FORM A – Quote Proposal

Request for Quote (RFQ #): 2023-02
Description: SCTPO Classification and Pay Plan Update

Company Name: _____ Date: _____

Company Address:_____

Contact Name: _____ E-mail: _____

Phone: _____ _____
Authorized Signature

Services to be rendered:	Lump Sum Proposed
Review and update current Classification and Pay Plan and Pay for Performance Evaluation System Conduct review of each position pay range Peer review survey Executive Director survey Position Descriptions	$_____ (total sum shall include all overhead)

Fees have been calculated by estimating a budget that includes all aspects of the engagement, including planning, quality control, coordination with SCTPO staff, etc. Administrative, direct and indirect expenses are all considered and included within the above fee.