#### LACERA REQUEST FOR PROPOSALS AUDITING AND CONSULTING SERVICES AUDIT POOL ISSUED: FEBRUARY 2025

# EXHIBIT A

## INTENT TO RESPOND AND MINIMUM QUALIFICATIONS CERTIFICATION

Intent to Respond

If you choose to respond to this RFP, please submit this form to Leisha Collins via email no later than 5:00 p.m. PDT, March 10, 2025. Failure to submit your Intent to Respond may disqualify your firm from submitting a proposal.

LACERA's responses to written requests for clarification or additional information will be provided to all firms that have submitted an Intent to Respond.

То:	Leisha Collins	From:
Co.:	LACERA – Internal Audit	Title:
		Co.:
Phone:	323-925-4138	Phone:
Email:	lcollins@lacera.com	Email:
Re:	Intent to Respond	Date:

Our firm intends to submit a response for LACERA's RFP for the Auditing and Consulting Services Audit Pool.

Please forward inquiries to the following contact:

Name:	
Title:	
Company:	
Mailing Address:	
Telephone:	
Facsimile:	
Email Address:	

#### LACERA REQUEST FOR PROPOSALS AUDITING AND CONSULTING SERVICES AUDIT POOL ISSUED: FEBRUARY 2025

# MINIMUM QUALIFICATIONS CERTIFICATION

All Firms are required to sign and return this attachment, along with written evidence of how you meet each qualification. The undersigned hereby certifies that the Firm submitting this response fulfills the minimum qualifications outlined below, as well as the requirements contained in the RFP.

### Minimum Qualifications include:

Auditor Minimum Qualifications*	Yes	No
The proposing firm must have been a professional firm that provides audit, advisory and/or consulting services for the past five (5) years		
The proposing firm must have performed audit, advisory and consulting services in the RFP's specialty areas for the past five (5) years		
Key Personnel (Director, Manager/Supervisor) with planning and on-site supervisory responsibilities must have at least five (5) years of experience in the specialty areas set forth in this RFP.		

\* LACERA reserves the right to grant exceptions to the minimum qualifications with appropriate explanation and in our sole discretion.

# The undersigned hereby certifies that he/she is an individual authorized to bind the Firm contractually, and said signature authorizes verification of this information.

Authorized Signature

Date

Name and Title (please print)

Name of Firm