

Request for Proposal: Payroll Services

For the period of October 1, 2024- June 30, 2026

Issued by the Macomb/St Clair Workforce Development Board, Inc.

21885 Dunham Road, Ste.11 Clinton Twp., MI 48036 (586) 469-5220 Fax (586) 469-7488 100 McMorran, 6th Floor Port Huron, MI 48060 (810) 966-3300 Fax (810) 966-3337 43630 Hayes, Suite 100 Clinton Twp., MI 48038 (586) 263-1501 Fax (586) 286-9517 15950 Twelve Mile Road Roseville, MI 48066 (586) 447-9200 Fax (586) 447-9238



A. Overview

The Macomb/St. Clair Workforce Development Board, Inc (M/SCWDB), administering the Michigan Works! system in Macomb and St. Clair counties supported with federal and state funding provided through the State of Michigan Department of Labor and Economic Opportunity, is issuing an invitation to providers to coordinate and deliver payroll services for young adults engaged in work-readiness training.

All bidders must be legally eligible to conduct business in the State of Michigan.

Paid Work Experience- Approximately 200 unique participants in a paid work experience program throughout the contract term. This will be approximately 10-15 per pay period (bi-weekly).

A paid work experience is designed to provide young adults (ages 14-24) with an introduction to the world of work. Employers are carefully selected to provide jobshadowing and hands-on occupational skills training in a safe, closely supervised environment. Paid work experience placements are designed for a maximum of four hundred eighty hours per participant and may be for either part-time or full-time hours during their placement. Start dates for participants will vary. Work-training placements differ, but typically include stock clerk, cashier, counter attendant, food prep, dishwasher, groundskeeper, activity assistant, childcare assistant, library technician, office clerk and pre-apprenticeships.

Additionally, payroll services are required during the full contract period for approximately six full-time administrative staff of the M/SCWDB.

Primary Services

- Streamlined application process
 - Minimal "new hire" paperwork required to register for payroll services
 - o Minimal documents required to register for payroll services
 - Provider tracks all requisite documents and paperwork for payroll services
 - Provider communicates to M/SCWDB designated staff any documents/paperwork lacking that are needed to register participants for payroll services
 - Provider processes paychecks for participants so long as I-9 or work authorization is established
- Bi-weekly payroll services provided
 - o October 2024 June 2026
 - Please note first bi-weekly payroll processing date is 10/4/24
 - o Ability to provide paper checks as well as direct deposit

Administrative Office

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- o Mail paper checks (postage fee incurred and paid for by M/SCWDB)
- Hand-pull select payroll checks

Workers' Compensation/liability insurance

- o Provider offers a competitive workers' compensation rate
 - The employer and Standard Occupational Classification (SOC) will be identified so that a workers' compensation rate can be assigned to the participant
- Provider has well-established, uncomplicated procedures to access local medical care for participants injured during a work experience
- o Provider utilizes simple, easy-to-follow procedures for reporting injuries
- Provider manages all medical billing directly with medical care provider/facility

• Online access to payroll system

 Customizable access for M/SCWDB staff to enter/manipulate data in payroll system (i.e. hours worked) including reports on bi-weekly payroll

Provision of FUTA

- Participants receiving on average 4-6 checks
- Administrative staff receiving bi-weekly checks for the full contract period

Provision of SUTA

 Administrative staff receiving bi-weekly checks for the full contract period

Exemption from SUTA Unemployment claims*

o Federal and state funds are provided for eligible individuals to participate in work-training programs. The focus of these programs is based upon participant need to master work- readiness skills in a work-training environment. Jobs created for eligible **participants** • are a public service; they did not previously exist and do not displace regularly employed workers. The *Michigan Employment Security Act* excludes from receiving Unemployment benefits those that partake of work-relief or work-training programs. Therefore, claim for Unemployment benefits from eligible individuals who have participated in a work-training program is denied.

*The exemption applies to paid work experience participants only. It does not apply to administrative staff for whom SUTA and FUTA shall be withheld.

Secondary Services

Special payroll runs as necessary throughout the year

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- Ability to accommodate multiple funding sources/departments
- W-2 forms:
 - Available online for participants
 - Expeditious mailing of W-2 reprints and W-2 corrections

B. Period of Performance

Providers should be prepared to begin delivery of payroll services on October 1, 2024, and continue through June 30, 2026. The M/SCWDB may extend the contract for up to two, one-year time periods contingent upon the provider's performance that meets quality standards, and that a reasonable cost is negotiated.

C. Eligibility for Employment

The M/SCWDB will be solely responsible for determining which individuals are eligible to participate in a paid work experience.

D. Proposed Calendar

Release of Request for Proposal	Week of May 27, 2024	
Responses Due	Friday, June 28, 2024 5:00 PM EST	
Recommendation to M/SCWDB - Board of Directors	August 15, 2024	
Invitation to negotiate contract terms and price	August-September 2024	
Implementation	October 1, 2024	

E. Limitations

This request for response does not commit the M/SWDB to write a formal agreement or to pay any costs incurred by the proposer in the preparation of the response submission or related program design. The M/SCWDB reserves the right to accept or reject any or all proposals received as a result of this request, to negotiate with all qualified sources, or to cancel this request for submission in part or in its entirety if it is in the best interest of the M/SCWDB to do so.

The M/SCWDB reserves the right to cancel any approved contract due to funding changes with a 60-day notice.

F. Proposal Response

Please provide the following information in your response and limit to 5 pages.

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- I. Introduction of company/organization
- II. Experience with providing payroll services
- III. Description of customer service/support provided by your company/organization. Please include information on worker's compensation and liability insurance coverage
- IV. Cost (preferred in per check charge but flat fee acceptable)
 - a. Include Worker's Compensation and liability insurance charges. For uniformity, please provide costs for the following SOC codes which are common occupations for this program:
 - i. 35-2021 Food prep
 - ii. 43-9061 Office Clerks (Clerical)
 - iii. 41-2011 Cashier
 - iv. 39-9011 Childcare Workers/Childcare Assistant
 - v. 51-4041 Machinist/Machinist Apprentice
 - b. Postage fees
 - c. Additional charges, if applicable, for a "special" payroll run
- V. Signature Page (Appendix A)

G. Proposal Evaluation

Bidders will be graded on three factors as outlined below:

Previous experience (40 points)
Customer service/support (20 points)
Cost (40 points)

H. Grievance Policy

The M/SCWDB subscribes to the policy of equal opportunity, and as such, maintains a formal grievance procedure to handle complaints of participants and service deliverers. Adherence to same is acknowledged by acceptance of a contract from the M/SCWDB.

I. RFP Questions

Any questions regarding this Request for Proposals may be directed to Cris Robson, Youth Coordinator: <u>Cristine.Robson@msc-mw.org</u>

J. <u>Due Date</u>

Submit responses to the email indicated below no later than **5:00PM**, **Friday**, **June 28**, **2024**. Failure to submit your proposal response by the due date and time indicated will result in forfeiture of proposal.

Response should be emailed to Cris Robson at Cristine.robson@MSC-MW.org

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Appendix A

On behalf of <u>(Company Name)</u>, I have examined the RFP response and understand all of the conditions contained therein and do hereby affirm the acceptance of the requirements of the RFP. I further certify that the information supplied within our Proposal response to be true and complete in all aspects. I agree to the terms and conditions as listed within the RFQ and understand that these conditions will supersede any contracts conditions listed imposed by our Company. I further confirm that I am authorized to sign on behalf of (Company Name).

Company Name		
Authorized Signature	Printer Name	Title
Address		
City	State	Zip Code
Telephone	Email	
 Date		

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