

## CONTRACTOR FRINGE BENEFITS STATEMENT

City of Cleveland Office of Equal Opportunity Prevailing Wage Compliance 601 Lakeside Avenue, Room 335 Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION PROJECT NAME:											
CONTRACTOR:  FEDERAL WAGE DECISION & MODIFICATION #:											
PAYROLL CONTACT: EMAIL:											
QUESTIC	ONS										
		employees working			□ Yes □ No						
		entices" working on			☐ Yes ☐ No						
	_	" paid to your empl									
Please complete the following tables in order for the proper Fringe Benefits rates can be verified when checking payrolls on the above contract, please include the HOURLY RATES for fringe benefits, subsistence and/or travel allowance payment made for employees on the various											
	of work listed		ninge beneni	s, subsisterio	e and/or traver allowance payment made for employees on the various						
Classifica			Effective D	ate:	Subsistence or Travel Pay: \$						
	Health &	\$	Paid to:	Name:							
				Address:							
	Welfare			Phone:	Email:						
		\$	Paid to:	Name:							
FITS S	Pension			Address:							
FRINGE BENEFITS Hourly Rates				Phone:	Email:						
	Vacation/ Holiday	\$	Paid to:	Name:							
				Address:							
	Holiday			Phone:	Email:						
	Training		Paid to:	Name:							
	and/or	\$		Address:							
	Other			Phone:	Email:						
Classification (2):			Effective Date:		Subsistence or Travel Pay: \$						
	Health & Welfare	\$	Paid to:	Name:							
				Address:							
				Phone:	Email:						
	Pension	\$	Paid to:	Name:							
FRINGE BENEFITS Hourly Rates				Address:							
BENE / Rate				Phone:	Email:						
VGE   Iourl	Vacation/ Holiday	\$	Paid to:	Name:							
FRI				Address:							
				Phone:	Email:						
	Training and/or Other	\$	Paid to:	Name:							
				Address:							
				Phone:	Email:						
Classification (3):			Effective Date:		Subsistence or Travel Pay: \$						
	Health & Welfare	\$	Paid to:	Name:							
				Address:							
				Phone:	Email:						
S			Paid to:	Name:							
FRINGE BENEFITS Hourly Rates	Pension	\$		Address:							
	Vacation/ Holiday	\$		Phone:	Email:						
			Paid to:	Name:							
				Address:	First						
	Techni		Deld to	Phone:	Email:						
	Training and/or	\$	Paid to:	Name:							
	and/or Other			Address:	Emails						
	Culoi			Phone:	Email:						

## **CONTINUATION**

PROJECT INFORMATION PROJECT NAME:											
CONTRACTOR:											
CONTINUATION OF CONTRACTOR FRINGE BENEFITS STATEMENT											
	tion ( ):		Effective Date:		Subsistence or Travel Pay: \$						
			Paid to:	Name:		_					
	Health & Welfare	\$		Address:							
				Phone:	Email:						
		\$	Paid to:	Name:							
FRINGE BENEFITS Hourly Rates	Pension			Address:							
				Phone:	Email:						
	Vacation/ Holiday	\$	Paid to:	Name:							
				Address:							
				Phone:	Email:						
	Training and/or Other	\$	Paid to:	Name:							
				Address: Phone:	Email:						
Classification ( ):		Effective Date:		Subsistence or Travel Pay: \$							
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	Health &	\$	Paid to:	Name: Address:							
	Welfare			Phone:	Email:						
			Paid to:	Name:	Liliali.						
TS	Pension	\$	r did to:	Address:							
NEFI				Phone:	Email:						
FRINGE BENEFITS Hourly Rates	Vacation/ Holiday	\$	Paid to:	Name:							
-RINC Ho				Address:							
				Phone:	Email:						
	Training and/or Other	\$	Paid to:	Name:							
				Address:							
				Phone:	Email:						
Classification ( ):			Effective Date:		Subsistence or Travel Pay: \$	_					
	Health & Welfare	\$	Paid to:	Name:							
				Address:							
				Phone:	Email:						
		\$	Paid to:	Name:							
EFITS tes	Pension			Address:							
FRINGE BENEFITS Hourly Rates				Phone:	Email:						
INGE	Vacation/ Holiday	\$	Paid to:	Name:							
FR				Address:	E						
			Paid to:	Phone:	Email:						
	Training and/or Other	\$	Paid to.	Address:							
				Phone:	Email:						
CONT		OFFICIAL A	CKNOW								
CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION											
Compa	ny Official		Title		Signature	Date					

ATTACH ADDITIONAL SHEETS IF NECESSARY

Page \_\_\_\_\_ of \_\_\_\_

## DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.