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

REPORT NUMBER STATE PROJECT NUMB		MBERS (S)		DATE							
5						08/07/24					
		CONTR Itilities I	ACTOR/SUBCONTRACTOR	PHONE NUI 715 394 2620		CONTRACT NUMBER					
	DRE Box		e Nebagamon WI 54849			FEDERAL PROJECT NUMBER					
		F WOR	K ss Dock								
	*********		(Complete as describe	d on proposal)						
			STATEMENT W	TH RESPECT TO COM	APLIANCE AND W	AGES PAID					
I, V	icki I	uostari		, Payroll A	dministrator	do hereby state:					
			(Name of signatory party)		(Title)						
	Cont of th lister have (Prin (29 c Stat. by th	tract; that e year 2 d on the cor will ne Cont CFR Sul 357; 40 ne Minn	payroll and have been paid the full put be made either directly or indirectly tractor or Subcontractor) from the full stitle A), issued by the U.S. Secretary	ing on the <u>28</u> day of <u>July</u> covered work on said Crevailing wages for all he or on behalf of <u>Hanco</u> wages by any person, of Cabor under the Copductions as defined in N	of the y Contract. That all per ours worked under sa Utilities ther than permissible eland Act, as amenda finnesota Statutes 17	on said rear 2024, and ending the 03 day of August roons performing work under said Contract are aid Contract, that no rebates and/or deductions deductions as defined in Regulations, Part 3 and (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 7.24, Subdivision 4, 181.06, and 181.79, issued					
Chi	ld Su	pport									
(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 of labor at a rate of at least one and one-half times the applicable base rate of pay.											
(3)	(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)	Tha	t: (Chec	k one box only)								
	(a)	WHE	RE FRINGE BENEFITS ARE PAI	D TO <u>ANY</u> APPROVI	ED PLANS, FUNDS	, OR PROGRAMS					
		\boxtimes	fide fringe benefit programs as set fo	rth in paragraph 4(d), ha	we been or will be m	ic listed on said payroll, payments to current, bona ade to the program's administrators, per state and enefit of said workers, except as noted in Section					
	(b)	WHE	RE FRINGE BENEFITS ARE PAI	D IN CASH TO <u>ALL</u> V	VORKERS						
			Each laborer, worker, or mechanic li	sted on said payroll has	been paid, as indicate appropriate wage d	ed on the payroll, an amount not less than the sum etermination 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 <u>DOLLARS CONTRIBUTED PER HOUR</u> (Must be completed if 4(a) is checked)

PROGRAM TITLE, CLASSIFICATION	HEALTH/	VACATION/	APPRENTICESHIP/ TRAINING	PENSION	OTHER INCLUDE TITLE
TITLE, OR INDIVIDUAL WORKERS Local 1091 Laborers	\$9.65	S3.35	\$.42	\$11.00	S
Local 49 Operators	\$13.05	\$	\$.55	\$13.30	\$
Down is openious	\$	S	S	\$	\$
	s	\$	\$	S	\$
	\$	\$	\$	\$	\$
	\$	s	S	\$	\$
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	\$	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			

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.

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NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE	DATE								
NAME AND THEE OF CONTROLLORS REPRESENTED (TELLY)		1 1 1 1								
		0/-/31/								
Wicki Lunstan Dauroll Hamin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/1/24								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0111								
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.										
As a representative of the contractor submitting the attached payton, I hereby cer	try that the information is the that decision to the state of	3								

NAME AND TITLE OF PRIME CONTRACTOR (PRINT) Molly Musolf, Project Administrator	SIGNATURE Molly Musolf	DATE 8/7/24
As a representative of the Prime Contractor, I have reviewed the attached forms are this company on this project and meet the contract requirements for this project.	nd certify to the best of my knowledge that they accurately	reflect operations of

U.S. Department of Labor

PAYROLL

Wage and Hour Division

For contractor's optional use; see instructions at dol.gov/agencies/whd/forms/wh347

Rev. Dec. 2008

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

NAME OF CONTRACTOR OR SUBCONTRA	CTOR	X							ADDRE					Take N	ehaga M	JT 54849	OMB NO.: Expires: 0	
Hanco Utilities, Inc. PO Box 55 Lake Nebaga WI 54849 Expired PAYROLL NO. PROJECT AND LOCATION S-CPR-Northland C Reiss D PROJECT OR CONTRACT NO.																		
PAYROLL NO. FOR WEEK ENDING								1	PROJE	ECT AND LOCATION	S-CPR-N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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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

U.S. Department of Labor

PAYROLL

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U. S. Wage and Hour Division Rev. Dec. 2008

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NAME OF CONTRACTOR OR SUBCONTRACTOR							ADDRESS OMB NO.: 1235-0008												
Hanco Utilities, Inc.	,								PO Box 55 Lake Nebaga WI PROJECT AND LOCATION S-CPR-Northland C Reiss D PROJECT OR							aga WI 54849 Expires: 09/30/2026			
PAYROLL NO.	FOR WEEK ENDING	FOR WEEK ENDING							CT AND LOCATION	ON S-CPR-N	Northla	iss D	PROJECT O	R CONTRAC	T NO.				
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