# Form 1

**General information about the audit firm**

|  |  |  |
| --- | --- | --- |
| 1. | Official name of the audit firm |  |
| 2. | Legal address |  |
| 3. | Location address |  |
| 4. | Contact person on this proposal |  |
| 5. | Contact phone |  |
| 6. | Fax #  |  |

# Form 2

**Proposed fee for the engagements**

|  |  |  |
| --- | --- | --- |
| **Engagement** | **Services** | **Fee (including VAT), EUR** |
| Report 1 | Audit of **ONLY** Grant Program Financial Statements of the Global Fund supported program prepared by the Eurasian Coalition on Male Health for the year ended December 31, 2017. |  |
| Report 2 | Audit of **ONLY** Statutory Financial Statements prepared by the Eurasian Coalition on Male Health for the year ended December 31, 2017. |  |
| Report 1 + Report 2 | Audit of **BOTH** Grant Program Financial Statements of the Global Fund supported program **and** Statutory Financial Statements prepared by the Eurasian Coalition on Male Health for the year ended December 31, 2017. |  |

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