

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT	REQUEST FOR DETERMINATION AND RESPONSE TO REQUEST	<i>(Davis Bacon Act as Amended and Related Statutes)</i>
<p>FOR STATE USE ONLY</p> <p>Response to Request</p> <p>a. <input type="checkbox"/> Use area determination issued for this area</p> <p>_____</p> <p>b. <input type="checkbox"/> The attached decision noted below is applicable to this project</p> <p>_____</p>	<p>Requesting Officer (type name and signature)</p> <hr/> <p>Department, Agency, or Bureau Phone Number</p> <hr/> <p>Date of Request Est. Advertising Date Est. Bid Opening Date</p> <hr/> <p>Prior Decision Number (if any) Est. \$ Value of Contract Type of Work</p> <p style="text-align: center;"> <input type="checkbox"/> Under 1/2 Mil. <input type="checkbox"/> 1 to 5 Mil. <input type="checkbox"/> Bldg. <input type="checkbox"/> Highway <input type="checkbox"/> 1/2 to 1 Mil. <input type="checkbox"/> Over 5 Mil. <input type="checkbox"/> Resid. <input type="checkbox"/> Heavy </p> <p>Location of Project (city or other description)</p> <hr/> <p>County State</p> <hr/> <p>Address to which wage determination should be mailed. Must be complete and include ZIP Code. (Print or type)</p> <hr/> <p>Wage Survey by Agency Attached Wage Survey by Agency in Progress</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>Description of Work (Be specific) (Print or type)</p> <hr/> <p>Grantee: Year:</p>	<p>CHECK OR LIST CRAFTS NEEDED (Attach continuation sheet if needed)</p> <p>_____ Asbestos workers</p> <p>_____ Boilermakers</p> <p>_____ Bricklayers</p> <p>_____ Carpenters</p> <p>_____ Cement masons</p> <p>_____ Electricians</p> <p>_____ Glaziers</p> <p>_____ Ironworkers</p> <p>_____ Laborers, (specify classes)</p> <p>_____</p> <p>_____</p> <p>_____ Lathers</p> <p>_____ Marble & tile setters, terrazzo workers</p> <p>_____ Painters</p> <p>_____ Piledrivermen</p> <p>_____ Plasterers</p> <p>_____ Plumbers</p> <p>_____ Roofers</p> <p>_____ Sheet metal workers</p> <p>_____ Soft floor layers</p> <p>_____ Steamfitters</p> <p>_____ Welders--rate for craft</p> <p>_____ Truck drivers</p> <p>_____ Power equipment operators, (specify types)</p> <p>_____</p> <p>_____</p> <p>_____ Other crafts</p> <p>_____</p> <p>_____</p>
Decision Number		
Date of Decision		
Expires		
Supersedes Decision Number		
Approved		

<p>CERTIFICATION of Compliance with Minimum Standards for Accessibility by the Physically Handicapped</p>
--

Contract No. _____

Project Name: _____

Address: _____

Pursuant to the requirements of the Architectural Barriers Act of 1968, 42 USC 4151, and the regulations issued subsequent thereto, the undersigned certifies that the design of the above-mentioned project is in conformance with the minimum standards contained in the American Standard Specifications for Making Buildings and Facilities Accessible To and Usable by the Physically Handicapped, Number A-117.1R-1971 (as modified by 41 CFR 101-19.603).

Professional Registrant for the Project: _____

(Legal Name and address) _____

Registration Number: _____

Signature: _____

(Print or Type Name)

Date: _____

Local Government Official: _____

Signature

LAND ACQUISITION

All permanent easements, land purchases, city/county/state right of ways, Department of Transportation, Corps of Engineers and railroad permits and any other land access agreements must be obtained and recorded (if applicable) with the appropriate agencies **prior** to ECD approval of plans and specifications.

