## Resource Identification (RI) Breakdown Log

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Percentage | Monthly Total Pay | Percentage Attributed to HOPWA |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL SALARIES** |  |  | **$ XXX,XXX** |

**Fringe Benefits $ XXX,XXX**

**Indirect Costs $ XXX,XXX**

(not to exceed 7%)

**Total Resource Identification (RI) $ XXX,XXX**

Pay summary and proof of benefit payment must be included in Supporting Documentation File.

**Agency Certification**

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Authorized Agency Representative Date