**NOVAworks Workforce Board**

**WORK EXPERIENCE PAYROLL SERVICES RFP**

Proposal Summary Form

**Proposing Entity Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Name: |  |  |  |  |
| Fiscal Agent, if applicable: |  |  |  |  |
| Address: |  |  |  |  |
|  |  |  |  |  |
| Contact Person: |  |  |  |  |
| Telephone: |  |  | Fax: |  |
| Email: |  |  |  |  |

**Cost Per Person** State your cost per person to provide Payroll Services as described in this RFP as a percentage of the hourly wage for a participant participating in a work experience:

**Certification:**

The applicant hereby proposes to provide and deliver services as stated in this proposal.

The applicant certifies that the signatory below is a duly authorized representative of the applicant organization and is fully authorized to submit and sign proposals; that the cost data contained herein are accurate, complete and current; and that the applicant organization is fully capable of fulfilling its obligation under this proposal as stated herein.

Name and Title of Authorized Representative (typed)

Signature of Authorized Representative Date