**RFP 21-052**

**WORK EXPERIENCE PROGRAM PAYROLLING SERVICES**

**TEMPORARY STAFFING**

**FEE PROPOSAL FORM**

**RESPONDENTS ARE REQUIRED TO USE THIS FORM WHEN REPLYING TO THIS SOLICITATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **COST FOR SERVICES (NON-HIGH RISK): Provide costs/percentage of mark-up by type of work** | | |
|  |  | **FEE** | **MARK-UP** |
| **a)** | **Youth Administrative** |  | **%** |
| **b)** | **Youth General Laborer** |  | **%** |
| **c)** | **Youth General Labor** |  | **%** |
| **d)** | **Youth Maintenance** |  | **%** |
| **e)** | **Youth Technical/Professional** |  | **%** |
| **f)** | **Youth Retail** |  | **%** |
| **g)** | **Adult Administrative** |  | **%** |
| **h)** | **Adult General Laborer** |  | **%** |
| **i)** | **Adult Light Industrial** |  | **%** |
| **j)** | **Adult Technical/Professional** |  | **%** |
| **2.** | **COST FOR SERVICES (HIGH RISK)** | | |
| **a)** | **Youth Lifeguard** |  | **%** |
| **b)** | **Youth General Laborer** |  | **%** |
| **c)** | **Youth Welding** |  | **%** |
| **d)** | **Youth Fire Mitigation** |  | **%** |
| **e)** | **Youth Heavy Industrial** |  | **%** |
| **f)** | **Adult General Laborer** |  | **%** |
| **g)** | **Adult Welding** |  | **%** |
| **h)** | **Adult Fire Mitigation** |  | **%** |
| **i)** | **Adult Heavy Industrial** |  | **%** |
| **j)** | **Medical Assistance** |  | **%** |
| **3.** | **ADDITIONAL COMMENTS/PRICING: PLEASE ATTACH ADDITIONAL SHEET(S)** | | |
| **4.** | **Will your firm accept payment by credit card (VISA)? Yes\_\_\_\_ No\_\_\_\_. If YES, is there a charge?**  **(Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

Payments: Payment of undisputed invoices at the prices stipulated within the contract is due and payable Net Thirty (30) Days from receipt of a complete and accurate invoice for services accepted by PPWFC.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SUBMITTED BY: | | |  | | | | | DATE: |  | |
|  |  | | (COMPANY NAME) | | | | |  | | |
| FEDERAL ID# / SS#: | | | | |  | | | | | |
| ADDRESS: | |  | | | | | | PHONE: | |  |
| CITY STATE ZIP: | | | |  | | | | | | |
| AUTHORIZED SIGNATURE: | | | | | | |  | | | |
|  | | | | | | | | | | |
| PRINTED AUTHORIZED SIGNATURE: | | | | | |  | | | | |