

CDBG
Iowa Economic Development Authority
Force Account Internal Workforce Summary Page

Subrecipient:

IEDA Contract Number:

Date:

Service Period:

Work Category:

Part 1: Certification of Construction Completion

Employee Name	Job Title	Total Hours	Hourly Rate/Cost	Total Cost

I certify that the above-named employees were on the City/County payroll for the above listed hours on the IEDA CDBG contract identified. All listed information per employee is correct to the best of my knowledge.

Signature of Authorized Certifying Labor Standards Officer

Name

Title

Date