



CITY OF CLEVELAND

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@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION			
PROJECT NAME:			
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: _____

