

U.S. Department of Housing and Urban Development
CERTIFICATION OF APPLICABLE FRINGE BENEFIT PAYMENTS
 (Optional)

Project Name: _____

Project Number: _____

<u>Classification/ Fringe Benefits Provided</u>	<u>Name, Address and Telephone Number of Plan/Fund/Program</u>
1) _____	_____
Health and Welfare \$ _____	_____
Pension \$ _____	_____
Vacation \$ _____	_____
Apprentice/Training \$ _____	_____
Other \$ _____	_____

<u>Classification/ Fringe Benefits Provided</u>	<u>Name, Address and Telephone Number of Plan/Fund/Program</u>
2) _____	_____
Health and Welfare \$ _____	_____
Pension \$ _____	_____
Vacation \$ _____	_____
Apprentice/Training \$ _____	_____
Other \$ _____	_____

OR: (If applicable) _____ (check) I certify that I do not make payments to an approved fringe benefit plan, fund, or program. The fringe benefit portion has been included in the base rate.

 (Contractor/Subcontractor) by _____ (Signature)

Date: _____ Title: _____

U.S. Department of Housing and Urban Development

CERTIFICATION OF UNDERSTANDING
AND AUTHORIZATION
(Optional)

Project Name: _____

Project Number: _____

This is to certify that the principals, and the authorized payroll officer, below, have read "A Contractor's Guide to Davis-Bacon Wage Requirements & Certified Payroll Reports" and that both parties understand these requirements.

The following person(s) is designated as the payroll officer for the undersigned and is authorized to sign the Statement of Compliance which will accompany each weekly certified payroll report for this project.

Payroll Officer (Name)

by _____
Payroll Officer (Signature)

(Contractor's Name)

by _____
(Owner's Signature)

(Title)

(Contractor License Number)

(Date)