Please check the following boxes and sign below:

- | yes | no | n/a | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All permanent easements necessary for the construction of this project have been acquired and recorded with the appropriate agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All land acquisition necessary for the construction of this project has been acquired and recorded with the appropriate agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All right-of-ways, permits, and land access agreements necessary for the construction of this project have been acquired and recorded with the appropriate agency(s). |

OR

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The construction of this project requires no acquisition of land, permanent easements, right-of-ways, permits or land access agreements. |
|--------------------------|--------------------------|--------------------------|--|

Signature of grantee, engineer/architect,
or project administrator

Date

**This form must be sent to ECD before we
can approve plans and specifications.**

EXHIBIT E-4 IS THE SET OF DOCUMENTS
WHICH ARE TO BE INCLUDED,
ALONG WITH SPECIFICATIONS,
IN THE BID CONTRACT DOCUMENT. * 

Required Insertions for Project Specifications

The following bid information must be completed in the project specifications prior to submittal to ECD for our review:

- | | |
|--|--|
| Information For Bidders | <ul style="list-style-type: none"> - (1) Receipt and Opening of Bids - (5) Method of Bidding - (9) Time of Completion and Liquidated Damages - (11) Addenda and Interpretations |
| Supplemental General Conditions | <ul style="list-style-type: none"> - (9) Builder's Risk Insurance - (10) Special Equal Opportunity Provisions <ul style="list-style-type: none"> B. Executive Order 11246 <ul style="list-style-type: none"> 2. Notice of Requirement for Affirmative Action to ensure Equal Opportunity <ul style="list-style-type: none"> b. Goals for minority participation and Goals for female participation*
(* currently statewide 6.9% for female) d. "covered area" (city/county where work will be done) |

Be sure you have the current Davis-Bacon Wage Decision before you submit your bid document to the State.

* See the Contracts Document Guide section at the end of this chapter and the General Conditions document for a copy of these materials

SAMPLE MINUTES OF BID OPENING

Bid Opening for Fifth Street Improvements.

The first bid opening was opened at 3:05 P.M. on April 1, 2012. Bidders and bid amounts in order of opening:

Walton Construction	\$ 235,723.55
South Ark Construction	\$ 220,650.75
Big Time Construction	\$ 310,375.75

Bid Award is scheduled for April 8, 2012.

(Signed)
Mary Simmons
City Recorder

RECOMMENDATION FOR AWARD

To: ECD

From: _____
(Grantee)

Date: _____

This is to inform you that the bids have been reviewed for technical and legal responsiveness. It is our recommendation that _____, _____ of _____, _____ be
(Name of Company) (I.D. Number) (City) (State)
awarded the contract in the amount of _____ for the _____
(Amount) (Year) (Grantee Name)
_____ CDBG project.
(Brief Description)

**NOTICE OF CONTRACT AWARD AND
PRE-CONSTRUCTION CONFERENCE**

To: ECD

From: _____
(Name and Title of Labor Standards Coordinator)

Date:

Subject: _____
(Grantee)

(Contract Number, Title of Project and Year)
Award of Contract/Pre-Construction Conference

This is to inform you that _____, _____, at _____,
(Name of Company) (I.D. Number) (Address)

_____, has been awarded a contract _____ to _____
(Phone Number) (Number) (Brief Description of Work)

_____ in the City of _____. The number of the applicable wage decision is
(City Name)

_____. The contract is for _____. The estimated start of construction is
(Number) (Amount)

_____. Contract completion is estimated to be _____. A Pre-Construction
(Date) (Date)

Conference will be held concerning this project at _____ on _____ at
(Time) (Date)

_____.
(Address)

PRE-CONSTRUCTION REPORT

Project Name: _____ Project #: _____

Location: _____

Description of Work to be Performed: _____

Wage Decision Number: _____

Contractor: _____ Contract Amount: \$ _____

Conference Date: _____ Place: _____

Participants:

Names

Titles

Items Covered:

