# 5/2023STATEMENT OF COMPLIANCE CONTRACTOR – SUBCONTRACTOR MINNESOTA PREVAILING WAGE STATUTES

REPORT NUMBER 2	CONTRACT OR PURCHASE ORDER NUMBER		DATE <b>12/15/2023</b>
CONTRACTOR/SUBCONTR PEC SOLUTIONS, LLC.	RACTOR NAME PHONE NUMBER 763-571-8000		CONTRACT NUMBER
ADDRESS 5960 Main Street NE, Minneapolis, MN 55432			PROJECT NUMBER 23-17-PL
TYPE OF WORK Electrical			

5960 Main Street NE, Minneapolis, MN 55432	23-17-PL
TYPE OF WORK	·
Electrical (Complete as described on solicitation documents	s.)
STATEMENT WITH RESPECT TO COMPLIANCE AND W.	AGES PAID
I,Chi Ngo,PAYROLL SPECIALIST (Name of signatory party) (Title)	do hereby state:
(1) That I pay or supervise the payment of the persons employed byPEC SC Contract; that during the payroll period commencing on the _17th_day of _September23rd_day of _Septemberthe year _2023_, there were _3_employees performing co persons performing work under said Contract are listed on the payroll and have been paworked under said Contract, that no rebates and or deductions have or will be made eith of saidPEC SOLUTIONS, LLC from the full wages earned by any person, other than permissible deductions as defined	the year _2023_, and ending the vered work on said Contract. That all aid the full prevailing wages for all hours her directly or indirectly to or on behalf  (Contractor or Subcontractor)  I in as defined in Minnesota Statutes
177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of L	abor and Industry and described below.
DESCRIBE LEGAL DEDUCTIONS Federal and State Taxes, FICA, Union Dues	
rederal and State Taxes, FICA, Union Dues	_
EE Portion of Health, Dental, Vision Benefits, 401K, ROTH	
Garnishments and Levies	
(2) That the payroll submitted under said Contract is complete and accurate; that the was mechanic(s), and worker(s) performing work under said Contract is (are) paid according provisions incorporated in said Contract and according to applicable laws; that wages payorker(s) performing work under said Contract is at least the prevailing wage rate for the performed as defined under applicable law; and that the laborer(s), mechanic(s), and we Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least of base rate of pay.  (3) That any apprentices employed during said payroll period are duly registered in a boregistered with the Minnesota Department of Labor and Industry, or are registered with the Training; United States Department of Labor.	to the wage determination(s) and labor aid to laborer(s), mechanic(s), and e most similar classification of labor orker(s) performing work under said one and one-half times the applicable ona fide apprenticeship program
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS	S, OR PROGRAMS
X In addition to the basic hourly wage rates paid to each laborer, worker or mech- current, bona fide fringe benefit programs as set forth in paragraph 4(d), have ladministrators as set forth in paragraph 4(e) for the benefit of said employees,	been or will be made to the program's
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES	
Each laborer, worker, or mechanic listed on said payroll has been paid, as indice than the sum of the applicable basic rate plus the fringe rate as listed in the application incorporated into said Contract.	

NOTE----FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK IS ON REVERSE SIDE.

# (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
	\$	\$	\$	\$	\$
Hwy Hvy Operator (\$43.38 rate)	\$ 12.15	\$0	\$ 0.55	\$ 10.90	\$ 1.60 Def. Contrib., \$0.02- LMCC, \$0.01 CILEC
	\$	\$	\$	\$	\$
Foreman (\$50.59 rate)	\$ 12.05	\$ 5.56	\$ 0.76	\$ 14.95	\$ 1.52 NEBF
	\$	\$	\$	\$	\$
Apprentice 85% (\$38.05 rate)	\$ 9.06	\$ 4.19	\$ 0.57	\$ 11.25	\$ 1.14 NEBF
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

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

NAME AND ADDRESS OF	BENEFIT	THIRD PARTY TRUSTEE	TELEPHONE NUMBER
FRINGE BENEFIT FUND, PLAN,	ACCOUNT	AND/OR CONTACT PERSON	TELET HONE NOMBER
OR PROGRAM ADMINISTRATOR	NUMBER		
IBEW Local 242 - 2002 London Road, Room 111, Duluth, MN 55812	06-1635069	IBEW Local 242	218-728-6895
IBEW Local 160 - 2909 Anthony Land, Saint Anthony, MN 55418	06-1635069	IBEW Local 160	612-781-3126
IBEW Local 160 - 2909 Anthony Land, Saint Anthony, MN 55418	06-1635069	IUOW Local 49	612-788-9441
MPLS Electrical Industry Receiving Agency 6900 Wedgewood Rd. N STE 425, Maple Grove, Mn 55311	06-1635069	SHARON HAFERKORN	763-493-8841
Electrical Ind. Fringe Benefit Agency 1330 Conway Street STE 130, St. Paul, MN 55106	06-1635069	RON ETHIER	651-772-8767

