



TOWN/CITY OF _____
Community Development Block Grant Program
Weekly Payroll Labor Standards Compliance Review

Name of Prime Contractor: _____

Subcontractor (if applicable): _____

IRS Employers ID Number: _____

Payroll Period: From _____ to _____

Date Submitted: _____

Date Reviewed : _____

Reviewed By: _____

Payroll and Statement of Compliance Properly Completed?: Yes No

Findings: _____

<u>Job Classification</u>	<u>Wage and Fringe Paid</u>	<u>Determination Rate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Compliance Determination: Yes No Follow-up Actions: _____

Signature of Reviewer _____

_____ Date