# Attachment 8-18

## Wage/Fringe Benefit Certification Form

Grantee: Project #: 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 |
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Certified by: (contractor) Title: Date:

* Specify as "Plan/Account," "Cash," or "Both." Attach details for all benefit plans/accounts: name, address, and description of benefits provided.