

**CITY OF COOPER CITY
INTERDEPARTMENTAL BUDGET TRANSFER NOTIFICATION**

TO: CITY COMMISSION

VIA:

FROM: CITY MANAGER

DATE: 9/29/2021

Notification of the following transfer of funds is provided for the reasons set forth below:

	FROM	TO
Department	Non-Departmental	Finance
Account Description	Contingency	Professional Services
Account Number	001-190-599000-519	001-130-531190-513
Amount to be Transferred (\$)	\$17,500	\$17,500

This Transaction	All Funds Cumulative FY 21	2.5% Limit Based on FY 21
\$17,500	\$609,388	\$1,457,945

REASON:

Risk Assessment for the Internal Auditor

(Please Do Not Write Below This Line)

	NOTIFICATION	
Commission		

Attachment A

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REVISED

PRICING SHEET for COMMISSION AUDITOR

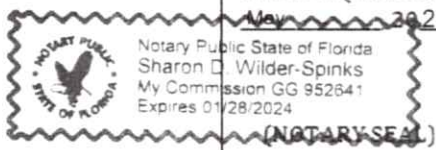
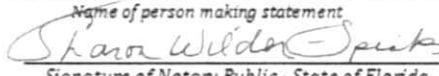
MUST BE SUBMITTED IN A SEPARATE, SEALED ENVELOPE

Item Description	Proposed Cost
A. Total fee to prepare an Annual Audit Plan that includes— i. Conducting a required Annual Risk Assessment ii. A cost for each element of the proposed Annual Audit Plan iii. Workshop meetings with the City Commission iv. All necessary research A. Total fee to prepare an Annual Risk Assessment:	\$ 17,500
B. Hourly rates of personnel as outlined in Section 4(A) of the Technical Proposal <i>Hourly rates will be used to calculate the cost of task orders assigned by the City Commission, in accordance with an Audit Plan pre-approved by the City Commission.</i>	ATTACH A SEPARATE SHEET WITH HOURLY RATE DETAILS

Submitted by: William Blend
 Authorized Signature:  (Print)
 Title: Shareholder (Sign)
 Company Name: MSL, P.A.
 Date: May 28, 2021

STATE: **FLORIDA**
 COUNTY: Orange

Sworn to (or affirmed) and subscribed before me this 28 day of May, 2021, by: William Blend
Name of person making statement

 
Signature of Notary Public - State of Florida
Sharon Wilder-Spinks
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
 Type of Identification Produced _____