## <u>INSTRUCTIONS: Expression of Interest to Service on Nassau County Independent Advisory Audit</u> Committee (IAAC)

PLEASE SUBMIT THE BELOW FORM ALONG WITH OUR COVER LETTER AND RESUME BY EMAIL TO: <a href="https://www.gov">NCComptroller@nassaucountyny.gov</a>

Please be informed that, you should not apply for appointment to the IAAC if you are unable in any manner to act independently or if you have any present, past, or anticipated future dealing with the County which would affect your ability to act independently.

Please also be informed that, if you are selected for appointment to the IAAC, you will need to complete a Background Information Questionnaire, which will require disclosure of any conflicts of interest.

If you are appointed to the IAAC, you will be required, at a minimum, but not limited to:

- ▶ Be available to meet regularly (at least quarterly);
- ▶ Review written communications between the County and its independent auditors;
- ▶ Provide input into and monitoring of an external audit plan; and
- ▶ Remove yourself from the Committee if any potential conflicts of interest arise.

NAME	
ADDRESS (if business address, name of business	)
CONTRACT INFO: Cell/Office/Home Phone	
PLEASE ALSO ATTACH A RESU	ME AND COVER LETTER
► Please describe your experience as in your compound believe qualifies you for appointment to the Co	• •
► Please describe your experience or expertise in a (include any degrees, certification or licenses).	accounting, financial reporting and/or financ
► Please describe your experience with or any train financial reporting.	ning you have received in governmental