## MERIDIAN CDBG HOURLY BILLING RATE WORKSHEET

The City of Meridian will utilize this Hourly Billing Rate for staff time in your monthly reimbursement request for the CDBG program. Only actual hours worked for duties specified in the agreement are eligible for reimbursement.

In calculating the Hourly Billing Rate, you may choose to include any of the line items that apply to your employees to calculate the rate. Update calculations as charges occur to your listed rates and percentages (documentation must be available). Do not include any amount for a benefit that your organization does not provide. Please be advised that HUD and the City require wages paid by grant funds be documented by hourly time sheets. To simplify and standardize this process, the City of Meridian will use the 'Total Hourly Billing Rate" at the bottom of this form for each employee on every reimbursement request throughout the grant period.

Time sheets that clearly show the number of hours charged to CDBG must be provided as supporting documentation when requesting reimbursements. This form should be updated throughout the year as necessary.

Employee Name	Position	Position Title	
Position is: Hourly	Salary :		
	Amount		
Average number of hours anticipated per month for the CDBG program:			
Harriba make of many (na make al)			
Hourly rate of pay (required)	hours to calculate an hourhy wage		
For salaried employees, divide annual salary by 2,079.96 <b>Health Benefits</b>	of flours to calculate all flourly wage.		
Based on the hourly rate of pay.			
FICA			
Calculated at 7.65% of the hourly rate of pay.			
Unemployment Insurance			
Calculated at 1% of the hourly rate of pay.			
Retirement Contribution			
Direct 401 or 457 contribution calculated at the hourly p	pay rate.		
Workers Compensation Insurance	,		
Workman comp's yearly percentage x individual's hourly	y rate, divided by 2,079.96.		
Other	• •		
Must be reasonable, allowable under 2 CFR 200, and pre	e-approved by City of Meridian.		
	Total Hourly Billing Rate:		
	Effective Date:		
Prepared/Verified By: Must be completed by payroll personnel or accountant.			
Name	Title		
Signature		Date	