Fringe Benefits Submission Quick Guide

The City and County of Denver requires all contractors to provide fringe benefits in accordance with prevailing wage requirements. This step-by-step guide outlines the process for submitting fringe benefit information and the required supporting documentation.

For questions, please contact our team at PwFringes@DenverGov.org.

STEP 1

Complete your fringe benefits spreadsheet by entering all employer-paid benefits.

MASTER FRINGE BENEFIT SPREADSHEET

Please send annual approvals, updates, and all supporting documentation to ***pwfringes@denvergov.org***

Contractor Name:	*Example Contracting, Inc.*	DO NOT ALTER FORMATTING OR FORMULAS ON SPREADSHEET	Approver:
Contact Name:	Karla Trevino		Approval Date:
Contact Phone:	720-913-5040	Hover over red triangles in header cells for instructions on entering rates and required documentation for claimed fringes	Update:
Contact Email:	karla.trevino@denvergov.org		

PREVAILING WAGE COMMENTS ONLY:

Last, First Name	LAST 4 SSN (xxx-xx-####)	Hire Date	Wage Rate Off Site	TOTAL FRINGE	Health	Dental	Life	Disability	Other Health	Total H&W Fringe	Hourly Pension	% 401K	Total Pension Fringe	Vacation	Sick/PTO	Holiday	Total Vac Hol Fringe	Training/ Apprenticeship	Total Training Fringe	NOTES
Smith, John	1234	7/1/2014	$ 40.00	$ 10.08	$ 1,000.00		$ 4.50			$ 5.81		3.00%	$ 1.20	120	40		$ 3.08		$ -	
Brown, Henry	5678	10/6/2022	$ 32.00	$ 5.72	$ 500.00		$ 4.50			$ 2.92		3.00%	$ 0.96	80	40		$ 1.85		$ -	
Jones, George	4321	2/15/2024	$ 30.00	$ 6.41	$ 650.00		$ 4.50			$ 3.78		3.00%	$ 0.90	80	40		$ 1.73		$ -	
Williams, James	8765	1/18/2008	$ 45.00	$ 8.59	$ 500.00		$ 4.50			$ 2.92		3.00%	$ 1.35	160	40		$ 4.33		$ -	
				$ -						$ -			$ -				$ -		$ -	
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Figure 1. Master Fringe Benefit Spreadsheet example.

CONTINUED...

STEP 1 CONTINUED

If you are submitting an update — highlight any changes to your most recently approved fringe benefit spreadsheet.

MASTER FRINGE BENEFIT SPREADSHEET

Please send annual approvals, updates, and all supporting documentation to ***pwfringes@denvergov.org***

Contractor Name:	*Example Contracting, Inc.*	DO NOT ALTER FORMATTING OR FORMULAS ON SPREADSHEET	**Approver:**	Fringe Team
Contact Name:	Karla Trevino		**Approval Date:**	12/5/2025
Contact Phone:	720-913-5040	Hover over red triangles in header cells for instructions on entering rates and required documentation for claimed fringes	**Update:**	
Contact Email:	karla.trevino@denvergov.org			

PREVAILING WAGE COMMENTS ONLY:

Last, First Name	LAST 4 SSN (xxx-xx-####)	Hire Date	Wage Rate Off Site	TOTAL FRINGE	Health	Dental	Life	Disability	Other Health	Total H&W Fringe	Hourly Pension	% 401K	Total Pension Fringe	Vacation	Sick/PTO	Holiday	Total Vac Hol Fringe	Training/ Apprenticeship	Total Training Fringe	NOTES
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Williams, James	8765	1/18/2008	$45.00	$ 8.59	$ 500.00		$ 4.50			$ 2.92		3.00%	$ 1.35	160	40		$ 4.33		$ -	
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Figure 2. Approved Fringe Benefit Spreadsheet with updates highlighted in yellow.

REMEMBER:

If your company has a self-funded or self-insured health care plan — complete the Self-Funded Fringe Benefit Spreadsheet.