- | | |
|---|---|
| <input type="checkbox"/> Initial Starting Date | <input type="checkbox"/> Employee Interviews |
| <input type="checkbox"/> Inspection and Supervision | <input type="checkbox"/> Insurance Coverage |
| <input type="checkbox"/> Labor Standards | <input type="checkbox"/> Construction Safety |
| <input type="checkbox"/> Housing and Urban Development Act of 1968, Section 3 | <input type="checkbox"/> Partial Payments to Contractor |
| <input type="checkbox"/> Equal Opportunity | <input type="checkbox"/> Change Orders |
| <input type="checkbox"/> Reporting Requirements and Sanctions | <input type="checkbox"/> Liquidated Damages |
| <input type="checkbox"/> Payrolls | <input type="checkbox"/> City's Role and Responsibilities |
| | <input type="checkbox"/> Contractor's Role and Responsibilities |
| <input type="checkbox"/> Other: _____ | |

I, _____, (Name of Prime Contractor) hereby acknowledge that I attended a pre-construction conference on the above-noted date, that all items listed were adequately reviewed at the meeting and that I fully understand all obligations and responsibilities allocated to me as prime contractor.

NOTICE TO PROCEED

_____ (Date)

_____ (Contractor)

_____ (Address)

_____ (City), (State), (Zip)

Re: _____ (Grantee)

_____ (Project #)

_____ (Project)

You are hereby notified to commence WORK on _____, 20____, in accordance with the Agreement dated _____, 20____, and you are to complete the WORK within _____ consecutive calendar days thereafter. The date of completion of all WORK is therefore _____, 20____.

Owner

By: _____

Title: _____

Contractor

By: _____

Title: _____

NOTICE OF START OF CONSTRUCTION

To: ECD

From: _____
(Grantee)

(Project #)

Date: _____
(Date)

_____, located at _____, awarded to
(Project Name) (Address)

_____ on _____, will begin construction on _____.
(Name of Contractor) (Date) (Date)

Construction will be completed by _____. The number of the applicable wage
(Date)

decision is _____. _____ has designated
(Wage Decision Number) (Grantee)

_____ as responsible for compliance with labor standards and equal
(Name)

opportunity provisions.

U.S. Department of Labor

Wage and Hour Division (WHD)

Instructions For Completing Payroll Form, WH-347

- [WH-347 \(PDF\)](#)

OMB Control No. 1215-0149, Expires 12/31/2011.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

General: Form WH-347 has been made available for the convenience of contractors and subcontractors required by their Federal or Federally-aided construction-type contracts and subcontracts to submit weekly payrolls. Properly filled out, this form will satisfy the requirements of Regulations, Parts 3 and 5 (29 C.F.R., Subtitle A), as to payrolls submitted in connection with contracts subject to the Davis-Bacon and related Acts.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Under the Davis-Bacon and related Acts, the contractor is required to pay not less than prevailing wage, including fringe benefits, as predetermined by the Department of Labor. The contractor's obligation to pay fringe benefits may be met either by payment of the fringe benefits to bona fide benefit plans, funds or programs or by making payments to the covered workers (laborers and mechanics) as cash in lieu of fringe benefits.

This payroll provides for the contractor to show on the face of the payroll all monies to each worker, whether as basic rates or as cash in lieu of fringe benefits, and provides for the contractor's representation in the statement of compliance on the payroll (as shown on page 2) that he/she is paying for fringe benefits required by the contract and not paid as cash in lieu of fringe benefits. Detailed instructions concerning the preparation of the payroll follow:

Contractor or Subcontractor: Fill in your firm's name and check appropriate box.

Address: Fill in your firm's address.

Payroll No.: Beginning with the number "1", list the payroll number for the submission.

For Week Ending: List the workweek ending date.

Project and Location: Self-explanatory.

Project or Contract No.: Self-explanatory.

Column 1 - Name and Individual Identifying Number of Worker: Enter each worker's full name and an individual identifying number (e.g., last four digits of worker's social security number) on each weekly payroll submitted.

Column 2 - No. of Withholding Exemptions: This column is merely inserted for the employer's convenience and is not a requirement of Regulations, Part 3 and 5.

