



Department of Employee Trust Funds

P.O. Box 7931
Madison, WI 53707-7931

**FORM A
PROPOSAL CHECKLIST**

ETJ0061 –Administrative Services for the Wisconsin Deferred Compensation Program

This form must be completed by the Proposer by marking the appropriate check-boxes below. By marking these boxes, Proposer acknowledges compliance with these items.

Instructions:

1. Review/complete each appendix and form listed below Check the appropriate boxes.
2. Complete the Proposer information box:
 - Print company name.
 - Print the name of the representative signing this form (must be authorized to legally bind the company).
 - Sign and date.
3. Return this form per Section 2.4.1 of the RFP.

Form A: Proposal Checklist	<input type="checkbox"/> Completed and signed (this form)
Form B: Mandatory Proposer Qualifications	<input type="checkbox"/> Completed and signed
Form C: Subcontractor Information	<input type="checkbox"/> Completed and signed
Form D: Proposer Required Form	<input type="checkbox"/> Completed and signed
Form E: Cost Proposal	<input type="checkbox"/> Completed and signed
Appendix 1: Pro Forma Contract	<input type="checkbox"/> Have read and understand
Appendix 2: Department Terms and Conditions	<input type="checkbox"/> Have read and understand
Appendix 3: Program Agreement	<input type="checkbox"/> Have read and understand
Appendix 4: Information Risk Management Questionnaire	<input type="checkbox"/> Completed
Current W-9 (use online IRS Form)	<input type="checkbox"/> Completed and signed

Proposer Information:

Proposer Company Name:	Click or tap here to enter text.
Name & Title of Authorized Representative:	Click or tap here to enter text.
Authorized Representative Signature:	
Signature Date:	Click or tap here to enter text.