ORDINANCE NO. 4-2024

AN ORDINANCE APPROVING THE ENTRY OF A CONTRACT BETWEEN THE CITY OF HECTOR AND GRANT PAYROLL, INC. FOR THE ENGAGEMENT OF PAYROLL SERVICES.

WHEREAS, the city council of the City of Hector, Arkansas has determined that the city is in need of payroll preparation services;

WHEREAS, the city council has determined that all personnel payroll will be in the form of electronic funds payment;

WHEREAS, the city is in compliance with Arkansas Code Annotated 14-59-105 which requires a city to establish an electronic funds payment system.

NOW THEREFORE BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF HECTOR, ARKANSAS.

SECTION 1: The City Council of the City of Hector, Arkansas does hereby enter into a services contract with Grant Payroll, Inc. Grant Payroll, Inc will perform for the City of Hector, Arkansas payroll preparation services on a bi-weekly basis, preparation and submission of payroll tax deposits, preparation of payroll tax reporting to government agencies as required, and preparation of year end W2's and W3's for submission to taxing authorities. A copy of this contract is hereto attached.

SECTION 2: EMERGENCY CLAUSE. It has been determined that an emergency exists due to the Requirements of Arkansas Code Annotated 14-59-105 and this ordinance will be in full force and effect upon passage.

ORDAINED THIS 16TH DAY OF DECEMBER 2024.

John Riley, Mayor

ATTEST:

I, Sandra Barton, Recorder/Treasurer of the City of Hector, Arkansas do hereby certify that the following pages are a true and correct copy of Ordinance No. 4-2024 passed by the Hector City Council of the City of Hector, Arkansas, County of Pope County, Arkansas on the 16th of December, 2024

GRANT PAYROLL INC.
PO BOX 2029, RUSSELLVILLE, AR 72811

Engagement Letter for Services

City of Hector

This letter sets forth the objectives and terms of our proposed engagement and the nature of the services Grant Payroll Inc. will provide to you and/or your company **City of Hector.**

Agreed Upon Services

The following services are offered by Grant Payroll Inc. The services listed on the proposal under "services include" are the services for which this engagement shall include. Any services not selected can be requested and provided in the future if desired by completing an addendum to this engagement. New services will be charged at the Fee Schedule in effect at the time services are added. Fee schedules are valid in 2 year terms and are subject to increases upon expiration. The prior fee agreement provided by Pamela A Magness CPA PA will be in effect for six months from December 1, 2024 through June 30, 2025 at $125.00 per month. This will include our standard payroll processing service options. See proposal for details.

Scope and Limitation

Our engagement is limited to the services selected in the Fee Schedule and in accordance with the terms so stated for each. Accordingly, our engagement services will not, and cannot, be relied upon to disclose financial errors, irregularities, or illegal acts, such as fraud or misappropriation which may exist or take place during the term of our engagement. In addition, we have no responsibility to identify and communicate significant deficiencies or material weaknesses in your internal controls as part of this engagement, and our engagement cannot, therefore, be relied upon to make disclosures of such matters.
It may be necessary to ask you for clarification of some of the information you provide, and we will inform you of any material errors, fraud or other illegal acts that come to our attention, unless they are clearly inconsequential.

We will not otherwise verify the data you submit for accuracy or completeness. Rather, we will rely on the accuracy and completeness of the documents and information you provide to us.

Payroll Services

Setting up payroll service includes new hires, existing employees, and year-to-date totals when applicable. We will setup any state payroll tax accounts as may be required. Tax Information Authorization and Reporting Agent forms will be required for all EIN's.

Grant Payroll Inc will review your specific payroll needs and the method by which you will provide payroll information. We can provide online access to Employer on the Go, Payroll Reporting Form, or sample time cards upon request. Each payroll period Grant Payroll Inc will review (or enter) the payroll data **City of Hector** submits by Employer on the go, email, client portal upload, Internet, or phone. This includes, but is not limited to, employee name, social security number, hours worked, pay rates, bonus, commission, overtime, sick leave, vacation, personal time taken, voluntary deductions, and all pertinent data necessary for the preparation and processing of a complete and accurate business payroll.

