

GRANTEE LABOR REPORT*

(Hover over each cell for instructions)



Grant Number: _____

Location Name and Address: _____

Project Name: _____

Project Description (SOW): _____

Employee Name	Employee Title	Work Performed	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 Williams	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

Grand Total: _____

Signature of Authorized Representative: _____

Title: _____

Name: _____

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.