*Request for Information compliments of*

**

*(Entity Name)*

## Request for Information

Financial Accounting Support

For the period

*(Date) to (Date)*

Inquiries and proposals should be directed to:

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

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

Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please consider sending your completed Request for Information (RFI) to Wipfli.***

*Direct the RFI to Brian Gaumont via email at* [*gfpbd@wipfli.com*](mailto:gfpbd@wipfli.com) *or via mail at:*

*Brian Gaumont*

*Wipfli LLP*

*2501 West Beltline Hwy., Suite 401*

*Madison, WI 53713*

**Request for Information (RFI)**

**Financial Accounting Support**

[XYZ Organization] (the “Organization”) is requesting information from Certified Public Accountant firms, consulting firms, and individuals (“Firm” or “Firms”) with extensive experience in providing accounting and consultation services for not-for-profit charitable organizations. We invite the submission of information to us by [Date], for consideration. A description of the services needed, a background of our Organization, and other pertinent information follows.

**Description of Need**

The Organization is interested in receiving information on how a Firm could contribute to the success of our accounting functions and managing our financial oversight requirements. Currently, the accounting functions are all managed in-house by our accounting staff. Based on our Organization’s complexities, the potential for turnover within our department, the institutional knowledge held by a select group of individuals, and our targeted strategic growth within many of our programs, the Organization would like to get an understanding of what a best practice model can look like for our accounting department and how organizations similar to ours create sustainable back office processes. Firms should help us evaluate the ideal model for accounting support, focusing on the most critical areas of need and taking specific interest in how our people, processes, and technology are utilized currently, what gaps exists, and what the roadmap is (including costs and timeline) for moving to a best practice model.

**Background of [XYZ Organization]**

Provide a summary of the Organization’s background. Include the official name of the Organization; year of formation; IRS tax exemption code [i.e., 501(c)(3)]; mission, purpose, vision, future, etc.; what the Organization does; and where it’s going.

**Description of Fiscal Department and Operations**

To provide key insight on our Organization, the Organization has completed the questionniare included in Appendix A. This is designed to give an initial understanding of our fiscal operations. We anticipate that Firms will have additional inquiries and/or assessment methods to further evaluate our current state and gaps to better articulate a roadmap.

**Questions and Submission**

Firms are encouraged to schedule time with us to ask questions to best understand our needs. Please contact NAME at NUMBER to schedule a time for a discussion. Alternatively, questions can be sent via email to EMAIL ADDRESS.

Organizations should submit the RFI response via email to NAME at EMAIL ADDRESS by the submission due date of DATE.

**RFI Response Requirements**

To simplify the evaluation process, the Organization requires that all responses to this RFI be organized in the manner and format described below:

1. **Understanding of Our Needs**

Describe your understanding of the scope of the work to be performed. Restate our key challenges and how your recommendations will help us overcome these challenges.

1. **Meeting Our Needs**

Describe how your firm would help us implement a best practice model for supporting our accounting department, including time frames, the use of specific technology solutions or software, the use of staff, areas that will receive primary emphasis, and the type of assistance that will be required from the Organization’s staff. Finally, discuss the communication process used by the Firm to successfully provide ongoing support.

1. **Professional Experience**

Describe how and why your firm is different from other firms being considered. This should include an explanation of the firm's philosophy, size, structure, and qualifications for serving not-for-profit organizations of a similar size and with similar operations. Describe your firm's resources devoted to not-for-profit organizations overall and in the same service niche.

1. **Team Qualifications**

Identify the specific partners, managers, and in-charge staff who will be assigned if, based on Firm’s response to this RFI, the Organization chooses to engage Firm to implement its recommendations for the development of a best practice model. Provide their bios, specifying experience relevant to the type of services requested.

1. **Fees**

Please provide an estimate of fees for the available service options. Specify what the first step would be in gaining a clear, actionable plan for transition to the model describe and, if applicable, describe the cost associated with that first step.

1. **Client References**

Include a list of relevant not-for-profit clients that your firm has served within the past three years and furnish the names and telephone numbers of any references we may contact.



