MassHousing

2025 Summer Youth Employment Proposal Check List Form

Organization Name:
Please check the box next to each item that is to be included in this package and submit in the order listed.
1. Proposal
2. Proposal Check List Form
3. Proposal Cover Page Form
4. Proposal Narrative
5. Budget Form (Proposed fees and hourly billing rate)
6. Certificate of Insurance
7. Most Recent Audited Financial Statement
8. W-9 Form

2025 Summer Youth Employment Proposal Cover Page Form

All submissions to the 2025 Summer Youth Employment RFP must certify below to the veracity of the materials contained in the applicant's proposal and complete the checklist in assembling a proposal package.

Organization name:			
Address:			
Telephone:	Fax:	Web address	s:
Contact person:		Title:	
Telephone:	Fax:	E-mail:	
Company EIN (W-9#)	Name:	:	
Does your organization have	a certification in any o	of the following diverse busin	ness categories?
Minority (MBE)-owned, Wo	omen (WBE)-owned,	Veteran (VBE)-owned, Les	sbian, Gay, Bi-
Sexual, or Transgender (LGB	T)-owned, or Disabili	ity (DBE)-owned. □yes □no	o
If yes, please designate	which certification	on(s):	Expiration:
Total Amount Requested:			
The undersigned certifies that the proposal package submitte by the organization submitting	ed herewith are true ar	-	•
Signed by:		Date:	
Print Name of Signatory:			
Title of Signatory			

2025 Summer Youth Employment

Proposal Budget Page Form

Number of Jobs	Rate	Hours/Week	Number of Weeks	Total
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
\$17/hour for employees under 18 years old and up to \$20/hour for employees 18-21 years old.			SUB-TOTAL	\$
			FICA & WORKERS COMP	\$
• FICA & WORKERS COMP: may request up to 15%			ADMINISTRATIVE SUPPORT	\$
ADMINISTRATIVE	E SUPPORT: may reque	TOTAL	\$	