

FUNDING REQUEST FORM
(New Requests, Existing Contracts & Solicitations)

PROJECT/CONTRACT TITLE & NUMBER:

DATE:

Internal Audit Services

08/28/25

PROJECT MANAGERS, CONTRACT MANAGERS, CONSULTANT:

Project Manager: Paula Rodriguez	PHONE: 305-722-8678	EMAIL: prodriguez@coralgables.com
Contract Manager:	PHONE:	EMAIL:
Consultant:	PHONE:	EMAIL:

PROJECT/ CONTRACT DESCRIPTION:

Solicitation for Risk Assessment, Internal Audit Plan, and Internal Auditing Services.

ADVISORY BOARD/COMMITTEE RECOMMENDATION(S): (If Applicable)

Date	Board/Committee	Comments

ENGINEERING ESTIMATE (If Applicable):

CONTRACT FINANCIAL INFORMATION:

Amount	Account No.	Project String	Source of Funds
150,000	001-1050-513-3200		General Fund - Internal Audit
Annually			Annual Amount Up to Budget Amount Each Year
Total:		Management & Budget Director: Paula Rodriguez <small>Digitally signed by Paula Rodriguez Date: 2025.08.28 10:30:42 -04'00'</small>	

FISCAL IMPACT STATEMENT (REQUIRED for Commission Items):

GRANT FUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No	SOURCE:	AGREEMENT NO.
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SUBMITTED AND APPROVED BY:

Submitted By: Anamy Garcia <small>Digitally signed by Anamy Garcia Date: 2025.08.05 16:48:30 -04'00'</small>	Department Director: Paula Rodriguez <small>Digitally signed by Paula Rodriguez Date: 2025.08.28 10:15:05 -04'00'</small>	Date Received By Procurement:
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ATTACHMENT(S) (if applicable to request):

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| 1. Project Checklist | 4. Construction Plans (If Applicable) |
| 2. Special Conditions (If Applicable) | 5. Scope of Services/Scope of Work |
| 3. Desired Timeline | 6. Technical Specification (If Applicable) |