each year and must be completed within 50 calendar days - by November 1).

Conduct audit of Massachusetts Salary Reserve Distribution for CBES.

Conduct an independent audit of the financial statements and supplemental schedule of Central Boston Elder Services 403 (b) Retirement Plan for CBES. Electronically prepare both federal and state tax returns CBES Development, LLC, CBES Management, LLC and Elder Care Alliance.

Be available as needed resource regarding fiscal issues/ questions

Proposals will cover provision of services for the fiscal years beginning July 1, 2014, 2015 and ending June 30, 2016. The agency issues contracts on a year-by-year basis with each following contract dependent on satisfactory performance. The selected firm will be paid by the agency 50% of the annual contract price on the submission of annual audited financial statements and the balance on the submission of annual tax returns.

## **III. PROPOSAL SUBMISSION**

The attached Proposal form must be filled out completely. Please note that the annual fee for services that must be filled in under question 5 should be effective for each of the three years of the contract period. The agency requesting proposals at this time has a limited budget and the proposed price of services to be provided under this contract will be a major factor in the selection of the auditing firm.

## **IV. SUBMISSION AND SELECTION PROCESS**

**All Proposals must arrive at Central Boston Elder Services, 2315 Washington Street, Roxbury, MA02119 by 5:00 PM on February 28th, 2014.**

The firm selected to be the provider of auditing service will be notified by April 18th, and issued a contract by April 30th, 2014.

## **V. LIMITATIONS AND RESTRICTIONS**

A. Proposals must follow all procedures outlined in these instructions.

- B. CBES reserves the right to accept or reject any or all proposals.
- C. This Request for Proposals does not commit CBES to awarding a contract.
- D. All costs included in preparing proposals must be borne by the organization submitting the proposal.
- E. The organization which CBES wishes to have supply auditing services will be issued a contract which must be signed by all parties to the contract before it becomes effective.



5. State your charge for each of the three years for the services detailed in the Background Document:

to provide auditing services in FY14	CBES	\$ _____
	CBES Development, LLC	\$ _____
	CBES Management, LLC	\$ _____
	Elder Care Alliance	\$ _____
to provide auditing services in FY15	CBES	\$ _____
	CBES Development, LLC	\$ _____
	CBES Management, LLC	\$ _____
	Elder Care Alliance	\$ _____
to provide auditing services in FY16	CBES	\$ _____
	CBES Development, LLC	\$ _____
	CBES Management, LLC	\$ _____
	Elder Care Alliance	\$ _____

6. Please indicate if your organization is any of the following:

	<u>yes</u>	<u>no</u>
certified small business	<input type="checkbox"/>	<input type="checkbox"/>
certified minority-owned business	<input type="checkbox"/>	<input type="checkbox"/>
certified women-owned business	<input type="checkbox"/>	<input type="checkbox"/>
business is owned or controlled by socially or economically disadvantaged individuals or individuals with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>

7. Please list all the ASAP's in Massachusetts for which you have served as the auditor during the past ten years and the calendar years you provided auditing services to this (these) agency (cies). (If you have not served as an auditor of an ASAP, write "None" in the space below.)

<u>Name of ASAP</u>	<u>Calendar Years</u>

8. Provide two references other than Massachusetts ASAP's for which you have supplied auditing service.

<p>1. _____</p> <p style="text-align: center;">Name of Company</p> <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">Contact Person</p> <hr/> <p style="text-align: center;">Telephone Number</p>	<p>2. _____</p> <p style="text-align: center;">Name of Company</p> <hr/> <p style="text-align: center;">Address</p> <hr/> <p style="text-align: center;">Contact Person</p> <hr/> <p style="text-align: center;">Telephone Number</p>
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I have reviewed the information given in the Background Document for this Request for Proposals and agree to the terms and conditions stated therein. The information given in this Proposal is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date