



# 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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5/2/2024 11:43:32 AM	2027	Test User	Submitted		View

1 Click here

2 Click here

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

Test User

#### Title Of LPB Contact

Tester

#### Phone # Of LPB Contact

505-476-3800

#### Fax # Of LPB Contact *Optional*

#### Email Address Of LPB Contact

helpdesk@osa.nm.gov

**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

Provide the information of your selected IPA here

Name Of IPA Firm

Fax #

Search the IPA Firm by typing the first few letters of their name.

\*Do not type the entire name.....

**Double-check that the email address is correct.**

*If it's incorrect, important messages—such as the e-signature request—will not reach your IPA.*

## 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
<b>Real Time Solutions Test Firm</b>
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

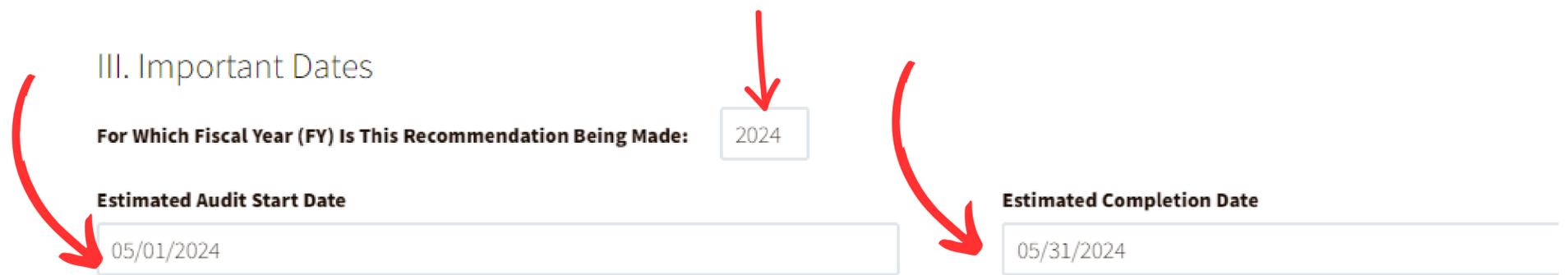
In section III: Important Dates, enter the fiscal year, the estimated audit start date, and the estimated completion date.

III. Important Dates

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

Estimated Audit Start Date

Estimated Completion Date



Section V has been pre-selected for you, as the OSA only approves contracts on an annual basis.

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

Please check the appropriate box below:

- This is a one year procurement award for only the fiscal year indicated in Section III.

In Section IV: Fee and Hour Breakdown, fill out the table accurately using numbers only, without commas. Be sure to include both the number of hours and the Gross Receipts Tax, as the contract will be rejected if this information is missing.

### VI Fee and Hour Breakdown

Do not use commas - numbers only

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

In this final section, you'll enter a few last details before reviewing and submitting your contract form.

- Agency Contract Reference Number:
  - Enter your agency's internal reference number for this contract, if applicable. This helps with internal tracking and recordkeeping.
- Number of Copies to be Delivered:
  - Specify how many physical copies of the audit report the contractor must deliver to your agency.
- Contract For the Fiscal Year Ending
  - Use the calendar picker to select the last day of your fiscal year.

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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.

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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