Grant Payroll Inc will use the information **City of Hector** provides to prepare payroll for their employees, including scheduling accrued payroll tax liability payments using the Electronic Federal Taxpayer Payment System and applicable State Agency. Health insurance or retirement withholding recorded on payroll will be the responsibility of **City of Hector** to schedule or submit payment. Benefit withholding and vendor payments are an additional service available upon request.

On a quarterly basis, Grant Payroll Inc will prepare the Federal Unemployment Tax (FUTA) deposit, and will prepare and file the federal payroll tax return. On a quarterly basis, Grant Payroll Inc will prepare the State Unemployment Tax (SUTA) deposit, and will prepare and file the state unemployment insurance returns. On an annual basis, Grant Payroll Inc will prepare all compliance forms including the federal and state withholding and unemployment tax returns, employee W2's and W3 transmittals electronically.

The above services will be provided based upon the information provided to Grant Payroll Inc. Grant Payroll Inc will make no audit or other verification of the data submitted by **City of Hector.** Grant Payroll Inc will not, at any time, provide legal services of any type. Grant Payroll Inc has not been requested to discover errors, misrepresentations, fraud, illegal acts, or theft and have therefore not included any procedures designed or intended to discover such acts, and **City of Hector** agrees we have no responsibility to do so.

Please notify **Linsey Gjerstad** for any state required programs.

City of Hector agrees to provide information needed on a timely and periodic basis in order for Grant Payroll Inc to perform. These items include all the input such as the federal tax ID number, payroll information, employee data, unemployment account information, and any other information that Grant Payroll Inc may require to complete the work per this engagement. All items received by Grant Payroll Inc from **City of Hector** will be used by Grant Payroll Inc without verification.

City of Hector will be responsible for ensuring adequate funds are available to cover the payroll processing requirements. In the event funds are not available in **City of Hector**'s account designated for payroll processing and fees, **City of Hector** agrees to cover all costs, fees, and collection effort cost outlays including those assessed by any third-party provider or in connection with any legal costs.

Initial_____

Other Services

Grant Payroll Inc provides additional services to current clients that include and are not limited to workers comp reporting and annual audit, vendor payments, bookkeeping, filing prior year payroll returns and / or W2's, amending prior year filings, or retirement contribution recording and payment service. Grant Payroll Inc can also assist with setting up an Front Street Cafe as a foreign corporation, IRS or state notice response, and completion of IRS or other state agency forms. **City of Hector** will be responsible for providing any other information that Grant Payroll Inc may require to complete the work.

Upon receipt of a garnishment notice, **City of Hector** should forward all pages to Grant Payroll Inc immediately. All garnishment notices will be responded to and processed. Employee copies of garnishment should be forwarded to the employee per instructions provided on garnishment. Garnishment withholding is time sensitive. **City of Hector** can charge their employee up to $1.50 per transaction depending on the agency issuing the garnishment. Garnishments will be withheld from employee payroll per agency limitations. Garnishment amounts will be invoiced to **City of Hector** upon completion of payroll and payment remitted to the requesting agency from Grant Payroll Inc. Garnishment processing is considered a vendor payment.

Term of Engagement

This engagement will begin on the commencement date specified on the Fee Schedule for each of the respective services selected and will remain in force for a period of 180 days. This engagement will automatically renew each month until amended, cancelled, or terminated.

Fee Schedule

Fees for services provided are based on our published Fee Schedule in effect at the time of this engagement. Please refer to the attached Fee Schedule for fees applicable to your services. Processing Fees will be invoiced following completion of service and collected by ACH. Fee schedule is guaranteed for two years from date of commencement. After that time, it is at Grant Payroll Inc's discretion to adjust fees as required. Upon increase of fees, Grant Payroll Inc will provide a new engagement and fee schedule for review and signature. Annual pre-payment or monthly options are available upon request on some accounts and services at Grant Payroll Inc's discretion.

Payroll Processing Invoices are included in the payroll packets. Other invoices for services are sent via email to the billing email address on file. Change in payroll schedule or employee count can affect fee schedule. Postage fees may be collected separately up to twice per year depending on accrued fees.
Any refunds and/or credits for service are at the discretion of Grant Payroll Inc.

