**ATTACHMENT 3**

**Page 1**

**SCHEDULE OF PROFESSIONAL FEES AND EXPENSES**

**FOR THE AUDIT OF THE FISCAL YEAR 2025 FINANCIAL STATEMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hours** | **Standard** **Hourly****Rates** | **Quoted** **Hourly****Rates** | **Total** |
| **Partners** |  |  |  |  |
| **Managers** |  |  |  |  |
| **Supervisory Staff** |  |  |  |  |
| **Staff** |  |  |  |  |
| **Other (specify)** |  |  |  |  |
| **Subtotal** |  |  |  |  |

|  |  |
| --- | --- |
| **Total for services described in section VI.C. of the RFP****(Detail on subsequent pages)** |  |

**Out of Pocket Expenses**

|  |  |
| --- | --- |
| **Meals and lodging per section 112.061, Florida Statutes** |  |
| **Transportation per section 112.061, Florida Statutes** |  |
| **Other (specify)** |  |

|  |  |
| --- | --- |
| **Total all-inclusive maximum price for Fiscal Year 2025 Audit** |  |

Note: The rate quoted should not be presented as a general percentage of the standard hourly rate or as a gross deduction from the total all-inclusive maximum price.

**ATTACHMENT 3**

**Page 2**

**SCHEDULE OF PROFESSIONAL FEES AND EXPENSES**

**FOR THE AUDIT OF THE FISCAL YEAR 2025 FINANCIAL STATEMENTS:**

 **COMBINING SCHEDULE - ALL SERVICES**

 **DESCRIBED IN RFP SECTION VI.C.3**

|  |  |  |
| --- | --- | --- |
| **Nature of Service to be Provided** | **Schedule** | **Total Price** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**EACH SERVICE DESCRIBED IN RFP SECTION VI.C.3 SHOULD BE SUPPORTED BY AN INDIVIDUAL SCHEDULE IN THE FORMAT PROVIDED ON PAGE 3 OF THIS APPENDIX.**

**ATTACHMENT 3**

**Page 3**

**SCHEDULE OF PROFESSIONAL FEES AND EXPENSES**

**FOR THE AUDIT OF THE FISCAL YEAR 2025 FINANCIAL STATEMENTS**

**SUPPORTING SCHEDULE FOR [NAME OF SERVICE]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Hours** | **Standard** **Hourly****Rates** | **Quoted** **Hourly****Rates** | **Total** |
| **Partners** |  |  |  |  |
| **Managers** |  |  |  |  |
| **Supervisory Staff** |  |  |  |  |
| **Staff** |  |  |  |  |
| **Other (specify)** |  |  |  |  |
| **Subtotal** |  |  |  |  |

**Out of Pocket Expenses:**

|  |  |
| --- | --- |
| **Meals and lodging per section 112.061, Florida Statutes** |  |
| **Transportation per section 112.061, Florida Statutes** |  |
| **Other (specify)** |  |

|  |  |
| --- | --- |
| **Total price for [Name of Service]** |  |

Note: The rate quoted should not be presented as a general percentage of the standard hourly rate or as a gross deduction from the total all-inclusive maximum price.