



CITY OF CLEVELAND
Mayor Frank G. Jackson

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@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

| PROJECT INFORMATION | | | |
|---------------------|--|---|--|
| PROJECT NAME: | | CITY CONTRACT #: | |
| CONTRACTOR: | | FEDERAL WAGE DECISION & MODIFICATION #: | |
| PAYROLL CONTACT: | | EMAIL: | |

| QUESTIONS | |
|--|--|
| 1. Do you have Union employees working on this project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any "Apprentices" working on this project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are "Fringe Benefits" paid to your employees in "CASH"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 classes of work listed below:

| | | | |
|---------------------------------|--------------------------|-----------------|---|
| Classification (1): | | Effective Date: | Subsistence or Travel Pay: \$ _____ |
| FRINGE BENEFITS Hourly Rates | Health & Welfare | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Pension | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Vacation/ Holiday | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Training and/or Other | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| Classification (2): | | Effective Date: | Subsistence or Travel Pay: \$ _____ |
| FRINGE BENEFITS Hourly Rates | Health & Welfare | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Pension | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Vacation/ Holiday | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Training and/or Other | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| Classification (3): | | Effective Date: | Subsistence or Travel Pay: \$ _____ |
| FRINGE BENEFITS Hourly Rates | Health & Welfare | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Pension | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Vacation/ Holiday | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |
| | Training and/or Other | \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ Email: _____ |

PROJECT INFORMATION

| | |
|----------------------|-------------------------|
| PROJECT NAME: | CITY CONTRACT #: |
|----------------------|-------------------------|

CONTINUATION OF CONTRACTOR FRINGE BENEFITS STATEMENT

| | | | |
|---|---------------------------------------|---|--|
| Classification (4): | | Effective Date: | Subsistence or Travel Pay: \$ _____ |
| FRINGE BENEFITS Hourly Rates | Health & Welfare \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Pension \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Vacation/Holiday \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Training and/or Other \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| Classification (5): | | Effective Date: | Subsistence or Travel Pay: \$ _____ |
| FRINGE BENEFITS Hourly Rates | Health & Welfare \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Pension \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Vacation/Holiday \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Training and/or Other \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| Classification (6): | | Effective Date: | Subsistence or Travel Pay: \$ _____ |
| FRINGE BENEFITS Hourly Rates | Health & Welfare \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Pension \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Vacation/Holiday \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |
| | Training and/or Other \$ _____ | Paid to: Name: _____ Address: _____ Phone: _____ | Email: _____ |

CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION

| | | | |
|-------------------------|--------------|------------------|-------------|
| | | | |
| Company Official | Title | Signature | Date |

DIRECTIONS FOR COMPLETED FORM:

1. Upload Completed Form to LCP tracker (<https://lcpprod.lcptracker.net/>).
2. Email Completed Form to Prime Contractor and/or the project's Prevailing Wage Coordinator.