Cancellation and Termination

Either party may terminate this engagement upon thirty (30) days written notice to the other including email notification, provided that such notice has been confirmed as received. During the 30-day termination period, projects in process shall be completed if possible, and no other work shall be undertaken unless the parties agree in writing to specific terms for the additional work. Client portal access will be removed 30 days after notification of termination of service.

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Limit of Liability

City of Hector hereby agrees that any liability of Grant Payroll Inc under this agreement, regardless of form of action, shall be limited to the most recent amount billed for services agreed to hereunder as its exclusive remedy. **City of Hector** agrees that it shall not make any claim against Grant Payroll Inc beyond such amount. More specifically **City of Hector** agrees that neither Grant Payroll Inc nor those employed by Grant Payroll Inc are not, and shall not be deemed to be liable for any losses resulting from advice provided by Grant Payroll Inc or those employed by Grant Payroll Inc, or from work done by them, or for loss of profits of **City of Hector** or of any other party which may flow there from, whether it be direct or incidental, whether or not they have been advised of the possibility of such damages, and **City of Hector** acknowledges and agrees to same. Neither party may bring any action arising out of the services under this agreement, regardless of form, more than one year after the date of the last services provided under this agreement.

Indemnification and Non-Disclosure

City of Hector agrees to release, indemnify, and hold Grant Payroll Inc (their owners, executors, heirs, successors, employs, and assigns) harmless from any and all liability and costs resulting from any known misrepresentations of fraud participated in by management or any of them, or such errors resulting from incomplete or inaccurate information provided by Grant Payroll Inc, and such indemnity shall not be limited to the term of this contract but shall be ongoing even after its termination.

City of Hector also acknowledges that Grant Payroll Inc and its employs in the course of their work may view or otherwise come into contact with information **City of Hector** considers confidential. In such a case, Grant Payroll Inc and its employs undertake to keep such information confidential subject to governing law, jurisprudence and/or order of a court of competent jurisdiction and **City of Hector** agrees that no action can be taken against Grant Payroll Inc and/or its employs as a result of their view or contact with the confidential information unless Grant Payroll Inc fails to honor their undertaking as defined in this paragraph.

In connection with this agreement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement.

In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

Grant Payroll Inc strongly encourages **City of Hector** to utilize the secure client portal to upload any confidential information to reduce said risk to **City of Hector.**

Initial_____

Disputes

You agree that any disputes, other than our efforts to collect an outstanding invoice, that may arise regarding the meaning, performance or enforcement of this engagement or any prior engagement that we have performed for you, will, prior to resorting to litigation, be submitted to mediation, and that the parties will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement. The results of any such mediation shall be binding only upon agreement of each party to be bound. The costs of any mediation proceedings shall be shared equally by the participating parties.

Applicable Law

This engagement letter shall be governed as to validity, interpretation, construction, effect and in all other respects by the laws and decisions of the city of Russellville, county of Pope, state of Arkansas.

Complete Agreement

This engagement letter is contractual in nature and includes all relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all parties.

Accepted and agreed:

SIGN HERE _____ _____

Signature **Date**

_____

Name, Title

Linsey Gjerstad

President, Grant Payroll Inc.
linsey@grantpayroll.com
479-219-3732

Initial_____

Proposal Date 12/5/2024
Effective 7/1/25-12/31/26

City of Hector
PO Box 194
Hector, AR 72843

Linsey Gjerstad
linsey@grantpayroll.com
479-219-3732

PAYROLL SERVICES PROPOSAL

Initial Fees	*Rate*	*Total*	*Units*	*Net Total*
One Time Set Up Fee		$0.00	1	$0.00
My Employer on the Go Payroll Access and Report Library Setup Fee*		$10.00	1	$10.00
	Total Initial Fee:	$10		**$10.00**
Monthly Fees	**Rate**	**Total**	**Units**	**Net Total**
Per Payroll Per Check Fee		$5.50	6	$33.00
Per Direct Deposit Fee		$1.75	6	$10.50
	Total Per Pay Period			*$43.50*
My Employer on the Go Payroll Access and Report Library*		$5.00	1	$5.00
Employee Self Service Online Paystubs*		$2.00	6	$12.00
	Total Per Month			*$17.00*
Quaterly Fees	**Rate**	**Total**	**Units**	**Net Total**
Payroll Tax Return Processing w/ monthly tax deposit schedule		$75.00	1	$75.00
Annual Fees	**Rate**	**Total**	**Units**	**Net Total**
Per Company Base Fee		$150.00	1	$150.00
Year End Per EIN		$75.00	1	$75.00
W2/1099 Fee (5 free)		$15.00	6	$15.00

