ATTACHMENT C COST PROPOSAL

RFP14-12 Professional Auditing Services for the Audit of OSC's System of Internal Controls

Staff accountant S S S S Total Staff Hours Total Not to Exceed Dollar Cos S Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Fitle/Position of Authorized Representative of the Firm Signature	Proposer: Toski & Co., CPAs, P.	.C.	***************************************	
Total Cost Partner Manager / Supervisor Senior accountant Staff accountant Staf	Mandatory Deliverables). All titles and	nplete Mandatory Del d hours must agree w	iverables as stated in ith titles and hours su	n Section 4.0 (Scope of Work and ubmitted in the Technical Proposal
Manager / Supervisor Senior accountant Staff a		Hourly Rate	Total Hours	Total Cost
Senior accountant Staff accou	Partner			\$
Staff accountant \$ \$ \$ \$ \$ \$ Total Staff Hours Total Not to Exceed Dollar Cos **Provided to the Firm **Provided Total Staff Hours **Provided Total Not to Exceed Dollar Cos **Provided Total Staff Hours **Provided Total Not to Exceed Dollar Cos **Provided Total Staff Hours **Provided Total Not to Exceed Dollar Cos **Provided Total Not to Exceed Dollar Cos **Provided Total Staff Hours **Provided Total Not to Exceed Dollar Cos **Provided Tota	Manager / Supervisor			\$
\$ \$ \$ \$ Total Staff Hours Total Not to Exceed Dollar Cos **Some of Authorized Representative of the Firm **Managing Director** **Total Staff Hours Total Not to Exceed Dollar Cos **Some of Authorized Representative of the Firm **Total Staff Hours Total Not to Exceed Dollar Cos **Some of Authorized Representative of the Firm **Signature** **Signature** **Signature** **Signature** **Total Staff Hours Total Not to Exceed Dollar Cos **Some of Authorized Representative of the Firm **Signature** **Signat	Senior accountant			\$
Total Staff Hours Total Not to Exceed Dollar Cos S Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Fitle/Position of Authorized Representative of the Firm	Staff accountant			\$
\$ Total Staff Hours Total Not to Exceed Dollar Cos TOTALS: Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Title/Position of Authorized Representative of the Firm				\$
Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Not to Exceed Dollar Cos Soundary Staff Hours Total Staff Hours Total Not to Exceed Dollar Cos Analysis Staff Hours Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Staff Hours Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Staff Hours Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Staff Hours Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours Total Staff Hours Total Staff Hours Total Not to Exceed Dollar Cos Total Staff Hours				\$
Total Staff Hours Total Not to Exceed Dollar Cos TOTALS: Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Title/Position of Authorized Representative of the Firm				\$
Total Staff Hours Total Not to Exceed Dollar Cos TOTALS: Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Title/Position of Authorized Representative of the Firm Signature				\$
Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Fitle/Position of Authorized Representative of the Firm				\$
Douglas E. Zimmerman, CPA Name of Authorized Representative of the Firm Managing Director Title/Position of Authorized Representative of the Firm Signature			Total Staff Hours	Total Not to Exceed Dollar Cost
Managing Director Fitle/Position of Authorized Representative of the Firm Signature	TOTALS:			\$
Managing Director Title/Position of Authorized Representative of the Firm Signature				
Fitle/Position of Authorized Representative of the Firm Signature	Name of Authorized Representative of	f the Firm		
Signature				
	Title/Position of Authorized Represent	lative of the Firm		
October 8, 2014	Signature			
Date	October 8, 2014			