Column 3 - Work Classifications: List classification descriptive of work actually performed by each laborer or mechanic. Consult classification and minimum wage schedule set forth in contract specifications. If additional classifications are deemed necessary, see Contracting Officer or Agency representative. An individual may be shown as having worked in more than one classification provided an accurate breakdown or hours worked in each classification is maintained and shown on the submitted payroll by use of separate entries.

Column 4 - Hours worked: List the day and date and straight time and overtime hours worked in the applicable boxes. On all contracts subject to the Contract Work Hours Standard Act, enter hours worked in excess of 40 hours a week as "overtime".

Column 5 - Total: Self-explanatory

Column 6 - Rate of Pay (Including Fringe Benefits): In the "straight time" box for each worker, list the actual hourly rate paid for straight time worked, plus cash paid in lieu of fringe benefits paid. When recording the straight time hourly rate, any cash paid in lieu of fringe benefits may be shown separately from the basic rate. For example, "\$12.25/.40" would reflect a \$12.25 base hourly rate plus \$0.40 for fringe benefits. This is of assistance in correctly computing overtime. See "Fringe Benefits" below. When overtime is worked, show the overtime hourly rate paid plus any cash in lieu of fringe benefits paid in the "overtime" box for each worker; otherwise, you may skip this box. See "Fringe Benefits" below. Payment of not less than time and one-half the basic or regular rate paid is required for overtime under the Contract Work Hours Standard Act of 1962 if the prime contract exceeds \$100,000. In addition to paying no less than the predetermined rate for the classification which an individual works, the contractor must pay amounts predetermined as fringe benefits in the wage decision made part of the contract to approved fringe benefit plans, funds or programs or shall pay as cash in lieu of fringe benefits. See "FRINGE BENEFITS" below.

Column 7 - Gross Amount Earned: Enter gross amount earned on this project. If part of a worker's weekly wage was earned on projects other than the project described on this payroll, enter in column 7 first the amount earned on the Federal or Federally assisted project and then the gross amount earned during the week on all projects, thus "\$163.00/\$420.00" would reflect the earnings of a worker who earned \$163.00 on a Federally assisted construction project during a week in which \$420.00 was earned on all work.

Column 8 - Deductions: Five columns are provided for showing deductions made. If more than five deductions are involved, use the first four columns and show the balance deductions under "Other" column; show actual total under "Total Deductions" column; and in the attachment to the payroll describe the deduction(s) contained in the "Other" column. All deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 C.F.R., Part 3. If an individual worked on other jobs in

addition to this project, show actual deductions from his/her weekly gross wage, and indicate that deductions are based on his gross wages.

Column 9 - Net Wages Paid for Week: Self-explanatory.

Totals - Space has been left at the bottom of the columns so that totals may be shown if the contractor so desires.

Statement Required by Regulations, Parts 3 and 5: While the "statement of compliance" need not be notarized, the statement (on page 2 of the payroll form) is subject to the penalties provided by 18 U.S.C. § 1001, namely, a fine, possible imprisonment of not more than 5 years, or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

Items 1 and 2: Space has been provided between items (1) and (2) of the statement for describing any deductions made. If all deductions made are adequately described in the "Deductions" column above, state "See Deductions column in this payroll." See "FRINGE BENEFITS" below for instructions concerning filling out paragraph 4 of the statement.

Item 4 FRINGE BENEFITS - Contractors who pay all required fringe benefits: If paying all fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor, show the basic cash hourly rate and overtime rate paid to each worker on the face of the payroll and check paragraph 4(a) of the statement on page 2 of the WH-347 payroll form to indicate the payment. Note any exceptions in section 4(c).

Contractors who pay no fringe benefits: If not paying all fringe benefits to approved plans, funds, or programs in amounts of at least those that were determined in the applicable wage decision of the Secretary of Labor, pay any remaining fringe benefit amount to each laborer and mechanic and insert in the "straight time" of the "Rate of Pay" column of the payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the application wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringe benefits, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringe benefits at the straight time rate. In addition, check paragraph 4(b) of the statement on page 2 the payroll form to indicate the payment of fringe benefits in cash directly to the workers. Note any exceptions in section 4(c).

