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

			Baltimontal (2000 mag) - Maria Caralla (2000 mag) - Maria Caralla (2000 mag) - Maria Caralla (2000 mag) - Maria				
REPO 3	ORT NUMBER STATE PROJECT NUMBERS (S)		DATE 11/21/23				
		CONTRAC tilities Inc	CTOR/SUBCONTRACTOR	PHONE NUMBER 715 394 2626	CONTRACT NUMBER		
ADD PO B			Vebagamon WI 54849		FEDERAL PROJECT NUMBER		
		F WORK d C Reiss	Dock				
L			(Co	omplete as described on proposal)			
			STATEMENT WITH	H RESPECT TO COMPLIANCE AN	D WAGES PAID		
I, Vic	ki L	uostari		, Payroll Administrator	do hereby state:		
			(Name of signatory party)	(Title)			
u re () () S b	nde ebat Prin 29 (Stat. by th	es and/or one Contrac CFR Subtit 357; 40 Une Minneson	tract are listed on the payroll and have deductions have or will be made either tor or Subcontractor) from the full water A), issued by the U.S. Secretary of S.C. § 3145) and/or permissible deducta Commissioner of Labor and Industrations.	e been paid the full prevailing wages for directly or indirectly to or on behalf ages by any person, other than permiss Labor under the Copeland Act, as an octions as defined in Minnesota Statute	n said Contract. That all persons performing work for all hours worked under said Contract, that no of Hanco Utilities sible deductions as defined in Regulations, Part 3 nended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 as 177.24, Subdivision 4, 181.06, and 181.79, issued		
r a r a a	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 an 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 of labor at a rate of at least one and one-half times the applicable base rate of pay.						
1	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 <u>ANY</u> APPROVED PLANS, FUNDS, OR PROGRAMS						
		fie fe	le fringe benefit programs as set forth	in paragraph 4(d), have been or will	chanic listed on said payroll, payments to current, bona be made to the program's administrators, per state and ne benefit of said workers, except as noted in Section		
((b)	WHERE	FRINGE BENEFITS ARE PAID	IN CASH TO <u>ALL</u> WORKERS			
		☐ E	ach laborer, worker, or mechanic liste the applicable basic rate plus the frin	d on said payroll has been paid, as inc age rate as listed in the appropriate wa	dicated on the payroll, an amount not less than the sum ge determination 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	

(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	S
Local 49 Operators	\$12.15	s	\$.55	\$12.50	S
, ph. 300 feet	\$	S	\$	S	S
	\$	S	\$	\$	S
	s	\$	\$	\$	S
p 1	s	\$	S	\$	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)

version and the second		
BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
W		
in a suppose of the s		

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 Lucsdari Dougast Abmin	There Xieostar	14/21/23
As a representative of the contractor submitting the attached payroll, I hereby cert	tify that the information is true and accurate to the best of n	ny knowledge.

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE
Molly Musolf, Project Administrator	Molly Musolf	11/22/23
As a representative of the Prime Contractor, I have reviewed the attached this company on this project and meet the contract requirements for this project.	forms and certify to the best of my knowledge that the roject.	ey accurately reflect operations of

U.S. Department of Labor

Wage and Hour Division

PAYROLL

Rev. Dec. 2008

(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. ADDRESS OMB NO.: 1235-0008 OR SUBCONTRACTOR 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 11/18/23 (4) DAY AND DATE NO. OF WITHHOLDING EXEMPTIONS DEDUCTIONS 11/12 11/13 11/14 11/15 11/16 NET 11/17 11/1 WAGES GROSS NAME AND INDIVIDUAL IDENTIFYING NUMBER Fri Tue Wed Thu Mon TOTAL PAID AMOUNT TOTAL RATE HOLDING SWH SUI (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK OTHER DEDUCTIONS FOR WEEK FICA EARNED TAX HOURS WORKED EACH DAY HOURS OF PAY CLASSIFICATION NUMBER) OF WORKER 609.49 P 2.00 0.5 Ryan 64.16 0.00 610.57 1515.56 182.00 0.00 33.17 162.65 232.75 Engi0139-003 0 Miller 10.5 .00 2126.13 42.77 0.00 8649 418.22 C 2.00 Joseph 57.03 0.00 885.01 1381.75 392.87 143.00 0.00 175.73 173.41 Labo0140-002 Prachar B.00 s 2266.76 38.02 0.00 5480 375.75 A 3.00 3.00 Theodore 45.09 0.00 452.13 959.30 0.00 181.16 107.98 96.99 66.00 Labo0140-002 Sarvela 8.00 8.00 30.06 0.0d 1411.43 4960 0 s 0 s 0 s 0 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 Statement

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