Services Include

- Payroll Processing
- Secure Online Payroll*
- Report Library*
- Dedicated Payroll Analyst
- Employee Self Service*
- PTO Accrual
- Direct Deposit
- Tax Service (1 State)
- QB General Ledger
- Secure Client Document Storage

*Optional services offered

Available Services

- MyGo Employee Access
- Electric Onboarding
- Mobile App
- Employee Directory
- Benefit Tracking
- Online Timecards
- Check Signing & Stuffing
- Labor Law Compliance
- Vendor Payments
- Online Web Clock /Physical Time Clock
- Department Allocation
- Job Costing
- Certified Payroll
- Workers Comp Reporting/Audit Mgmt
- Variable Pay by Department/Job

Authorized Employer Agreement

1. **GRANT PAYROLL INC** is independently owned and operated and is not an affiliate of—or otherwise associated with—Apex Software Technologies, Inc. (Apex), except as an authorized reseller of the Application Services provided by Apex.

2. The Authorized Employer is granted a limited, nontransferable, nonexclusive license during the term of the Employer Agreement for the Employer Users to access over the Internet and use the Application Services purchased by **GRANT PAYROLL INC** on behalf of such Authorized Employer, as follows:

(a) With respect to the Employer OnDemand Client™ Service, the Authorized Employer and its Employer User(s) with the necessary Access Authority may access and use the Employer OnDemand™ Client Service solely for the purpose of performing payroll processing and functions related directly thereto for the Authorized Employer's own account;

(b) With respect to the Manager Self-Service™ Feature, the Authorized Employer and its Employer User(s) with the necessary Access Authority may access and use the Manager Self-Service™ Feature solely for the purpose of performing payroll management functions on behalf of the Authorized Employer for such employees as the Customer may designate;

(c) With respect to the Employee Self-Service™ Feature, the Authorized Employer and its Employer User(s) with the necessary Access Authority may access and use the Employee Self-Service™ Feature solely for the purpose of viewing and printing such Employer User's own payroll records; and

(d) With respect to the Trilogy Timekeeping™ Service, the Authorized Employer and its Employer Users may access and use the Trilogy Timekeeping™ Service according to each Employer User's respective Access Authority solely for the purpose of managing, tracking and reporting hours worked.

3. The Authorized Employer grants Apex the right to use, copy, modify, manipulate and create derivative works of the Data as necessary in order to perform the Application Services.

4. Authorized Employer and the Employer Users are prohibited from, directly or indirectly, (i) licensing, selling, redistributing, leasing or otherwise transferring or assigning any of the Services or the Application Software, (ii) altering or permitting a Third Party to alter any part of the Application Services or Application Software; (iii) permitting any Third Party, other than a Employer User with the appropriate Access Authority, to access or the use the Application Services or Application Software; (iv) disassembling, decompiling, reverse engineering or otherwise attempting to derive source code or other trade secrets from the Application Software; (v) using the Application Services or the Application Software on equipment that does not possess the Minimum Requirements; or (vi) using the Application Services or Application Software for any unlawful purpose. The Authorized Employer is liable for any breach of the Employer Agreement, including, without limitation, the license or license restrictions or the Terms of Use, by an Employer User.

5. The Authorized Employer acknowledges that its Employer Users are required to enter into the Terms of Use before accessing the Application Services, and further acknowledge that any breach of the Terms of Use by an Employer User can result in termination or suspension of the Application Services to the Authorized Employer and its other Employer Users.

6. Authorized Employer or its Employer Users cannot transfer title to or any proprietary or intellectual property rights in the Application Services or any legally protectable elements or derivative works thereof. Neither the Authorized Employer nor its Employer Users will remove, alter, or obscure any proprietary notices (including copyright notices) on the Application Services. The Authorized Employer acknowledges that the Application Services are the property of Apex or its licensors.

7. Apex disclaims to the Authorized Employer all warranties, express or implied, regarding the Application Services, including without limitation, any implied warranties of merchantability, fitness for a particular purpose, title or non-infringement.

