Wage/Fringe Benefit Certification

Grantee: Project Number: Project:

This is to certify that (contractor)_____ plans to use the following classifications of workers on the above referenced project:

	From Applicable Wage Decision				Fringe Benefits to be Provided by Contractor		
Classification	Base Wage Due	Fringe Benefit Due	Total Package Due	Base Wage to be Paid by Contractor	Type of Benefit	Hourly Amount	Total Package to be Paid by Contractor

Certified by:_____ Title:_____ Date:_____
(contractor)