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

REPOR'	ORT NUMBER STATE PROJECT NUMBERS (S)		S (S)	DATE 10/26/23		
PRIME CONTRACTOR/SUBCONTRACTOR Hanco Utilities Inc		PHONE NUMBER 715 394 2626	CONTRACT NUMBER 20211/ 23-17-PL FEDERAL PROJECT NUMBER			
ADDRESS PO Box 55, Lake Nebagamon WI 54849						
	F WORK nd C Reiss Dock	A position of the second secon				
L		(Compl	ete as described on proposal)			
		STATEMENT WITH RE	SPECT TO COMPLIANCE AND WA	AGES PAID		
I, Vicki I			, Payroll Administrator	do hereby state:		
	1)	Name of signatory party)	(Title)			
of th listed have (Prin (29) Stat.	e year 2023, there d on the payroll and or will be made ene Contractor or S CFR Subtitle A), is 357; 40 U.S.C.§ 3	d have been paid the full prevailing ither directly or indirectly to or on lubcontractor) from the full wages be usued by the U.S. Secretary of Labor 145) and/or permissible deductions missioner of Labor and Industry and	d work on said Contract. That all pers g wages for all hours worked under said behalf of <u>Hanco Utilities</u> by any person, other than permissible of or under the Copeland Act, as amended as as defined in Minnesota Statutes 177	the year 2023, and ending the 21 day of October sons performing work under said Contract are and Contract, that no rebates and/or deductions deductions as defined in Regulations, Part 3 d (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 7.24, Subdivision 4, 181.06, and 181.79, issued		
Vacation	Pay, Administrati	ve Dues				
Child Su	pport					
4						
perf acco prev and	orming work under ording to applicable vailing wage rate for worker(s) perform	r said Contract is (are) paid according that wages paid to laborer(so the most similar classification of	ing to the wage determination(s) and language (s), mechanic(s), and worker(s) perform labor performed as defined under app	of the laborer(s), mechanic(s), and worker(s) abor provisions incorporated in said Contract and aing work under said Contract is at least the dicable law; and that the laborer(s), mechanic(s), revailing hours of labor at a rate of at least one		
Min	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) Tha	t: (Check one box	only)				
(a)	(a) WHERE FRINGE BENEFITS ARE PAID TO <u>ANY</u> APPROVED PLANS, FUNDS, OR PROGRAMS					
	fide fring	e benefit programs as set forth in pa	aragraph 4(d), have been or will be ma	c listed on said payroll, payments to current, bona ade to the program's administrators, per state and nefit of said workers, except as noted in Section		
(b)	WHERE FRIN	GE BENEFITS ARE PAID IN CA	ASH TO <u>ALL</u> WORKERS			
	Each labor of the ap	orer, worker, or mechanic listed on olicable basic rate plus the fringe ra	said payroll has been paid, as indicate te as listed in the appropriate wage de	d on the payroll, an amount not less than the sum termination incorporated into said Contract.		

NOTE—FRINGE BENEFITS SECTION C, D, E, AND SIGNATURE BLOCK IS ON PAGE 2.

(c) EXCEPTIONS

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION	
			Worten herene

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

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL WORKERS	HEALTH/ WELFARE	VACATION/ HOLIDAY	APPRENTICESHIP/ TRAINING	PENSION	OTHER INCLUDE TITLE
Local 1091 Laborers	\$9.40	\$3.10	\$.42	\$10.75	\$
Local 49 Operators	\$12.15	S	\$.55	\$12.50	\$
	S	\$	\$	\$	\$
	S	S	\$	\$	\$
	S	S	\$	\$	S
	\$	\$	\$	\$	S
	\$	S	\$	\$	S
	S	S	\$	\$	S
	\$	\$	\$	\$	S
	\$	S	\$	\$	S
	\$	S	\$	\$	\$

(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 1091			
Local 49	entropy and anomaly and an entropy of the second of the se		

The willful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 15C; 16B; 161.315, Subdivision 2; 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.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE (/)	DATE				
Vicki Luostari Dayroll Almin	Vin Lustan	10/26/23				
As a representative of the contractor submitting the attached payroll, I hereby certify that the information is true and accurate to the best of my knowledge.						

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE				
Molly Musolf, Project Administrator	Molly Musolf	11/10/23				
As a representative of the Prime Contractor, I have reviewed the attached forms and certify to the best of my knowledge that they accurately reflect operations of						
this company on this project and meet the contract requirements for this project	ct.					

U.S. Department of Labor

Wage and Hour Division

PAYROLL

WHD U. S. Wage and Hour Division

(For Contractor's Optional Use; See Instructions at 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. Rev. Dec. 2008 ADDRESS OR SUBCONTRACTOR OMB NO.: 1235-0008 NAME OF CONTRACTOR Lake Nebaga WI 54849 Expires: 07/31/2024 PO Box 55 Hanco Utilities, Inc PROJECT OR CONTRACT NO. PROJECT AND LOCATION S-CPR-Northland C Reiss D FOR WEEK ENDING PAYROLL NO. 3200 Winter St Superior WI 10/21/23 (4) DAY AND DATE NO. OF WITHHOLDING EXEMPTIONS **DEDUCTIONS** 10/15 10/16 10/17 10/18 10/19 10/20 10/2 NET WAGES GROSS WITH-NAME AND INDIVIDUAL IDENTIFYING NUMBER Tue Thu Fri Wed TOTAL PAID RATE AMOUNT TOTAL HOLDING (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY SWH SUI OTHER DEDUCTIONS FOR WEEK HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX CLASSIFICATION NUMBER) OF WORKER 149.70 A Thomas 0.00 0.00 471.49 1446.03 187.49 101.00 0.00 36.31 146.69 Engi0139-003 Anderson 0 3.5 3.5 42.77 0.00 1917.52 6698 131.50 Dylan 0.00 0.00 1220.94 153.17 329.40 122.00 0.00 176.80 781.37 Kroll Labo0140-002 3.50 s 2002.33 37.57 0.0d 1063 470.48. P 2.00 2.0 Ryan 64.16 0.00 19.09 369.73 902.68 97.34 130.30 123.00 0.00 Engi0139-003 Miller 8.00 8.00 42.77 0.00 1272.41 8649 403.87 A 2.50 Theodore 2.5 0 56.35 0.00 130.89 132.94 87.00 0.00 206.29 557.12 1153.92 Labo0140-002 Sarvela s 7.00 37.57 0.0d 1711.04 4960 S 0

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 Statemen

0

0

We estimate that is 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