8. Apex is not liable to the Authorized Employer for any damages, whether direct, indirect, incidental or consequential, arising from the use of the Application Services.

9. The Authorized Employer expressly undertakes, using reasonable efforts not less than it exercises for its own confidential materials, to retain in confidence, and to require its employees and agents to retain in confidence, all information related to the Application Services and will make no use of such information, except under the terms and during the existence of the Employer Agreement and only to the extent that such use is necessary to the Authorized Employer's employees or agents in the course of their employment. At the expiration or termination of the Employer Agreement, or earlier upon the request of **GRANT PAYROLL INC**, the Authorized Employer shall discontinue use of and shall destroy or return all such confidential information to **GRANT PAYROLL INC**, including all archival or other copies.

10. Authorized Employer may assign this Agreement only to an entity acquiring substantially all of such Authorized Employer's assets or merging with it, provided that such assignee agrees in writing to assume all associated obligations. Otherwise, the Authorized Employer may not assign its rights in the Employer Agreement to any third party, and any attempted assignment in violation of the foregoing restriction shall be null and void.

11. Apex shall be a third-party beneficiary of the Employer Agreement.

Authorized Employer Company Name

SIGN HERE

Signature Date

Authorized Signature Date

Print Name

Print Name

Initial_____

Grant Payroll Inc Fee Schedule

No.	Service	Amount	Notes
I.	Payroll Software Fee	$150.00	Annual Fee
II.	Payroll Setup	$250.00	Base fee includes 1 state
	a. Same-day Setup	$100.00	
	b. Additional State	$150.00	
III.	EIN Enrollment:	$100.00	
IV.	Tax Filing		
	a. Quarterly payroll tax return	$75.00	monthly payer
	b. Additional State	$50.00	per quarter
	c. Closed quarter filing	$150.00	min fee
	1 Amend returns	$250.00	min fee
	2 Payroll Adjustments	$50.00	
	d. Year End		
	1 Year End Filing	$75.00	
	2 W2 (5 free)	$15.00	per employee
	3 W2 reprint	$10.00	per 5 employees plus postage
	4 1096 Filing	$50.00	
	1099 (5 free)	$10.00	per vendor
	e. Prior year / amend w3 / w2	$150.00	per employee
	f. ACA filing		
	1 1094	$75.00	
	2 1095 (5 free)	$15.00	per employee
	2 cost of e-filing software	varies	
V.	Payroll Processing		
	a. Payroll Check	$5.50	per check
	b. Manual Check Fee (per payroll)	$15.00	
	d. Direct Deposit	$1.75	
	e. Closed period payroll per check	$25.00	
	f. Variable Pay by Department per check	$15.00	
	g. Void	$10.00	
VI.	Benefits		
	Employee benefit setup		
	a. Cal-Savers / 401k / health insurance	$75.00	min
	b. Monthly benefit management	$125.00	per vendor statement
	c. Scorp HI or Retirement	$15.00	payment processing by request
VII.	Vendor		
	a. Vendor / Garn check	$5.50	additional fees may apply
VIII.	Insurance		
	a. Workers comp reporting	$75.00	payment processing by request
	b. WC Audit	$350.00	min fee
	c. GL Audit	$350.00	min fee
IX.	HR Consulting Services	$150.00	
	a. Bookkeeping	$300.00	min fee per month includes QBO Plus / 5 users
X.	Business form completion	$75.00	min
XII.	UI / SDI / PFL / garn response employee forms	$50.00	
XIII.	Tax Agency Penalty waiver request	$200.00	min
XV.	Department/Class Tracking		
	a. Department Setup	$200.00	min
	b. Department Report per payroll	$15.00	
XVIII.	Online Services		
	a. Employer on the Go	$5.00	per month employer access (setup $10)
	b. MyGo Employee Access plus onboarding	$3.00	per ee per month
	c. Employee Self-Service Online paystubs	$2.00	per ee per month
	d. Electronic Time Keeping	$60.00	Activation
	1 Base Fee	$20.00	per month base
	1 per employee / user	$4.00	per month
	Physical Time Clock	$150.00	per clock
XIX.	Labor Law Poster Compliance		
	a. Current Year Poster inclues updates	$100.00	per year

Revised 12.05.2024

Initials _____

DDPLUS

Company ACH Authorization Form

Please note that fields marked with an * are required fields.

