

THE CHILDREN’S BOARD OF HILLSBOURGH COUNTY  
PROPOSAL FOR AUDITING SERVICES  
PROPOSER INFORMATION

Proposer:

Company Name: \_\_\_\_\_

Contact Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Telephone: \_\_\_\_\_

Authorized Signature:

I hereby attest to my authority to submit this Proposal and to bind \_\_\_\_\_  
\_\_\_\_\_ To perform this audit as per agreement if selected.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)