MASTER FRINGE BENEFIT SPREADSHEET - SELF FUNDED INSURANCE

Please send annual approvals, updates, and all supporting documentation to ***pwfringes@denvergov.org***

Contractor Name:		DO NOT ALTER FORMATTING OR FORMULAS ON SPREADSHEET	**Approver:**	
Contact Name:			**Approval Date:**	
Contact Phone:		Hover over red triangles in header cells for instructions on entering rates and required documentation for claimed fringes	**Update:**	
Contact Email:			**Effective Date:**	

401(K) ADDITIONAL CONTRIBUTIONS TO MAKE PREVAILING WAGE: Any state or federally mandated tax or fee obligations, additional contributions made to Profit Sharing Programs and/or Employee Stock Ownership Plans (ESOP), or plans in which forfeitures if the employee leaves the company are NOT considered qualifiable as a Fringe Benefit. If a contractor has Fringe Benefit Spreadsheet approval from our office to make additional 401(k) or Pension contributions, the fringe credit claimed cannot exceed the fringe rate for the classification worked.

For self-insured plans: 100% of fixed costs paid by the employer (inc. administrative fees and stop-loss insurance) will be approved for fringe credit. A percentage of variable costs (inc. claims funding) may be approved. **Please fill out the green columns below (Columns F through H) with information from your insurance provider.**

Variable Approval Percentage *(Default is 75%, can be changed based on 3 years of historical utilization data)* 75%

Last, First Name	LAST 4 SSN (xxx-xx-####)	Hire Date	Wage Rate Off Site	TOTAL FRINGE	HEALTH- Fixed Cost	HEALTH- Variable Cost	HEALTH- Employee Copremium	Health	Dental	Life	Disability	Other Health	Total H&W Fringe	Hourly Pension	% 401K	Total Pension Fringe	Vacation	Sick/PTO	Holiday	Total Vac Hol Fringe	Training/ Apprenticeship	Total Training Fringe	NOTES
				$ -				$ -					$ -			$ -				$ -		$ -	
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				$ -				$ -					$ -			$ -				$ -		$ -	
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Figure 3. Self-Funded Fringe Benefit Spreadsheet example.

STEP 2

Fill out the Prevailing Wage Fringe Approval Request Form.

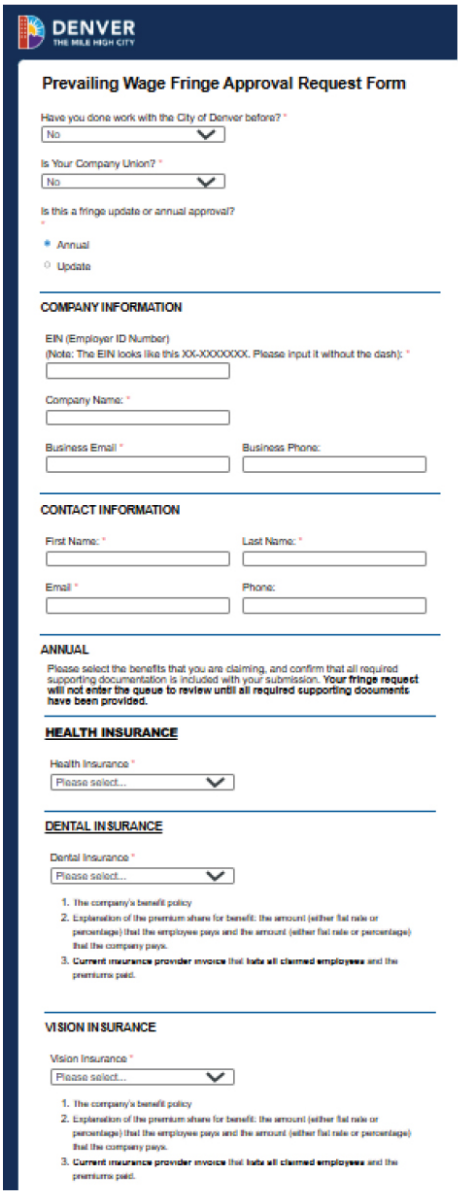
Watch our training video "New Fringe Benefits Submission Process" if you need help filling out the form.

STEP 3

Upload all required supporting documents to the Prevailing Wage Fringe Approval Request Form.

Required supporting documents are listed on the form.

The list of required supporting documents is also available here.