Company Information

Client ID *(if applicable)*: _____
*Legal Business Name: _____
Trade Name: _____
*Type of Business: _____
*Tax ID/EIN #: _____
Registered State: _____ State ID #: _____
*Physical Address Line 1: _____
*Physical Address Line 2: _____
*Physical Address City: _____
*Physical Address State: _____ *Zip Code: _____
Mailing Address same as Business Address?: ___ Yes ___ No
Mailing Address Line 1: _____
Mailing Address Line 2: _____
Mailing Address City: _____
Mailing Address State: _____ Zip Code: _____
Listed Phone #: _____
Website: _____
Password: _____

Transmission Reports

Email Address 1: _____
Email Address 2: _____
Report Type: ___HTML ___PDF ___ Encrypted PDF:
Encrypted PDF Password: _____

PPP Information

*PPP Name: Grant Payroll Inc
*PPP Account #: 13753596
Fees Charged To: _x_ PPP ___ Client
Live Processing Date: _____
*Client is known to me: ___ Yes ___ No

Business Account for ACH Transactions

*Bank Name: _____
*Routing/Transit #: _____
*Business Account #: _____
*Account Type *(Include copy of voided check.)*: ___ Checking ___ Savings

Business Account for Tax Payments *(if applicable)*

___ Business Account Above ___ Business Account Below:
Bank Name: _____
Routing/Transit #: _____
Business Account #: _____
Account Type *(Include copy of voided check.)*: ___ Checking ___ Savings

Authorized Signature

By signing this Company Authorization Form, authorization is hereby granted to: Grant Payroll Inc and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information, to and from the Authorized Account specified above on this form; and it is acknowledged that the Authorized Account is a commercial account and not a consumer account (as defined in the Automated Clearing House (ACH) Rules. The Company has contracted with Grant Payroll Inc (Professional Payroll Processor or PPP) to provide payroll and/or payroll related services and has received and reviewed a copy of that contract. The Company acknowledges that the PPP has contracted to utilize the services provided by NatPay for the purpose of transferring funds electronically through the Automated Clearing House (ACH), in accordance to the rules of the National Automated Clearing House Association (NACHA) and all other applicable state and federal rules and regulations, for various purposes that include but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other reason that the Company may desire to transfer funds electronically through the ACH system. The Company further acknowledges (or understands) that (i) all transfers of funds through NatPay will be made in accordance with the Service Agreement between the PPP and NatPay; (ii) all ACH entries will be solely based on the data received by NatPay from the PPP and strictly in accordance with its instructions; (iii) NatPay has no responsibility or ability to determine that the PPP, receiving bank or other payee computes or distributes funds accurately or as expected and (iv) that the Company's agreement with the PPP provides that it will indemnify NatPay against all claims or damages resulting directly or indirectly from insufficient funds, fraud or misapplication of funds of the Company, except to the extent any misapplication of funds is directly caused by the negligence of NatPay. This Authorization will continue in effect until terminated by the Company or not less than three (3) days prior written notice to NatPay at csr@natpay.com or until the earlier termination of the Service Agreement with the PPP. This signed Company Authorization Form may be considered as an application for credit, and therefore authorizes the PPP and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, various data services, and a Company's banks to verify status, history, and other applicable credit information.

_____ _____
Authorized Signor Name *(Please print.)* **Authorized Signor Title**

SIGN HERE

_____ _____
Authorized Signor Signature **Date**

101023A

CLIENT: CITY OF HECTOR
EMAIL:

Grant Payroll Inc.