Use of Section 4(c), Exceptions

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the covered worker as cash in lieu of fringe benefits. Enter any exceptions to section 4(a) or 4(b) in section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid each worker as cash in lieu of fringe benefits and the hourly amount paid to plans, funds, or programs as fringe benefits. The contractor must pay an amount not less than the predetermined rate plus cash in lieu of fringe benefits as shown in section 4(c) to each such individual for all hours worked (unless otherwise provided by applicable wage determination) on the Federal or Federally assisted project. Enter the rate paid and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll. See paragraph on "Contractors who pay no fringe benefits" for computation of overtime rate.

Public Burden Statement: We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Note: In order to view, fill out, and print PDF forms, you need Adobe® Acrobat® Reader® version 5 or later, which you may download for free at www.adobe.com/products/acrobat/readstep2.html. To save the completed forms on your workstation, you need to use the "Save As" method to save the file. For example, move your mouse cursor over the PDF link and click on your "RIGHT" mouse button. This will cause a menu to be displayed, from which you will select the proper save option -- depending upon which browser you are using:

- For Microsoft IE users, select "Save Target As"
- For Netscape Navigator users, select "Save Link As"

Once you've selected the proper save option for your browser, and have saved the file to a location you specified, go to your program menu and start the Adobe Acrobat® Reader. Once open, locate the PDF file you saved and open it directly in Acrobat®.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1235-0008
Expires: 01/31/2015

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS

PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
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Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 5/11/2012

Joe Jones (Name of Signatory Party) Owner (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Joe's Contracting Company (Contractor or Subcontractor)

on the

Anytown Water Line Project that during the payroll period commencing on the (Building or Work)

3rd day of May 2012, and ending the 9th day of May 2012

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Joe's Contracting Company

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below.

Health Insurance and Dental Insurance - Employee Contributions

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. Row 1: Jane Green, Not yet eligible for benefits, is paid \$2 cash-in-lieu of fringe.

REMARKS:

Court-ordered child support payments are deducted from Jane Green's check.

NAME AND TITLE: Joe Jones, Owner. SIGNATURE: [Handwritten Signature]. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

**INSTRUCTIONS FOR PREPARATION OF
PROJECT WAGE RATE SHEET**

1. List the project name.
2. List the State CDBG contract number.
3. List the applicable Wage Decision Number with the modification number.
4. List the county that the project is located.
5. List each employee that works on the job. You can add people to the form as they are added to the project.
6. List their work classification.
7. List the hourly pay for the classification.
8. If any fringe benefits are being paid, list and show amount. For example, Vacation Pay \$1.20/hr, Sick Leave Pay \$1.50/hr.
9. List total compensation that employee is receiving on the project.
10. Have authorized personnel sign form.
11. Type name of person authorized to sign.
12. Type name of company.

This form is to accompany each payroll.

PROJECT WAGE RATE SHEET

Project Name:			Wage Decision Number/Modification Number						
Project Number:			Project County:						
Employee	Work Classification*	Hourly Rate	Fringe Benefits					TOTAL FRINGE	Total Wage
			Health Insurance	Vacation Pay	Sick Leave Pay	Retirement Benefits	Other - List:		

This form is a breakdown of the hourly rate plus the company-paid fringe benefits for each employee working on this project.

* List each classification for an employee on a different line and indicate category (i.e. building or heavy) for each classification.

 (Company person authorized to sign)
 (Company name)

AUTHORIZATION TO MAKE "OTHER" DEDUCTIONS

I, _____, hereby acknowledge that I have previously authorized my employer, _____, to make the below described deductions which constitute contributions for certain benefits (see Section (d) on the attached list of Permissible Payroll Deductions) on wages earned while employed on the aforementioned projects.

These deductions were either: (1) voluntarily consented to in writing and in advance of my commencement of work on the aforementioned projects or (2) provided for in a bona fide collective bargaining agreement. (Please circle or underline (1) or (2) to indicate which scenario applies.)

