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| ADOH new png FORM LS-14  fringe benefit documentation form | | |
| **Grantee:** | | **CDBG Contract No:** |
| **Activity Name:** | | |
| **1. Telephone/Email Contact** | |
| 1. If email, attach email to this document and skip items b-f as long as info shows on email | |
| 1. Name of the person making the telephone call(s): | |
| 1. Date of telephone call(s): | |
| 1. Name of entity called (union or company): | |
| 1. Title and name of person contacted: | |
| 1. Phone number of entity called: | |
| 1. Name of fund: | |
| 1. Is contractor current with payments:  Yes  No Date of Last Payment: | |
| 1. Amount of payment: $ | |
| Monthly  Other       (specify) | |
| (Please provide documentation of any calculations made) | |
| 1. If a union was contacted, is contractor a signatory to the Trust Fund Account? | |
| Yes  No Name and location of Trust Fund: | |
| Comments: | |
|  | |
| **2. Remittance Statement** | |
| 1. Remittance Statement is attached:  Yes  No | |
| Comments: | |
|  | |
| 1. The Statement compares to the LS-4/5:  Yes  No | |
| Comments: | |
|  | |
| **3. Certification. By my signature, I certify that: all of the information on this form is correct to the best of my knowledge; I am signing this statement of my own free will and under no coercion; and I understand that falsification of information may result in legal action being taken against me.** | |
| Signature    Typed or Printed Name Date | |