



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 Audits

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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Last Updated ^	Fiscal Year v	Last Updated By v	Status v	Audit Report Letter v	Action
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

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.

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 Estimated Completion date

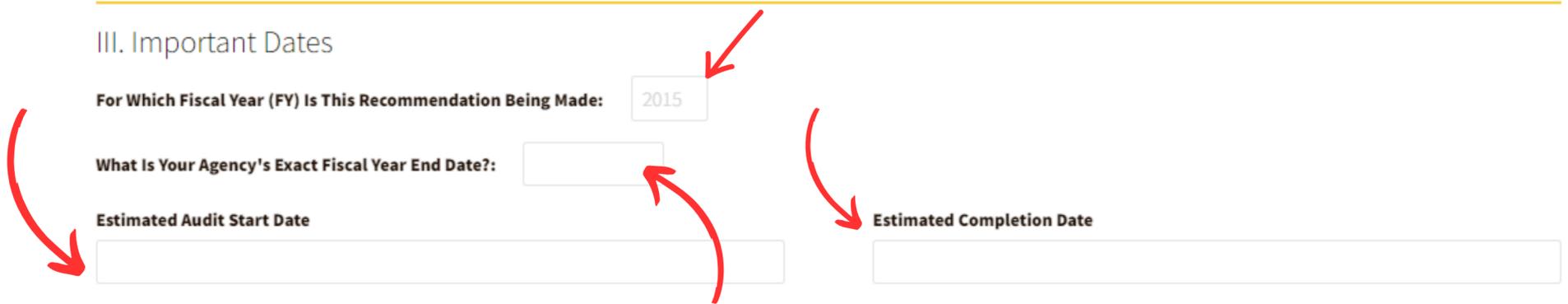
III. Important Dates

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

A screenshot of a form titled 'III. Important Dates'. It contains four input fields. The first field is labeled 'For Which Fiscal Year (FY) Is This Recommendation Being Made:' and contains the text '2015'. The second field is labeled 'What Is Your Agency's Exact Fiscal Year End Date?:' and is empty. The third field is labeled 'Estimated Audit Start Date' and is empty. The fourth field is labeled 'Estimated Completion Date' and is empty. Four red arrows point to each of these input fields.

Section IV helps determine whether your agency is required to undergo a Single Audit based on federal funding thresholds. Is your agency required to have a Single Audit?

- If your agency receives more than \$750,000* in federal funds, select 'Yes'. Otherwise, select 'No'."

Visual: Show the radio buttons being selected.

Narration:

"If you're unsure, consult your financial team or IPA to confirm your agency's federal funding status.

*For fiscal years ending prior to 2026. For fiscal years ending on or after June 30, 2026, the threshold is \$1,000,000

IV. Single Audit Requirement

Please check the box below that applies to your agency (a Single Audit should have been included in the procurement if the agency expended \$750,000 or more of federal funds):

- My agency procured an annual financial and compliance audit without a Single Audit.
- My agency procured an annual financial and compliance audit with a Single Audit.

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 VI, please complete the table using numbers only—do not include 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
Financial Statement Audit		\$
Financial Statement Preparation		\$
Federal Single Audit		\$
Other allowed non-audit services		\$
Component Units		\$
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.

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

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 ×

Contract No. **0321**

Click here to submit your contract

**STATE OF NEW MEXICO
AUDIT 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