****

RESPONSE to REQUEST for PROPOSALS

Payroll Services

For the period of October 1, 2020– September 30, 2021

Issued by the

Macomb/St. Clair Workforce Development Board, Inc.

**Application to provide Payroll Services**

Applications must be submitted no later than **2:00PM EST, July 16, 2020**. The email sent date/time stamp will be recorded as the receipt of the application and will indicate if a proposal was submitted on time

 **IDENTIFICATION**

|  |  |
| --- | --- |
| Name of Organization |  |
| Street Address |  |
| City, State, Zip |  |
| Director/Title |  |
| Phone, Email |  |
| Contact Representative (if different) |  |
| Phone, Email |  |

1. **STANDARD AGREEMENT**

\*Proposers should submit a copy of their standard agreement as part of the application.

1. **NEW HIRE/EMPLOYMENT PAPERWORK**

\*Proposers should submit a copy of all New Hire paperwork that is required to register for payroll services.

1. **NEW HIRE DOCUMENTS**

\*Proposers should provide a list of all documents that will be required to register for payroll services.

\*Proposers should address their ability to provide payroll services if all documents have not been received but are forthcoming (i.e. – what documents constitute the minimal threshold to a participant receiving a paycheck).

1. **MEDICAL PROCEDURES**

\*Proposers should provide a copy of injury report form(s).

\*Proposers should outline the step-by-step process for accessing medical attention for injuries sustained at a work experience.

\*Proposers should provide a list (including name and address) of their local medical providers in Macomb and St. Clair counties.

\*Proposers should address their process/procedures for handling all medical bills.

1. **PAYROLL SERVICES**

Proposers should provide response, in the Table below, of their ability to provide the following payroll services. A response for each item in the Table must be indicated for the application to be considered complete.

**TABLE: PAYROLL SERVICES**

|  |  |  |
| --- | --- | --- |
| **SERVICES REQUESTED:**(check one response for each) | **YES** | **NO** |
|  |  |
| Up to 200 bi-weekly checks  |  |  |
| Provide live checks |  |  |
| Provide direct deposit |  |  |
| Provide pay cards |  |  |
| Mass mail live checks  |  |  |
| Hand-pull select checks |  |  |
| Online access to payroll services |  |  |
| Customization of access to online payroll services |  |  |
| Special run payrolls available as needed |  |  |
| Accommodation of multiple departments/funding sources |  |  |
| Payroll deposit accepted in check form |  |  |
| Online W-2s |  |  |
| Courier services |  |  |

1. **SUMMARY OF FEES**

**FEE: WORKERS’ COMPENSATION**

* Quote: Paid Work Experience Participants – various classifications
	+ Provide a sample of workers’ comp rates based on previous placements: stock clerk, cashier, counter attendant, food prep, dishwasher, groundskeeper, activity assistant, childcare assistant, library technician, office clerk and pre-apprenticeships.
* Quote: Approximately six full-time M/SCWDB administrative staff
	+ Employed during the entire length of the contract period

**FEE: FUTA**

* Quote: Paid Work Experience Participants
* Quote: M/SCWDB Administrative staff

**FEE: SUTA**

* Quote: Approximately six full-time M/SCWDB administrative staff
	+ Employed during the entire length of the contract period

**ADDITIONAL FEES**

* Proposer should quote any additional fees incurred during the life of the contract listing each as a unique line item
	+ EX: Per process fee; document services, record-keeping fee, mailing fee, annual fee, courier services, etc.

**TABLE: SUMMARY OF FEES**

|  |  |
| --- | --- |
| **SERVICE:** | **FEE INCURRED:** |
|  |  |
| Cost per check |  |
| Workers’ Compensation – Summer Work Experience |  |
| Workers’ Compensation – Year-Round Paid Work Experience |  |
| FUTA – Paid Work Experience Participants |  |
| FUTA – M/SCWDB Administrative Staff |  |
| SUTA- M/SCWDB Administrative Staff |  |
| Process Fee |  |
| Document Services |  |
| Record Keeping Fee |  |
| Mailing fee |  |
| Annual Fee |  |
| Courier Services |  |
| Other Fee – list each additional fee separately |  |

**IX. PROPOSER’S SIGNATURE SHEET**

Please complete this form and return as part of the Response to the Request for Proposal

Proposing under the name of: Click or tap here to enter text.

Federal Employer Identification Number: Click or tap here to enter text.

Which is (check one of the following):

[ ]  Assumed Name (Register No Click or tap here to enter text.) [ ]  Private/ for profit

[ ]  Public / Nonprofit [ ]  Partnership

[ ]  Corporation, incorporated under the laws of the State of Click or tap here to enter text.

List all officers and stockholders:

Click or tap here to enter text.

Is any owner, partner, stockholder or employee of the company or institution completing this Request for Proposal associated with or have family members serving on the Macomb/St. Clair Workforce Development Board, Inc., or an administrative employee of the Macomb/St. Clair Workforce Development Board, Inc.?

[ ]  Yes [ ]  No

If yes, name of company member: Click or tap here to enter text.

I certify that this proposal is a firm offer to begin on October 1, 2020 through September 30, 2021, and that complete and accurate records justifying all expenditures, leaving a clear audit trail to point of origin will be maintained, subject to periodic audit by the Macomb/St. Clair workforce Development Board, Inc., and/or the State of Michigan. I further certify that I have read and understand the specifications preceding this application.

**NOTE**: This document must be signed by the individual who has signatory authority for the organization under whose sponsorship this proposal has been submitted.

AUTHORIZED SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED OR TYPED: Click or tap here to enter text.

TITLE: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

DATE: Click or tap here to enter text. TELEPHONE: Click or tap here to enter text.

If another individual is authorized to sign contracts as a result of this proposal, indicate:

NAME OF AUTHORIZED INDIVIDUAL (Type): Click or tap here to enter text.

SIGNATURE OF AUTHORIZED INDIVIDUAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When payment on such contract is to be directed to the same company at an address different from above, fill in that address:

Click or tap here to enter text.