I, _____ (please include name and title), hereby state that I pay or supervise the payment of this employee and certify that no profit or other benefit is otherwise obtained by the employer or any affiliated person in the form of a commission, dividend, or otherwise. I further certify that the deductions listed in Section A. of this Form serve the convenience and interest of the employee and consent to said deductions was not a condition either for the obtaining or continuation of his/her employment.

PROJECT NUMBER: _____
PROJECT NAME: _____
PROJECT LOCATION: _____
City County State

These deductions listed below are voluntary and are authorized for the identified purpose(s):

Table with 2 columns: Purpose of Deduction, Amount / Frequency of Deduction. Rows 1-5.

Employee Name (PRINT OR TYPE)

Witness

Employee Signature

Date

Employee Last 4 Digits of SSN.

Date

PERMISSIBLE PAYROLL DEDUCTIONS (29 C.F.R. §3.5)

The following payroll deductions may be made without requesting approval from the U.S. Department of Labor:

- (a) Any deduction made **in compliance with the requirements of Federal, State, or local law**, such as Federal or State withholding income taxes and Federal Social Security taxes.
- (b) Any deduction of **sums previously paid to the employee as a bona fide prepayment of wages** when such prepayment is made without discount or interest. A “bona fide prepayment of wage” is considered to have been made only when cash or its equivalent has been advanced to the person employed in such manner as to give him complete freedom of disposition of the advanced funds.
- (c) Any deduction of **amounts required by court process** to be paid to another, unless the deduction is in favor of the contractor, subcontractor, or any affiliated person, or when collusion or collaboration exists.
- (d) Any deduction constituting a contribution on behalf of the person employed to funds established by the employer or representatives of employees, or both, for the purpose of providing either from principal or income, or both, **medical or hospital care, pensions or annuities on retirement death benefits, compensation for injuries, illness, accidents, sickness, or disability, or for insurance to provide any of the foregoing, or unemployment benefits, vacation pay, savings accounts, or similar payments** for the benefit of employees, their families and dependents: *Provided, however, that the following standards are met:* (1) the deduction is **not otherwise prohibited by law**; (2) it is either: (i) **voluntarily consented to by the employee in writing and in advance** of the period in which the work is to be done and such consent is **not a condition either for the obtaining of or for the continuation of employment**, or (ii) **provided for in a bona fide collective bargaining agreement** between the contractor or subcontractor and representatives of its employees; (3) no **profit or other benefit is otherwise obtained**, directly or indirectly, by the contractor or subcontractor or any affiliated person in the form of commission, dividend, or otherwise; and (4) the deduction shall serve the **convenience and interest of the employee**.
- (e) Any deduction contributing toward the purchase of United States **Savings Bonds** when voluntarily authorized by the employee
- (f) Any deduction requested by the employee to enable him to **repay loans** to or to purchase shares in credit unions organized and operated in accordance with Federal and State credit union statutes.
- (g) Any deduction voluntarily authorized by the employee for the making of contributions governmental or quasi-governmental agencies, such as the American Red Cross.
- (h) Any deduction voluntarily authorized by the employee for the making of contributions to Community Chests, United Givers Funds, and similar charitable organizations.

- (i) Any deductions to pay **regular union initiation fees** and membership dues, not including fines or special assessments: *Provided, however,* that a collective bargaining agreement between employees provided for such deductions and the deductions are not otherwise prohibited by law.
- (j) Any deduction not more than for the **“reasonable cost” of board, lodging or other facilities** meeting the requirements of section 3(m) of the Fair Labor Standards Act of 1938, as amended, and Part 531 of Title 29, Code of Federal Regulations. When such a deduction is made, the additional records required under Section 516.25(a) of Title 29, Code of Federal Regulations, shall be kept.
- (k) Any deduction for the cost of safety equipment of nominal value purchased by the employee as his own property for his personal protection in his work, such as safety shoes, safety glasses, safety gloves, and hard hats, if such equipment is not required by law to be furnished by the employer, if such deduction is not violative of the Fair Labor Standards Act or prohibited by other law, if the cost on which the deduction is based does not exceed the actual cost to the employer where the equipment is purchased from him and does not include any direct or indirect monetary return to the employer where the equipment is purchased from a third person, and if the deduction is either:
 - (1) Voluntarily consented to by the employee in writing and in advance of the period in which the work is to be done and such consent is not a condition either for the obtaining of employment or its continuance; or
 - (2) Provided for in a bona fide collective bargaining agreement between the contractor or subcontractor and representatives of its employees.

