

MINNESOTA DEPARTMENT OF TRANSPORTATION
PRIME CONTRACTOR – SUBCONTRACTOR’S
STATEMENT OF COMPLIANCE
FEDERAL COPELAND ACT / DAVIS BACON ACT
MINNESOTA PREVAILING WAGE STATUTES

Table with 3 columns: REPORT NUMBER, STATE PROJECT NUMBERS (S), DATE, PRIME CONTRACTOR/SUBCONTRACTOR, PHONE NUMBER, CONTRACT NUMBER, ADDRESS, FEDERAL PROJECT NUMBER, TYPE OF WORK.

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Vicki Luostari, Payroll Administrator do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Hanco Utilities Inc on said Contract; that during the payroll period commencing on the 15 day of October of the year 2023, and ending the 21 day of October of the year 2023, there were 4 workers performing covered work on said Contract.

DESCRIBE LEGAL DEDUCTIONS

Vacation Pay, Administrative Dues
Child Support

(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;

(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: (Check one box only)

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

[X] 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, per state and federal regulations and plan requirements, as set forth in paragraph 4(e) for the benefit of said workers, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL WORKERS

[ ] 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 BENEFITS SECTION C, D, E, AND SIGNATURE BLOCK IS ON PAGE 2.



**PAYROLL**

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



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

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB NO.: 1235-0008
Hanco Utilities, Inc		PO Box 55 Lake Nebaga WI 54849		Expires: 07/31/2024
PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.	
1	10/21/23	S-CPR-Northland C Reiss D 3200 Winter St Superior WI		

(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						
				10/15	10/16	10/17	10/18	10/19	10/20	10/21					FICA	WITH- HOLDING TAX	SWH	SUI	OTHER		TOTAL DEDUCTIONS					
				Sun	Mon	Tue	Wed	Thu	Fri	Sat																
Thomas Anderson 6698	A 0	Engi0139-003 3	O									0.00	0.00	149.70						146.69	187.49	101.00	0.00	36.31	471.49	1446.03
Dylan Kroll 1063	T 0	Labo0140-002 1	O									0.00	0.00	131.50						153.17	329.40	122.00	0.00	176.80	781.37	1220.94
Ryan Miller 8649	P 0	Engi0139-003 3	O						2.00	2.00		64.16	0.00	470.48						97.34	130.30	123.00	0.00	19.09	369.73	902.68
Theodore Sarvela 4960	A 0	Labo0140-002 1	O						2.50	2.50		56.35	0.00	403.87						130.89	132.94	87.00	0.00	206.29	557.12	1153.92
			S						3.50	3.50		42.77	0.00	1917.52												
			S						7.00	7.00		37.57	0.00	1711.04												

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) 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.

**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