

From: [REDACTED]
To: [REDACTED]
Subject: RFP15-CPA-01 Disproportionate Share Hospital Payments Program
Date: Thursday, March 12, 2015 9:11:00 AM

Dear [REDACTED]

I am pleased to inform you that BDO has been awarded the contract from RFP15-CPA-01, Disproportionate Share Hospital Payments Program. I will be the AOA Audit Liaison for this contract.

Before I can proceed with executing the contract, I need you to provide certificates of liability insurance demonstrating the firm's coverage as detailed in the RFP. The certificate must include a description of the types of coverage (e.g. general liability, professional liability) covered by any umbrella insurance carried by the firm.

Once I have obtained a satisfactory insurance certificate, I will forward you an electronic copy of our contract that must be completed and returned to my attention. The contract **MUST** have the signature of a representative who has the legal capacity to enter your organization into a formal contract with the State of Delaware, Office of Auditor of Accounts. A copy of the fully executed contract form will be returned for your records.

If you have any questions regarding the proposal and selection process, please direct them to Kathleen Davies, Chief Administrative Auditor, at 302-857-3919 or Kathleen.Davies@state.de.us. Otherwise, please feel free to contact me.

We look forward to working with you.

[REDACTED] | Audit Manager

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Townsend Building, Suite 1 | 401 Federal Street | Dover, DE 19901
[REDACTED]