LIST OF REQUIRED POSTERS ON JOB-SITE

- ★ Notice To All Employees Working on Federal or Federally
Financed Construction Projects
- ★ Job Safety & Health Protection
- ★ Equal Opportunity Is The Law
- ★ Applicable Davis-Bacon Wage Decision(s)
- ★ Employee Polygraph Protection Act

Record of Employee Interview

U.S. Department of Housing and Urban Development Office of Labor Relations

OMB Approval No. 2501-0009
(exp. 10/31/2010)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The information is collected to ensure compliance with the Federal labor standards by recording interviews with construction workers. The information collected will assist HUD in the conduct of compliance monitoring; the information will be used to test the veracity of certified payroll reports submitted by the employer. **Sensitive Information.** The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity that could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. **The information collected herein is voluntary, and any information provided shall be kept confidential.**

1a. Project Name			2a. Employee Name		
1b. Project Number			2b. Employee Phone Number (including area code)		
1c. Contractor or Subcontractor (Employer)			2c. Employee Home Address & Zip Code		
			2d. Verification of identification? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3a. How long on this job?	3b. Last date on this job before today?	3c. No. of hours last day on this job?	4a. Hourly rate of pay?	4b. Fringe Benefits? Vacation Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Yes <input type="checkbox"/> No <input type="checkbox"/> Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	
4c. Pay stub? Yes <input type="checkbox"/> No <input type="checkbox"/>					
5. Your job classification(s) (list all) --- continue on a separate sheet if necessary					
6. Your duties					
7. Tools or equipment used					
8. Are you an apprentice or trainee? <input type="checkbox"/> Y <input type="checkbox"/> N		10. Are you paid at least time and ½ for all hours worked in excess of 40 in a week? <input type="checkbox"/> Y <input type="checkbox"/> N		11. Have you ever been threatened or coerced into giving up any part of your pay? <input type="checkbox"/> Y <input type="checkbox"/> N	
9. Are you paid for all hours worked? <input type="checkbox"/> Y <input type="checkbox"/> N		12a. Employee Signature			
				12b. Date	
13. Duties observed by the Interviewer (Please be specific.)					
14. Remarks					
15a. Interviewer name (please print)			15b. Signature of Interviewer		15c. Date of interview

Payroll Examination

16. Remarks	
17a. Signature of Payroll Examiner	17b. Date

Previous editions are obsolete

Form HUD-11 (08/2004)

Record of Employee Interview Instructions	U.S. Department of Housing and Urban Development Office of Labor Relations	OMB Approval No. 2501-0009 (exp. 10/31/2010)
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General:

This form is to be used by HUD and local agency staff for recording information gathered during on-site interviews with laborers and mechanics employed on projects subject to Federal prevailing wage requirements. Typically, the staff that will conduct on-site interviews and use this form are HUD staff and fee construction inspectors, HUD Labor Relations staff, and local agency labor standards contract monitors.

Information recorded on the form HUD-11 is evaluated for general compliance and compared to certified payroll reports submitted by the respective employer. The comparison tests the veracity of the payroll reports and may be critical to the successful conclusion of enforcement actions in the event of labor standards violations. The thoroughness and accuracy of the information gathered during interviews is crucial.

Note that the interview itself and the information collected on the form HUD-11 are considered confidential. Interviews should be conducted individually and privately. All laborers and mechanics employed on the job site must be made available for interview at the interviewer's request. The employee's participation, however, is voluntary. Interviews shall be conducted in a manner and place that are conducive to the purposes of the interview and that cause the least inconvenience to the employer(s) and the employee(s).

