

## **Request for Applications (RFA) 20200103 FAC**

### **Forensic Audit Consultant**

The Mississippi Department of Human Services (MDHS) is seeking a contractor for the agency to serve as the liaison between MDHS and the firm hired to perform a forensic audit of MDHS. The term of the contract shall be about nine (9) months (September 28, 2020 – June 30, 2021) with no renewal options. The rate of pay shall be \$150 an hour (not including travel) not to exceed 450 hours during the period of performance. No fringe will be paid by MDHS. The contract worker will report directly to the MDHS Executive Director and frequency of weekly meetings with the Executive Director and/or the Audit Committee and forensic audit firm is expected to average one to two days per week during the term of the contract.

### **Scope of Services**

- Monitor forensic audit and provide weekly written reports to MDHS Executive Director and MDHS Audit Committee on progress of forensic audit;
- Work with and advise MDHS Executive Director on information related to the forensic audit process and subsequent findings and/or issues;
- Provide forensic audit expertise and direction in response to potential audit findings;
- Participate in meetings with the forensic audit firm and/or the MS Office of the State Auditor;
- Handle requests from the forensic audit firm by coordinating with appropriate MDHS personnel;
- Serve as the primary point of contact for MDHS with the forensic audit firm;
- Provide forensic investigative assistance to MDHS in identifying policies and procedures to correct significant deficiencies; and
- Perform other duties and responsibilities which require the expertise of the Contractor as agreed upon by Contractor and MDHS.

### **Minimum Qualifications**

- A bachelor's degree issued by an accredited college or university and ten (10) years' experience in supervising or directing internal audit and program integrity activities within a State or federal agency or ten (10) years of experience investigating fraud, waste and abuse in federal programs.
- Minimum of five years' high-level experience as it relates to forensic audits and forensic investigations, preferably with governmental agencies (Federal or State), including experience with a State or Federal Office of Inspector General or serving as an Inspector General or Chief Compliance Officer with a State or Federal governmental agency.
- \*Successful applicant must comply with *Miss. Code Ann., Title 25, Chapter 4, Article 3, Conflict of Interest; Improper Use of Office.*

**Preferred Qualifications/Experience (the following are desired and may be given additional consideration but not are required)**

- Experience with the requirements of Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards (2 C.F.R. § 200).
- Experience with large scale governmental fraud, waste and abuse investigations relating to improper spending of federal funds;
- Experience investigating fraud, waste and abuse in relation to TANF or other federal grant or procurement programs; and,
- Experience in directing and/or coordinating with forensic audit firms conducting investigations into potential misspending by governmental entities or agencies, including work directly with the U.S. Department of Health and Human Services, Office of Audit Services.

**Other**

MDHS will provide space, as needed, at its central office at 200 South Lamar Street, Jackson, MS 39201. The contractor will be expected to spend part of the time at the MDHS central office. While the contractor is not required to spend any specific amount of time in this State-provided space, because of the need to both observe aspects of MDHS and the forensic audit, as well as to work with MDHS staff and possibly other MDHS personnel, it is expected that working from State-provided space will enhance the contractor's ability to successfully perform contract requirements.

**Application Information**

MDHS will accept applications until 5:00 p.m., September 17, 2020, for the purpose of hiring a contract worker. Applications can be found online with this request. Applications can be submitted to MDHS via electronic mail to [ProcurementServices@mdhs.ms.gov](mailto:ProcurementServices@mdhs.ms.gov) or by hand delivery to 200 South Lamar Street, Jackson, MS 39201. For more information please contact Bryan C. Wardlaw by email at [ProcurementServices@mdhs.ms.gov](mailto:ProcurementServices@mdhs.ms.gov) or phone 601-359-4500.

# STATE OF MISSISSIPPI APPLICATION



**Return Completed Application to:**  
**Mississippi State Personnel Board**  
 210 East Capitol Street, Suite 800  
 Jackson, MS 39201  
 www.mspb.ms.gov

**For Staff/Official Use Only**

Received: \_\_\_\_\_

**Important! Please Read Before you begin the application process:**

**Applicants must complete and attach the "Supplemental Questions" page when applicable.** This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

**-TYPE OR PRINT IN BLACK INK-**

### JOB INFORMATION

POSITION #:	POSITION TITLE:
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### PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

### EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Specialist's Degree	

### HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES  NO   
 IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7  8  9  10  11  12

### COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

**CERTIFICATES & LICENSES**

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

**WORK HISTORY**

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

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ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

### AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES  NO
2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- \_\_\_\_\_
- (AGENCY NAME) (CURRENT JOB TITLE)
3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES  NO
4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- \_\_\_\_\_
- (AGENCY NAME) (PREVIOUS JOB TITLE) (DATE OF RIF)
5. ARE YOU A VETERAN OF THE ARMED FORCES?  YES  NO  
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED?  YES  NO
7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?  
 YES  NO

**TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)**

- |   |  |  |
|---|--|--|
| <p>8. INDICATE YOUR RACE</p> <p><input type="checkbox"/> AMERICAN INDIAN</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> Other</p> | <p>9. INDICATE YOUR GENDER</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> | <p>10. AGE GROUP:</p> <p><input type="checkbox"/> UNDER 18</p> <p><input type="checkbox"/> 18-25</p> <p><input type="checkbox"/> 26-39</p> <p><input type="checkbox"/> 40-54</p> <p><input type="checkbox"/> 55-69</p> <p><input type="checkbox"/> 70+</p> |
|---|--|--|

### ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

### APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

