

Proposal form

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

| | |
|-------------------------|------------------------------|
| Full Name of Offeror | CliftonLarsonAllen LLP (CLA) |
| Main Business Address | 833 West Lincoln Highway |
| | Suite 210W |
| City, State, Zip Code | Schererville, Indiana 46375 |
| Telephone Number | 630-368-3666 |
| Fax Number | 219-864-0055 |
| Proposal Contact Person | Matt Larsh, Signing Director |
| Email Address | matthew.larsh@CLAconnect.com |

The undersigned certifies that he is:

- the Owner/Sole Proprietor
 a Member of the ~~Partnership~~ LLP*
 an Officer of the Corporation
 a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

| | |
|---|---|
| <u>Jen Leary, Chief Executive Officer</u> (President or Partner) | <u>Heidi Hillman, Managing Principal, Financial Operations</u> (Vice-President or Partner) |
| <u>Joseph Kask, Regional Managing Principal</u> (Secretary or Partner) | <u>Joseph Kask, Regional Managing Principal</u> (Treasurer or Partner) |

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 1, _____, and _____ issued thereto;

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed. Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-rotating or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that he has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

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*CLA is a limited liability partnership, with more than 1,200 principals (including over 375 principals), none of whom own more than 2% interest in the firm.



Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

Signature on File

X Matt Larsh Signing Director
(Signature and Title)

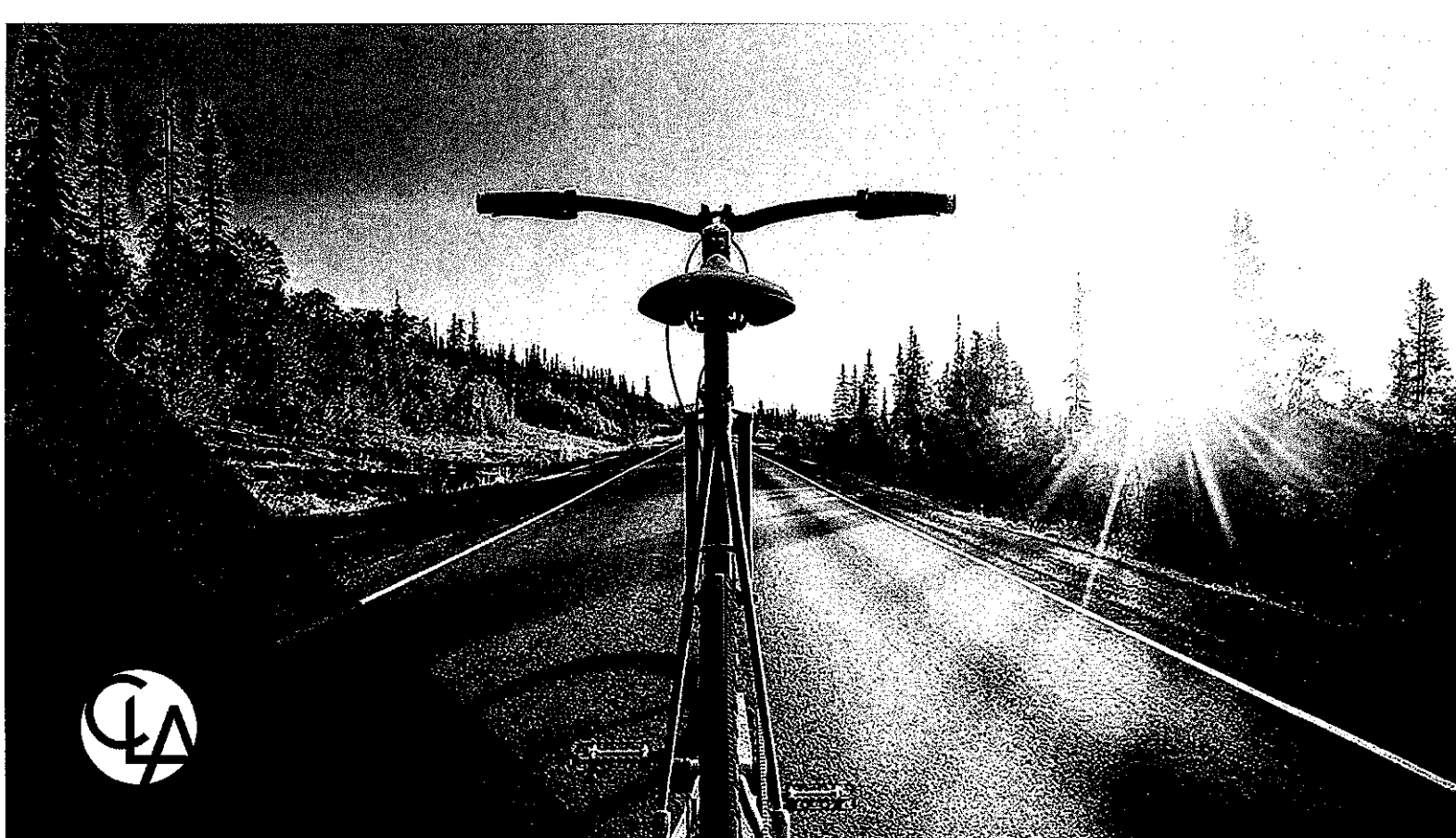
CORPORATE SEAL
(if available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this _____ day of _____ AD, 2023

My Commission Expires: _____
(Notary Public)





March 28, 2024

**Price proposal to provide professional
Medicaid/Medicare Cost Reporting services to:**

DuPage County Care Center

Invitation #: 24-001-DCC

Prepared by:

CliftonLarsonAllen LLP (CLA)

833 West Lincoln Highway, Suite 210W
Scherville, Indiana 46375

Matt Larsh, Signing Director

matthew.larsh@CLAconnect.com | Direct 630-368-3666

CLAconnect.com

CPAS | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAglobal.com/disclaimer](https://www.claglobal.com/disclaimer).
Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

5. Price

CLA's bid contains all pricing information relative to performing the preparation of both cost reports.

a) Not-to-exceed fees

Below are CLA's annual not-to-exceed fee for services for fiscal year ended November 30, 2024, November 30, 2025, November 30, 2026, and November 30, 2027.

| SECTION 8 – PRICE PROPOSAL | | | | |
|---|--|-----|-----|----------------|
| NO | ITEM | UOM | QTY | EXTENDED PRICE |
| 1 | Medicare and Medicaid Reports for FY24 | LS | 1 | \$ 8,000 |
| 2 | Medicare and Medicaid Reports for FY25 | LS | 1 | \$ 8,200 |
| 3 | Medicare and Medicaid Reports for FY26 | LS | 1 | \$ 8,400 |
| 4 | Medicare and Medicaid Reports for FY27 | LS | 1 | \$ 8,600 |
| GRAND TOTAL | | | | \$ 33,200 |
| GRAND TOTAL (In words) Thirty-three thousand two hundred. | | | | |

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b) Rate card for additional work

The table below shows our standard hourly billing rates by classification:

| Staff Level | Hourly Rate |
|----------------------------|---------------|
| Principal/Signing Director | \$345+ |
| Director | \$230 - \$320 |
| Manager | \$185 - \$285 |
| Senior | \$160 - \$220 |
| Associate | \$140 - \$170 |

Ongoing consultation

Our quoted fee includes routine general consultation throughout the year, however, if you seek a written opinion, or if the issue requires us to perform research, we will bill you at our standard rates for these services. We will discuss these fees with you before we conduct our work.

