

PROJECT TITLE	APPLICANT

City/Town of: _____

FRINGE BENEFIT CERTIFICATION STATEMENT

I hereby certify that the fringe benefit rate of _____% is the rate authorized by the City/Town of: _____ for application against all **OVERTIME** hours worked by the sworn police agency personnel for the following time period: From: _____ to _____.
 (Date) (Date)

The category/percentage breakdown of this rate is as follows:

Cost Category	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %
6. _____	_____ %
7. _____	_____ %
8. _____	_____ %
Total Overtime Fringe Rate	_____ %

I further certify that this statement is correct in all respects and that the fringe benefit rate identified above accurately represents the OVERTIME fringe benefit costs to the municipality for the individuals employed under this project.

City/Town's Chief Financial Officer

Name: _____

Title: _____

Ink Signature: _____