

# Payroll Overview

Project Number	_____	Project Name	_____
Contractor/ Subcontractor	_____	Wage Decision No. and Modification(s)	_____
Name of Payroll Clerk	_____	Contact Information	_____

Complete the following table for each job classification you will utilize during the entire project. Job classifications must be used from the approved wage decision. If the approved wage decision does not include a job classification needed for the project, an additional job classification must be obtained. Contact the CDBG Administrator for assistance.

Job Class	Basic Hourly Rate	Fringe Benefit Rate

Check the applicable box:

All fringe benefits are paid in cash for all employees.

All fringe benefits are paid to a plan for all employees.\*

Fringe benefits are paid part in cash and part to a plan for all employees.\*

**\*If Fringe benefits are paid in whole or part to a plan, attach a copy of the:**

- Letter from U.S. Department of Labor declaring plan acceptable (if available) **or**;
- Plan(s) and documentation(s) of payment for all funded plans, including but not limited to the Health Insurance Plan, Retirement Plan, Liability Insurance, and Disability Insurance.

**I certify the information provided is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature (Prime Contractor or Subcontractor)

\_\_\_\_\_  
Date