Completing the form HUD-11

Items 1a - 1c: Self-explanatory

Items 2a – 2d: Enter the employee's full name, a telephone number where the employee can be reached, and the employee's home address. Many construction workers use a temporary address in the locality of the project and have a more permanent address elsewhere from which mail may be forwarded to them. Obtain a more permanent address, if available. Ask the employee for a form of identification (e.g., driver's license) to verify their name.

Items 3a – 4c: Enter the employee's responses. Ask the employee whether they have a pay stub with them; if so, determine whether the pay stub is consistent with the information provided by the employee.

Items 5 – 7: Be certain that the employee's responses are specific. For example, job classification (#5) must identify the trade involved (e.g., Carpenter, Electrician, Plumber) – responses such as "journeyman" or "mechanic" are not helpful for our purposes.

Items 8 – 12b: Self-explanatory

Items 13 – 15c: These items represent some of the most important information that can be gathered while conducting on-site interviews. Please be specific about the duties you observed the employee performing. It may be easiest to make these observations before initiating the interview. Please record any comments or remarks that may be helpful. For example, if the employee interviewed was working with a crew, how many workers were in the crew? Was the employee evasive?

The level of specificity that is warranted is directly related to the extent to which interview(s) or other observations indicate that there may be violations present. If interviews indicate that there may be underpayments involving a particular trade(s), the interviewer is encouraged to interview as many workers in that trade(s) that are available.

Items 16 – 17b: The information on the form HUD-11 may be reviewed for general compliance, initially. For example, are the job classification and wage rate stated by the employee compatible with the classifications and wage rates on the applicable wage decision? Are the duties observed by the interviewer consistent with the job classification?

Once the corresponding certified payroll reports are received, the information on the HUD-11 shall be compared to the payroll reports. Any discrepancies noted between the HUD-11 information and that on the payroll report shall be noted in Item 16, Remarks. If discrepancies are noted, follow-up actions to resolve the discrepancies must be taken.

I. CONTRACT INFORMATION

- 1. Project Name: _____ 2. Project Number: _____
- 3. Project Location: _____
- 4. Description of Project: _____
- 5. Prime Contractor's Name and Address - Street/PO Box, City, State: _____
- 6. Program (source of funding, e.g. CDBG, HOME, etc.): _____
- 7. Bid Opening Date: _____ 8. Prime Contract Award Date: _____
- 9. Construction Start Date: _____ 10. Construction Completion Date: _____
- 11. Prime Contract Award Amount: \$ _____
- 12. Wage Decision # (include modification # & expiration date, if any): _____

II. LABOR STANDARDS VIOLATIONS (respond for project in total - prime and all subcontractors)

YES NO

- 1. Any labor standards violations found?
- 2. Were any violations willful?
- 3. Were CWHSSA liquidated damages computed?
- 4. Are administrative sanctions recommended?
- 5. Total amount of underpayment found _____
- 6. Wage underpayments were discovered through (check all that apply):
 - a. Routine payroll review
 - b. On-site interview
 - c. Investigation of complaint
 - d. Other (explain: _____)

Attach a schedule which shows the names of each affected employee, the contractor involved and the amount of restitution paid to each employee. If restitution is due and unpaid, explain why payment has not been made.

When to submit a more detailed enforcement report:

A detailed enforcement report is required if the agency recorded a "Yes" response to 2, 3 or 4 in Part II above or if underpayment by a single contractor totals \$1,000 or more.

The report must explain why the investigation (if any) began, provide the facts involved regarding the violation(s), all actions taken to obtain compliance by the contractor, the bases of conclusions reached, and computations of wages due (with explanations as necessary). Copies of relevant documents such as the weekly payroll reviews, on-site interviews, employee statements, preconstruction conference minutes, correspondence and related material must be submitted with any detailed enforcement report.

The undersigned authorized representative of the contracting agency certifies that weekly payrolls and other required documentation have been obtained and reviewed and that the information provided in the Labor Standards Enforcement Report for the above-identified project is correct.

Name and Title: _____

Detailed report attached:

Agency: _____

Detailed report N/A:

Signature and Date: _____