(This letter provides the suggested language and information to be used for your own agency/district/organization. It is to be put on your own letterhead and submitted with each invoice as part of the backup documentation.)

MM/DD/YYYY

Department of Water Resources

Division of Integrated Regional Water Management

PO Box 942836

Sacramento, CA 94236-0001

**RE: \_\_\_\_Project**

 **IRWM Agreement No. 4600013831**

 **Personnel Billing Rates Notification**

Dear DWR Staff,

LPS NAME will be providing personnel services for the subject Project, funded through the subject IRWM Agreement. This letter is being provided to support the rates of LPS NAME staff who will be working on the project. Should rates billed fall outside of the hourly labor rate range below, or if there is a change in staff working on the project, an updated letter will be provided.

The hourly rates listed in the table below are comprised of the actual base salary rate, plus fringe benefits calculated at ?% for the time period in which charges may have accrued. (Include any additional, applicable detail about rates as needed)

The following staff will work on the project at the following rates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Classification** | **Effective Dates** | **Hourly Labor Rate** |
| Alphabetical order: last name, first name |  Job title | Provide the full range of dates starting with first date to work on the project – last date anticipated (typically the last day of the grant term | Provide a low to high hourly rate for each employee range that covers probable pay increases, etc. over the term of the grant |
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Should you have any questions, please contact me at PHONE NUMBER or EMAIL

Sincerely,

NAME

TITLE