	Wage Rate Sheet					
1.	Name of Grant Recipient					
2.	LCDBG Contract Number					
3.	Wage Decision Number, Date	, Mod				
4.	Name of Prime Contractor(s)					
		T				
	5. Classification	6. Но	ırly Rate	7. Fringe Benefit Rate	8. Total Package Rate	

^{*}add additional pages if necessary

<u>Instructions for the Wage Rate Sheet (Exhibit B-8)</u>

Post either (a) the Wage Rate Sheet or (b) Wage Decision in a worker-accessible place.

1, 2.	Self-explanatory.		
3. Wage Decision Number Mod, Date	The wage decision from the US Dept of Labor (DOL) that is designated as the governing decision for this part of the project. Example: State—Louisiana DOL Wage Decision Year—2008 Wage Decision Number—06 Date of Wage Decision—2/8/08 Modification number—0 Enter the above information using the following method: LA 08-0015, Dated 8/27/04, Mod 4 If there is more than one wage decision for the project a separate Wage Rate Sheet must be prepared.		
4. Name of Prime Contractor	Name of the prime contractor(s) who is subject to the wage decision listed on this Wage Rate Sheet.		
5. Classification	List only those classifications from the Wage Decision that are applicable to this project. Each classification must be written on the Wage Rate Sheet exactly as it appears on the Wage Decision. Additional Classification(s), if any, should also be included.		
6, 7. Hourly Rate and Fringe Benefit Rate	List exactly as listed on the Wage Decision. Prior to receiving DOL's response, rates for Additional Classification(s) should be listed at the rates requested by the contractor. After receiving DOL's response, rates must be listed according to DOL requirements.		
8. Total Package Rate	List the total of the hourly rate plus the fringe benefit rate.		