PAYROLL PROCESSING QUOTE includes additional service options

ITEM	AMOUNT	QTY	PROCESSING PER PAYROLL	BI-WEEKLY PROCESSING (26) ANNUAL FEE	ONE TIME FEE
1 TIME PAYROLL SET UP FEE	$ -	*1*			$ -
PAYROLL ANNUAL SERVICE KEY ($300)	$ 150.00	1		$ 150.00	
PAYROLL TAX PER QUARTER INCLUDES FEDERAL AND STATE ELECTRONIC FILING	$ 75.00	4		$ 300.00	
PAYROLL PROCESSING PER CHECK ($15.00)	$ 5.50	6	$ 33.00	$ 858.00	
Employer on the Go Payroll Access with Report Library ($10 Setup)	$ 5.00	1	$ -	$ 60.00	$ 10.00
EMPLOYEE SELF SERVICE ($2/EE/MONTH) / EMPLOYEE ACCESS PLUS ONBOARDING ($3/EE/MONTH)	$ 2.00	6	$ -	$ 144.00	$ -
HR SERVICES ($150/HOUR) / Business Forms Completed @ $75 per form	$ -	0	$ -	$ -	
BENEFIT MANAGEMENT (HEALTH INS / 401K PLANS) PER SERVICE / MONTH	$ -	0		$ -	
W-2 PER EMPLOYEE - $75 MINIMUM	$ 15.00	6		$ 90.00	
Workers Comp Reporting (Audit Mgmt starts @ $350.00)	$ -	0		$ -	
DIRECT DEPOSIT ($1.75) / PRINTED CHECK ($1.00) PLUS SHIPPING	$ 1.75	6	$ 10.50	$ 273.00	
Class/Dept Tracking			$ -	$ -	
Total			**$ 43.50**	**$ 1875.00**	**$ 10.00**

CALCULATIONS ASSUME 6 EMPLOYEE ARE PAID. FREQUENCY OPTIONS ARE LISTED AS BI-WEEKLY (26 CHECKS PER YEAR). THIS NUMBER IS SUBJECT TO CHANGE DEPENDING ON THE ACTUAL NUMBER OF EMPLOYEES. ADDITIONAL PAYROLLS PROCESSED OUTSIDE THE SCHEDULED PAYROLL WILL INCUR A $15 PROCESSING FEE. THE W-2 FEE IS BASED ON TOTAL NUMBER OF EMPLOYEES PAID PER YEAR. FEE IS $15 PER EMPLOYEE WITH A $75 MINIMUM. EMPLOYEE ONLINE ONBOARDING SERVICE PROVIDED AT $3 PER EMPLOYEE PER MONTH. EMPLOYER ON THE GO ACCESS TO REPORTS AND EMPLOYEE - SETUP $10 / $5 PER MONTH. PAYROLL SERVICE KEY FEE IS COLLECTED AT TIME OF SET-UP AND IS RENEWED IN JANUARY OF EACH YEAR. SETUP FEE IS BASED ON TYPICAL SETUP FOR QUOTED NUMBER OF EMPLOYEES. ACTUAL FEE MAY VARY. YEAR TO DATE PAYROLL ENTRY IS NOT INCLUDED IN SETUP FEE. PRIOR PAYROLL BILLED @ HOURLY RATE AT GRANT PAYROLL DISCRETION. CHANGE IN PAYROLL SCHEDULE, SERVICES, OR REDUCTION IN EMPLOYEE NUMBER WILL EFFECT THE CURRENT RATE AND FEE SCHEDULE. ALL EMPLOYERS WILL BE SETUP FOR HEALTHY FAMILY ACT IN CALIFORNIA. POSTAGE FEES ARE NOT INCLUDED IN THE QUOTE AND WILL BE COLLECTED SEPERATELY UP TO TWICE PER YEAR DEPENDING ON ACCRUED FEES. WORKERS COMP REPORTING AVAILABLE, ADDITIONAL FEES APPLY. AUDIT AND HR SERVICES BILLED AT $150 PER HOUR. SIGNATURES CAN BE PREPRINTED ON LIVE CHECKS UPON REQUEST. BENEFIT MGMT DOES NOT INCLUDE PAYMENT SERVICE. CLIENT IS RESPONSIBLE FOR PROVIDING HEALTH INSURANCE STATEMENTS TIMELY FOR RECONCILIATION. 401K CONTRIBUTION PAYMENT PROCESSING IS AN ADDITIONAL SERVICE. SETUP FEE INCLUDES ONE STATE ACCOUNT. ADDITONAL STATE ACCOUNTS START AT $150 PER STATE. SETTING UP A FOREIGN CORPORATION IS A SEPARATE SERVICE. 2.5% PROCESSING FEE FOR CREDIT CARD TRANSACTIONS. QUOTED RATES VALID 30 CALENDAR DAYS FROM DATE OF EMAIL.