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state law. See Minnesota Statutes 16B, 16C, 177.30, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE CHI NGO - PAYROLL SPECIALIST	SIGNATURE
As a representative of the contractor submitting the payroll identified a the best of my knowledge.	bove, I hereby certify that the payroll is true and correct to

NOTE: For questions regarding the Prevailing Wage Laws, contact the Department of Labor and Industry at 651.284.5091.

# **U.S. Department of Labor**

Wage and Hour Division

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347inst.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS OMB No. 1235-0008 PEC SOLUTIONS LLC 5960 MAIN ST NE MINNEAPOLIS, MN 55432 Expires: 07/31/2024 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Project 23-17-PI 09/23/2023 C REISS DOCK ST LOUIS BAY, SUPERIOR (1) (2) (4) DAY AND DATE (9) DEDUCTIONS 4 NO. OF WITHOLDING EXEMPTIONS NAME AND INDIVIDUAL 8 9 -17 9 -18 9 -19 9 -20 9 -21 9 - 22 9 -23 IDENTIFYING NUMBER WAGES OT. (e.g. LAST FOUR DIGITS OF **GROSS** PAID AMOUNT FOR SOCIAL SECURITY TOTAL RATE ΤΟΤΔΙ CLASSIFICATION HOURS EARNED FED OTHER NUMBER) OF WORKER HOURS WORKED EACH DAY FICA ST LOC DUCTIONS WEEK SCHLAFER PETER W XXX-HWY S 1800.27 / 0 .00 43.380 137.72 284.00 109.00 .00 1231.65 6.00 .00 .00 .00 .00 .00 6.00 37.90 568.62 XX-5163 **OPERATOR 2** Т 260.28 DOLTER JACK T XXX-XX-**ELECTRICIAN** S 3986.98 / 0 .00 .00 OΩ .00 .00 50.590 305.00 662.00 268.00 .00 512.98 1747.98 2239.00 6.00 OΩ 6.00 **FOR** Т 336.93 0532 GODBOUT, SAMUEL J XXX-S 2322.95 / 0 APP6 .00 .00 6.00 .00 .00 .00 .00 .00 6.00 38.050 177.70 367.00 148.00 399.20 1091.90 1231.05 XX-5179 253.41 JOB TOTALS -S .00 18.00 .00 .00 .00 .00 .00 18.00 T 0 .00 .00 .00 .00 .00 .00 .00 .00 Т 0 .00 .00 .00 .00 .00 .00 .00 .00 V **DIVISION TOTALS -**S .00 18.00 .00 .00 .00 .00 .00 18.00 0 .00 .00 .00 .00 .00 .00 .00 .00 0 .00 .00 .00 .00 .00 .00 .00 .00 ٧ COMPANY TOTALS S .00 18.00 .00 .00 .00 .00 .00 Т 0 T .00 .00 .00 .00 .00 .00 .00 .00 0 V

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.

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### **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.

Date	<del></del>		
I,			
(Name of Signatory Party)		(Title	)
do hereby state:			
(1) That I pay or superv	rise the payment of the persons emplo	yed by	
	(Contractor or Subcontractor)		on the
	,		
(Building or	; that dur	ing the payroll period	commencing on the
, -	,, and ending the	day of	, ,
all persons employed on said	d project have been paid the full week lirectly or indirectly to or on behalf of s	y wages earned, that	
			from the full
	(Contractor or Subcontractor)		
63 Stat. 108, 72 Stat. 967; 70	ed by the Secretary of Labor under the Stat. 357; 40 U.S.C. § 3145), and de	e Copeland Act, as an	nended (46 Stat. 946,
			_
correct and complete; that the applicable wage rates contain	herwise under this contract required to be wage rates for laborers or mechani- ned in any wage determination incorpo orer or mechanic conform with the wor	cs contained therein a prated into the contrac	are not less than the
program registered with a St	s employed in the above period are dul ate apprenticeship agency recognized artment of Labor, or if no such recognize	by the Bureau of App	renticeship and

### (4) That

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

with the Bureau of Apprenticeship and Training, United States Department of Labor.

 in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

### (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

### (c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA	TEMENTS MAY SUBJECT THE CONTRACTOR OR

SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.