

Department of Workforce Services
 Office of Work and Family Life
 Youth Connections Grants FY10

Organization: _____

Site: _____

Date/Time Period: _____

% Fringe Benefits: (I.E. 8%) _____

Name of Staff	<i>Hourly Rate</i>	<i>Hours</i>	<i>Salaries</i>	<i>Fringe Benefits</i>
<i>Example: Jolene Christian</i>	<i>\$10/hr</i>	<i>25</i>	<i>\$250.00</i>	<i>\$20.00</i>
Total:		0	\$0.00	\$0.00

Questions? Contact:
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