WIPFLi Young

Williams Young, LLC  [Company address]

Request for Proposal



ASSESSMENT QUESTIONNAIRE

**All information provided below will be used confidentially by Wipfli for the exclusive purpose of developing a proposal for services.**

|  |  |
| --- | --- |
| **ABOUT YOUR ORGANIZATION** | |
| Name |  |
| EIN/TIN |  |
| Address |  |
| Contact Name |  |
| Contact Phone Number |  |
| Contact Email Address |  |
| Description of Mission/Services Provided | *Please include as an attachment.* |
| URL |  |
| Do you maintain a business presence at more than one location? If so, how many? |  |
| What is your governance structure? | *Please include as an attachment.* |
| Does your organization have a related-party relationship with other organizations (foundation, national organization, etc.)? |  |
| Do you have a strategic plan? If so, how frequently is it updated and by what group of leadership? |  |
| Do you prepare an annual budget? |  |
| Do you maintain a long-term financial projection or forecast? |  |
| Do you have any current legal or solvency concerns? |  |
| *Please attach your current organizational chart or a description of your positions and their relationship to one another.* | |

|  |  |
| --- | --- |
| **CURRENT ACCOUNTING SITUATION** | |
| What is the brand and version of your accounting software? |  |
| Do you manage your accounting in a desktop or cloud environment? |  |
| Is your software supported by internal IT staff, an outside service provider, or both? |  |
| What is your estimated annual cost for maintaining or accessing your software? |  |

|  |  |
| --- | --- |
| **CURRENT ACCOUNTING SITUATION *(continued)*** | |
| If you have an accounting or bookkeeping employee/staff right now, please describe the functions this person completes (including non-accounting) and estimate the time allocated to each function annually. | *Please include as an attachment.* |
| What is your estimated annual cost for maintaining these positions? |  |
| If any accounting services (IRS Form 1099 preparation, payroll, sales tax, etc.) are completed by an outside provider, please indicate your annual cost and detail the services completed. |  |
| Please indicate your total annual audit expense, if applicable, and whether or not this expense includes the completion of your annual IRS Form 990. |  |
| Do you have a formal accounting or finance policies and procedures manual or other similar guiding documents? | *Please include as an attachment if applicable.* |
| How are changes to your accounting policies and procedures initiated, approved and adopted? |  |

