

BUSINESS SUBMISSION FORM

INDEX NUMBER:

SECTION A: CONTRACT INFORMATION

CONTRACTOR OF RECORD:

ORDERING OFFICE:

CONTRACT TYPE: NEW CONTRACT RENEWAL

PROCUREMENT TYPE: PRODUCT SERVICE

TYPE OF PRODUCT OR SERVICE:

SERVICE SITE (IF APPLICABLE):

SITE STREET ADDRESS:

CITY: STATE: ZIP CODE:

SECTION B: PAYROLL INFORMATION

PERCENTAGE OF DIRECT LABOR BY PERSONS WITH WORK LIMITING DISABILITIES: %

WORK AVAILABLE TO PERSONS WITH WORK LIMITING DISABILITIES (IN FTEs): FTEs

DATE OF LAST PREVAILING WAGE SURVEY: / / PREVAILING WAGE RATE: \$

WORKERS ARE PAID: COMMENSURATE WAGE MINIMUM WAGE PREVAILING WAGE

PAYROLL TAX RATE: % FRINGE BENEFIT RATE: %