Attachment #6

CORRECTIONS PLANNING AND GRANT PROGRAMS CPGP

Grantee Salaries and Benefits Worksheet

Grantee Name: _____

Program: Adult Reentry Grant **Project Title:** WHO / RA **Invoice #:** _____ **Reporting Period:** _____

I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that it is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available upon request. All salaries and benefits claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name **Signature** **Date**

Wages Total	$0.00
BenefitsTotal	$0.00
Total Compensation	$0.00

Complete this worksheet for *Grantee* staff whose wages are listed as expenditures under Salaries & Benefits during this reporting period. The total grant funds shown above must match the amount on the invoice.

Note: For hourly employees that work varying hours each month, enter the total number hours *for the quarter* in Column C, the hourly pay rate in Column D, and then enter 1 in Column E. See examples in red below.

A	B	C	D	E		G				
Staff Name	**Staff Position**	**# of hours or % of FTE**	**Hourly Pay or Monthly Salary**	**Enter # of Months (1, 2, or 3)**	**Wages Total**	**Benefit Rate %**	**Total**	**Total Compensation**	**For BSCC Use Only Comments**	**Initials**
Bob Smith	Counselor	20.50	$42.25	1	$866.13	34%	$294.48	$1,160.61		
Sherry Brown	Probation Officer	0.50	$5,600	1	$2,800.00		$0.00	$2,800.00		
				1	$0.00		$0.00	$0