|  |  |
| --- | --- |
| **FINANCIAL STATISTICS** | |
| **GENERAL REQUESTS** | |
| *Please attach your current chart of accounts, including all dimensions that are currently in use.* | |
| *Please attach your most recent audit report and associated financial statements.* | |
| *Please attach your most recently completed internal financial statements in the format they are generally presented.* | |
| *Please attach the most recent IRS Form 990.* | |
| **REVENUE** | |
| Average total annual revenue |  |
| List types of revenue (grant, donations, contracts, shop sales, etc.) |  |
| If any single type of revenue reflects more than 50% of your total annual revenue, please note that source. |  |
| **GRANTS – COMPLETE ONLY IF YOU RECEIVE GRANTS** | |
| Please indicate the number of grants you typically manage annually. |  |
| **FINANCIAL STATISTICS *(continued)*** | |
| Please indicate any grants that are subject to program audits or similar official review by a government entity or source of funding. |  |
| Do any of your grants require that invoices or reports be submitted prior to issuance? If so, please indicate the grant and frequency of invoicing. |  |
| Who is responsible for following up on unpaid grant invoices/reports? |  |
| Do you subcontract any grant activity? If so, how many active subcontracts do you typically maintain each year? |  |
| **CONTRIBUTIONS/DONATIONS – COMPLETE ONLY IF YOU RECEIVE CONTRIBUTIONS/DONATIONS** | |
| Do you maintain a donor database? If so, please identify the software used and the approximate number of active donors at this time. |  |
| If a donor database is used, please describe what data is maintained in that system, and if financial data is maintained, please indicate whether or not the detail is currently reconciled to your accounting software. |  |
| Do you accept and monitor pledges for gifts? |  |
| If you accept pledges, are they in writing? |  |
| **CONTRACTS/FEE-FOR-SERVICE – COMPLETE IF YOU RECEIVE REVENUE IN EXCHANGE FOR SERVICES (excluding grants and goods or other storefront sales)** | |
| Please describe the services for which you are paid. |  |
| Do you sign contracts to document the amount and time frame applicable to these agreements? |  |
| Do you issue invoices for services provided? If so, please indicate the type and frequency of invoicing. |  |
| Who is responsible for following up on unpaid service invoices? |  |
| **SHOP SALES/SALE OF GOODS – COMPLETE IF YOU MAINTAIN ANY TYPE OF STOREFRONT OR RECEIVE REVENUE IN EXCHANGE FOR TANGIBLE GOODS** | |
| Please describe in general the goods for which you are paid. |  |
| At how many locations do you sell goods? |  |
| If you process these sales through a point-of-sale system, please identify that software/online service. |  |
| Please list the types of payment you accept. |  |
| How frequently do you complete a physical inventory count? |  |
| **FINANCIAL STATISTICS *(continued)*** | |
| Who is responsible for setting your prices? |  |
| Who is responsible for training staff on sales transactions? |  |
| Please indicate whether the individuals recording sales are employees, volunteers or both. |  |
| Are any of your sales currently considered to be taxable? If so, how frequently do you complete the sales/use tax form? |  |
| **ACCOUNTS PAYABLE** | |
| Approximately how many active vendors do you have? |  |
| Do you currently use a purchase order system? | *Please include a process description as an attachment if applicable.* |
| If purchase orders are not applicable, how do you determine whether a bill should be paid? |  |
| Who is responsible for coding bills for your accounting system? |  |
| On average, how many payments do you process each month? |  |
| On average, how many payments are drawn automatically from your bank account each month? |  |
| Do you reconcile vendor statements? If so, how frequently? |  |
| Do you collect a Form W-9 from each vendor paid on an as-needed basis or not at all? |  |
| How many IRS Form 1099s did you issue for each of the past two calendar years? |  |
| Do you have a formal cost allocation plan? |  |
| Do you allocate any bills at the time of payment to multiple programs/departments or funding sources? If so, how is that allocation determined? |  |
| **CREDIT CARD ACCOUNTS** | |
| How many credit cards are in use by your organization? |  |
| **FINANCIAL STATISTICS *(continued)*** | |
| Describe in general how/for what business credit cards are used. |  |
| On average, how many total credit card transactions clear each month? |  |
| **BANKING AND INVESTMENT** | |
| How many banking and investment accounts do you maintain? Please subtotal by type (checking, money market, etc). |  |
| Do you maintain online access to all your banking and investment accounts? |  |
| Do you receive deposits automatically in your bank or investment accounts? If so, please describe the nature of these transactions and how you are currently recording them in your accounting software. |  |
| How frequently do you make manual bank deposits? |  |
| **FIXED ASSETS** | |
| Do you own or lease your business location(s)? |  |
| What other types of fixed assets, if any, do you carry a balance for on your financial statements? |  |
| How frequently do you record depreciation, and how do you determine that amount? |  |
| What software system or service, if any, do you use to track fixed assets? |  |
| **PAYROLL** | |
| What is your payroll cycle (monthly, biweekly, semimonthly, etc.)? |  |
| How many salaried employees do you have? |  |
| How many consistent hourly employees do you have? |  |
| On average, how many temporary/transient hourly employees do you pay each year? |  |
| **FINANCIAL STATISTICS *(continued)*** | |
| Are any of your employees leased or shared with another organization? |  |
| How many IRS Form W-2s did you distribute for each of the last two calendar years? |  |
| How many IRS Form 1095-Cs did you distribute for the last calendar year? |  |
| What software system or service do you use to process payroll? |  |
| Do you have a formal employee handbook or similar guidance regarding employee pay and benefits? | *Please include as an attachment if applicable.* |
| Do you manage benefits within the payroll software/system, or do you maintain a separate software/system for that information? If separate, please identify the software/system used. |  |
| How do your employees report the time they work? |  |
| On average, what is your total payroll expense each pay period? |  |
| How do you record payroll expense and liabilities in your accounting system? |  |
| How frequently do you complete that process? |  |
| **FINANCIAL STATEMENTS** | |
| Do you have a checklist of steps taken to prepare your financial statements? | *Please include as an attachment if applicable.* |
| How frequently do you prepare financial statements? |  |
| How many accrual transactions do you record, on average, in each financial statement cycle? |  |
| Do you regularly prepare financial reports in addition to the traditional statements (statement of financial position or balance sheet, statement of activities or income statement, and statement of cash flows)? If yes, please describe these reports in general. |  |
| Is your statement of activities (or income statement) presented as comparative with a budget? If so, is the budget presented by month or annually only? |  |