

**MINNESOTA DEPARTMENT OF TRANSPORTATION
CONTRACTOR - SUBCONTRACTOR'S
STATEMENT OF COMPLIANCE
FEDERAL COPELAND ACT/DAVIS BACON ACT
MINNESOTA PREVAILING WAGE STATUTES**

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| REPORT NUMBER 1 | STATE PROJECT NUMBER(S) Linked Data -> Jobs -> State | DATE 09/03/2008 |
| CONTRACTOR/SUBCONTRACTOR Minnesota | | CONTRACT NUMBER Job Default Serial |
| ADDRESS 2378 Dane Hill Road West Charleston, CA 05872 | | FEDERAL PROJECT NUMBER Linked Data -> Jobs -> State |
| TYPE OF WORK Job Description for App for Payment | | |

(Complete as described on proposal.)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, **Nancy Smyth**, **CQA** do hereby state:

- (1) That I pay or supervise the payment of the persons employed by **Minnesota** on the above indicated project; that during the payroll period commencing on the **28** day of **December, 2003**, and ending the **03** day of **January, 2004**, there were **4** employees performing covered work on said project, and all persons employed on said project have been paid the full prevailing wages earned, that no rebates and/or deductions have or will be made either directly or indirectly to or on behalf of said **Minnesota** from the full prevailing wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the U.S. 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. 276c), and/or permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below:

DESCRIBE LEGAL DEDUCTIONS

{The following deduction explanation is pre-programmed in CPS, however, you can easily change it to meet specific needs of your company.} Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.

- (2) That any payrolls submitted under this Contract are correct and complete; that the wages(s) of the laborers, workers, and mechanics as stated on said payrolls are not less than the prevailing wage rates included in the contract; that wages paid to laborers and mechanics are at least the prevailing wage rate in the same or most similar trade or occupation in the area as defined under applicable law; and that the laborer or mechanic has been paid for all hours in excess of prevailing wage hours (8 hours per day or 40 hours per week) at a rate of at least 1.5 times the applicable rate of pay.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with 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 ANY 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, and set forth in paragraph 4(d), have been or will be made to current, bona fide, fringe benefit programs set forth in paragraph 4(c) for the benefit of said employees, except as noted in Section 4(c).
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES
 - 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.

(c) EXCEPTIONS

| EMPLOYEE NAME (if applicable) | TRADE OR OCCUPATION | EXPLANATION |
|-------------------------------|---------------------|---------------|
| | Exception 1 | Explanation 1 |
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(d) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked)

| PROGRAM TITLE | HEALTH/WELFARE | VACATION/HOLIDAY | APPRENTICESHIP/TRAINING | PENSION | OTHER Fund Admin |
|---|----------------|------------------|-------------------------|---------|------------------|
| Local 787 Fringe Benefit Fund | 3. | 1.50 | .25 | 2. | .33 |
| Blue Cross/Blue Shield | 1.50-4.33 | | | | |
| Prevailing Wage Contractors Association | | 1.50 | .25 | 2. | .33 |
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(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

| NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR | BENEFIT ACCOUNT NUMBER | THIRD PARTY TRUSTEE AND/OR CONTACT PERSON | TELEPHONE NUMBER |
|---|------------------------|---|------------------|
| Local 787, PO Box 785, St. Paul, MN 88888-8888 | 123456789-8885-01 | Local 787 | (888) 888-8888 |
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REMARKS:

CPS allows you to enter exceptions and remarks that are specific to each individual job.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 16B, 161.315, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63; or United States Code 18 U.S.C. 1001, 31 U.S.C. 231, CFR 5.12.

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| NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE | SIGNATURE |
| Nancy Smyth , COA | |
| As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge. | |

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| NAME AND TITLE OF PRIME CONTRACTOR'S REPRESENTATIVE | SIGNATURE |
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| As a representative of the prime contractor, I hereby certify that the payroll identified above have been received and are available for review. | |