DENVER
THE MILE HIGH CITY

Prevailing Wage Fringe Approval Request Form

Have you done work with the City of Denver before? *
No

Is Your Company Union? *
No

Is this a fringe update or annual approval? *
Annual
Update

COMPANY INFORMATION

EIN (Employer ID Number)
(Note: The EIN looks like this XX-XXXXXXX. Please input it without the dash): *

Company Name: *

Business Email * | Business Phone:

CONTACT INFORMATION

First Name: * | Last Name: *

Email * | Phone:

ANNUAL

Please select the benefits that you are claiming, and confirm that all required supporting documentation is included with your submission. **Your fringe request will not enter the queue to review until all required supporting documents have been provided.**

HEALTH INSURANCE

Health Insurance *
Please select...

DENTAL INSURANCE

Dental Insurance *
Please select...

1. The company's benefit policy
2. Explanation of the premium share for benefit: the amount (either flat rate or percentage) that the employee pays and the amount (either flat rate or percentage) that the company pays.
3. **Current insurance provider invoice** that **lists all claimed employees** and the premiums paid.

VISION INSURANCE

Vision Insurance *
Please select...

1. The company's benefit policy
2. Explanation of the premium share for benefit: the amount (either flat rate or percentage) that the employee pays and the amount (either flat rate or percentage) that the company pays.
3. **Current insurance provider invoice** that **lists all claimed employees** and the premiums paid.

Figure 4. Prevailing Wage Fringe Approval Request Form example.

STEP 4

As soon as we receive your submitted request form — we will send you a confirmation email.

If all required documents are included — we will approve your submission in a timely manner.

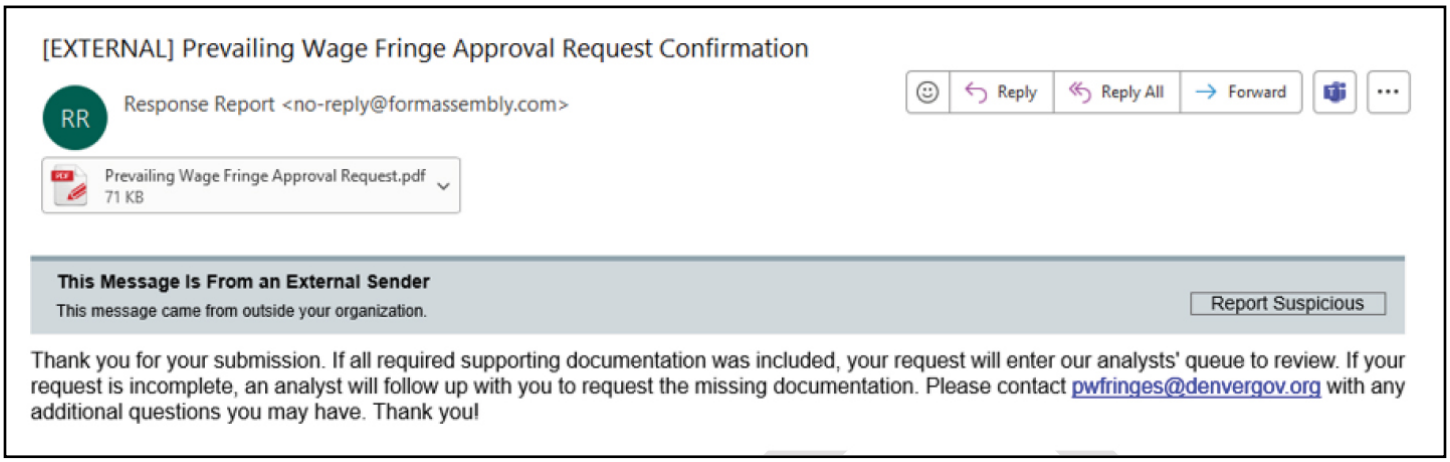


Figure 5. Email example.

If any required documents are missing or if the fringe team has any questions about the information you have provided, we may send you a follow-up email from PwFringes@denvergov.org.

STEP 5

Once your fringe benefits have been approved, you can use those approved hourly amounts to submit your certified payroll records in LCPtracker for all prevailing wage jobs.

Fringe benefits approvals are good for one year after the approval date.

RESOURCES:

- Prevailing Wage Fringe Approval Request Form.
- Required supporting documents.
- Training video for submitting fringe benefits for approval.