**ATTACHMENT D-1 – FINANCIAL PROPOSAL FORM**

**CARLN/SERV/17-009-S**

**STATE OF MARYLAND**

**DEPARTMENT OF HUMAN RESOURCES**

**FINANCIAL PROPOSAL**

**MUST SUBMIT SEPARATELY FROM TECHNICAL PROPOSAL**

**(1) AGENCY: Department of Human Resources**

**(2) COMPONENT: Caroline County Department of Social Services**

**(3) ADDRESS: 207 S. Third Street, Denton MD 21629**

**(4) SERVICE OR ITEM REQUIRED: Foster Youth Employment Program**

**(5) RFGP RELEASE DATE: January 18, 2017**

**(6) VENDOR RESPONDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEDERAL TAX I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(7) PROPOSED PRICE**

**\***The salary rate shall include all payroll costs including FICA, UI, etc. **No price adjustments will be allowed during the contract period.**



**(8) MINORITY VENDOR: YES \_\_\_\_\_ NO \_\_\_\_\_**

**If yes, State MDOT Certification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(9) SMALL BUSINESS: YES \_\_\_\_\_ NO \_\_\_\_\_**

**If Yes, State SBR Certification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name and Title of Person Authorized to Bind Services and Prices)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature) (Date)**