

Final Wage Compliance Report
(To be completed and submitted at the end of the project.)

Date:	
To:	Labor Standards Officer
	Grant Support
	Indiana Office of Community and Rural
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2288
From:	
Grantee:	
Grant Number:	

Project Information

While you or your representative were reviewing the contractor's weekly payrolls, were any laborers or mechanics paid less than the minimum wage rate plus fringe benefits as specified in the Secretary of Labor's Wage Decision that applied to this project?			
	Yes		No
<i>(If yes, fill out the remaining portion of this form.)</i>			
Total amount of restitution paid:			
Method of restitution paid by contractor:			
Method of restitution paid by Grantee with funds withheld from payment:			

Affected Employee	
(List each affected employee, attach additional copies if needed. Also attach copy of check and documentation of receipt of payment)	
Contractor/Subcontractor:	
Name of Affected Employee:	
Amount of Restitution Paid to	\$
Nature of Violation Leading to	
Contractor/Subcontractor:	
Name of Affected Employee:	
Amount of Restitution Paid to	\$
Nature of Violation Leading to	
Contractor/Subcontractor:	
Name of Affected Employee:	
Amount of Restitution Paid to	\$
Nature of Violation Leading to	
Contractor/Subcontractor:	
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