



RI Clean Water Finance Agency
 235 Promenade Street, Suite 119
 Providence, RI 02908
 Tel: (401) 453-4430; Fax: (401) 453-4094

ARRA WORK HOURS SUMMARY SHEET

Borrower _____

Project Name _____

Reporting Period: From _____ **to** _____

Contract Hours Worked: **Total Hours Worked** _____

Total Payroll Expenses \$ _____

Hours Covered By Certified Payroll _____

Hours Not Covered By Certified Payroll _____

List All Entities and Total Hours Worked During the Reporting Period:

Entity	Hours in a Std Work Week	DUNS Number	Total Payroll Expenses	Total Hours	Total Personnel	Personnel Previously Not Reported

Compiled By: _____ **Title:** _____

I attest that all documents used to calculate the hours worked are true and available for inspection upon request.

 Signature of Compiler

 Date