

9118 GRIFFIN ROAD - SUITE D
COOPER CITY, FLORIDA 33314
PHONE 954.689.4977
FAX 954.689.4995

May 26, 2021

Jacqueline Chin-Kidd
Chair
City of Margate Employees Benefit Trust Fund
5790 Margate Boulevard
Margate, FL 33063

Dear Ms. Chin-Kidd:

This letter will confirm our understanding of the terms and objectives of my accounting and bookkeeping services engagement and the nature and limitations of the professional services I will provide.

I will provide the following services to the Plan for the year ended May 31, 2021:

1. On an annual basis I will record all Plan transactions into QuickBooks and reconcile bank and investment accounts to monthly statements. The Fund is responsible for providing me with all the data needed to record the Plan transactions for the plan year. I will not verify the information given to me; however, I may ask for additional clarification of some information.
2. Under your direction I will provide to the Plan's auditors a complete back up of the QuickBooks data for the plan year ended May 31, 2021 and provide any other assistance they may require from me related to the plan's annual audit.

The services as described above are not designed and cannot be relied upon to disclose defalcations or other similar irregularities should any exist, although their discovery may result from my engagement. However, I will promptly inform you of any matters that appear to be unusual or abnormal.

My fees for this engagement will be based on a number of factors including but not limited to, the time spent as well as the complexity of the services I will perform. My annual fee for this engagement will not exceed \$3,300. I will invoice you on an annual basis. My invoices are due and payable upon presentation. If payment is not received within thirty (30) days from the date of receipt of my invoice and no other acceptable payment arrangements are made with me, then no additional professional services will be provided until full payment is received or other acceptable payment arrangements are made.

This agreement shall be governed, and its terms construed in accordance with the laws of the State of Florida applicable to contracts to be performed in the State. You agree, that

MICHAEL P. MANGAN, C.P.A., P.A.

9118 GRIFFIN ROAD - SUITE D
COOPER CITY, FLORIDA 33314
PHONE 954.689.4977
FAX 954.689.4995

should my fees be collected by legal process or through demand of an attorney, client shall pay all costs of

the same and a reasonable attorney's fee, whether suit be brought or not. Either party may terminate this agreement by providing thirty (30) days written notice to the other party. This agreement supersedes all proposals, oral or written, and all other communications between the parties relating to the engagement subject matter.

I appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of the engagement. If you have any questions, please let me know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to me.

Very truly yours,

Michael P. Mangan, CPA

APPROVED:

CITY OF MARGATE EMPLOYEE BENEFIT TRUST

By: _____

Title: _____

Date: _____