

Wage/Fringe Benefit Certification
(To be completed by contractor/subcontractor)

COMMUNITY: [Click here to enter text.](#)

PROJECT: [Click here to enter text.](#)

This is to certify that [Click here to enter text.](#)

plans to use the following classifications of workers on the above referenced project:

| From Applicable Wage Decision | | | | Base Wage to be paid by Contractor | Fringe Benefits to be provided by Contractor | | Total package to be paid by Contractor |
|-------------------------------|---------------|---------------------|-------------------|------------------------------------|--|---------------|--|
| Classification | Base Wage Due | Fringe Benefits Due | Total Package Due | | Benefit | Hourly Amount | |
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Certified by: _____ **Title:** _____ **Date:** _____

(must be certified by contractor)