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| ADOH new png FORM LS-14fringe 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 |