Rev. 4/06/2022

GRANTEE LABOR REPORT*

(Hover over the header cells for instructions)

Grant Number: ____________________

Location Name and Address: ____________________

Project Name: ____________________

Project Description (SOW): ____________________

Employee Name	Employee Title	Work Performed (e.g. tree trimming, project management, etc.)	Start Date	End Date	Total Hours Worked	Gross Wages (per hour)	Allowable Benefits				Total Amount	Comments:
							Total Workers Compensation	Total Health Insurance Costs	Total Leave Benefits Costs	Total Pension Contributions Costs		
John Doe	Grounds Maintenance Worker	Landscaping	7/1/2021	8/5/2021	60.00	$15.38	$20.00	$25.00	$22.00	$10.00	$999.80	Example
											$0.00	
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							Allowable Benefits					
Employee Name	Employee Title	Work Performed (e.g. tree trimming, project management, etc.)	Start Date	End Date	Total Hours Worked	Gross Wages (per hour)	Total Workers Compensation	Total Health Insurance Costs	Total Leave Benefits Costs	Total Pension Contributions Costs	Total Amount	Comments:
											$0.00	
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										Grand Total:	**$0.00**	

Signature of Authorized Representative: ____________________ **Name:** ____________________

Title: ____________________ **Date:** ____________________

***Reimbursement of overhead/indirect costs shall not exceed 12% of the grant total and shall require documentation of actual expenses. Overhead/indirect costs are costs not usually identified specifically with the grant, contract, or activity, but are necessary for the general operation of the grantee/organization. Overhead/indirect may include, but not be limited to: personnel, accounting, administrative costs, communication expenses, employee services, indirect services and supplies, management oversight of funded activities, contracting, compliance, data and performance reporting, and fiscal services.**