PROJECT IN-KIND COST WORKSHEET FOR LABOR

Name of Employee providing services:_____Project Number_____

Dates	Job Title	Name of Employee (Optional)	Major duties Performed During Project	Hours Worked	Rate of Pay	Total Paid

Sub-Total-$ _____

Fringe Benefit Rate* _____

Total Labor-$ _____

Authorized Official (printed name and signature)_____ Date signed_____

I hereby certify that I am an authorized agent for the above named applicant. I further certify that all hours claimed above were actually applied to this project and paid at the said hourly rate. I am aware that the hourly rate may not be rounded off or approximated and must be substantiated if verified.