

MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

Part 2 Statement of Compliance

REPORT NUMBER 8	STATE PROJECT NAME AND LOCATION	DATE 8/1/2024
CONTACTING AUTHORITY	PROJECT 23-17-PL C Reiss	GENERAL CONTRACTOR Northland Constructors
CONTRACTOR/SUBCONTRACTOR Dairyland Fence Co., Inc.	PHONE NUMBER 715-372-4937	CONTRACT PURCHASE ORDER NUMBER 20211
ADDRESS PO Box 7	CITY/STATE Iron River, WI	ZIP 54847
TYPE OF WORK Fencing		

(Complete as described on solicitation documents.)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Kathryn Burhans Corporate Secretary do hereby state:
 (Name of signatory party) (Title-Owner or Officer)

(1) That I pay or supervise the payment of the persons employed by Dairyland Fence Co., Inc. on said Contract; that during the payroll period commencing on the 21 day of July of the year 2024, and ending the 27 day of July of the year 2024, there were 6 employees performing work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said Dairyland Fence Co., Inc. (Contractor or Subcontractor) from the full wages earned by any person, other than 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

(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s) mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll 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.

(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, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) 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, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

NOTE- FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK ARE ON NEXT PAGE

(c) EXCEPTIONS

EMPLOYEE NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

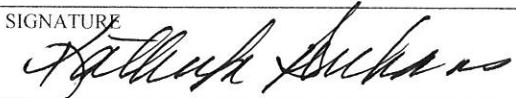
(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR
(Must be completed if 4(a) is checked.)

PROGRAM/TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH/WELFARE	VACATION/HOLIDAY	APPRENTICESHIP TRAINING	PENSION	OTHER INCLUDE TITLE
Local 1091 WI Laborers	\$ 10.30	\$ 3.35	\$.40	\$ 8.75	\$.73 Lecet Safety training
Local 139 WI Operators	\$ 10.91	\$	\$.05	\$ 13.44	\$ 3.11 Annuity, Skill, JLMWPF
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

NAME & ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
WI Laborer's Fringe Benefit FUNds	WL181	Fund Office	608-872-9102
International Union of Op Engineers	18956	Rmittance Dept.	262-549-9190

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.

NAME AND TITLE OF OWNER OR OFFICER Kathryn T. Burhans, Corporate Secretary	SIGNATURE 
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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.

Molly Musolf, Project Administrator *Molly Musolf* 8/7/24

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-5354), TTY: (651) 297-4198.

