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 NUMBER.			MBERS (S)	DATE 9/13/23
	IME CONTRACTOR/S rthland Constructors of I		PHONE NUMBER 218-722-8170	CONTRACT NUMBER 20211 / 23-17-PL
	DRESS 3 Rice Lake Road Dulu	th, MN 55803	'	FEDERAL PROJECT NUMBER
	PE OF WORK Reiss Dock			'
		((Complete as described on proposa	1)
		STATEMENT WI	TH RESPECT TO COMPLIANCE A	ND WAGES PAID
I, N	Molly Musolf		, Project Administrator	do hereby state:
_		Name of signatory party)	(Title)	
	Stat. 357; 40 U.S.C.§ 3	(145) and/or permissible ded missioner of Labor and Indu	uctions as defined in Minnesota Statu	mended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 tes 177.24, Subdivision 4, 181.06, and 181.79, issued
(2)	performing work under according to applicable prevailing wage rate for and worker(s) perform	r said Contract is (are) paid a e laws; that wages paid to lab or the most similar classificat	according to the wage determination(s porer(s), mechanic(s), and worker(s) ption of labor performed as defined und	ate(s) of the laborer(s), mechanic(s), and worker(s)) and labor provisions incorporated in said Contract and performing work under said Contract is at least the der applicable law; and that the laborer(s), mechanic(s), f the prevailing hours of labor at a rate of at least one
(3)				ide apprenticeship program registered with the enticeship and Training; United States Department of
(4)	That: (Check one box	only)		
	(a) WHERE FRING	E BENEFITS ARE PAID	TO <u>ANY</u> APPROVED PLANS, FU	UNDS, OR PROGRAMS
	fide fringe	benefit programs as set fort	h in paragraph 4(d), have been or will	echanic listed on said payroll, payments to current, bona be made to the program's administrators, per state and the benefit of said workers, except as noted in Section
	(b) WHERE FRING	E BENEFITS ARE PAID	IN CASH TO <u>ALL</u> WORKERS	
	☐ Each labor	rer, worker, or mechanic list	ed on said payroll has been paid, as in	dicated on the payroll, an amount not less than the sum

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

of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

(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	HEALTH/	VACATION/	APPRENTICESHIP/	PENSION	OTHER
TITLE, OR INDIVIDUAL WORKERS	WELFARE	HOLIDAY	TRAINING		INCLUDE TITLE
Central Pension Operators 49	\$12.15	\$0	\$.55	\$12.50	\$.03
Cement Masons Local 633	\$8.98	\$7.12	\$.51	\$10.89	\$1.75
Laborers 1091 Duluth Bld	\$9.40	\$3.10	\$.42	\$10.75	\$.10
Carpenters Local 361	\$11.60	\$2.36	\$.84	\$15.70	\$.16
MN Teamsters Local 346	\$12.52	\$0	\$0.30	\$9.13	\$0.76
BAC Local Union 1	\$12.46	\$2.00	\$.41	\$13.24	\$5.10
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

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

NAME AND ADDRESS OF	BENEFIT ACCOUNT	THIRD PARTY TRUSTEE	TELEPHONE
FRINGE BENEFIT FUND, PLAN,	NUMBER	AND/OR CONTRACT PERSON	NUMBER
OR PROGRAM ADMINISTRATOR			
Central Pension Fund	49-04569	Fred P Dereschunk	312-788-9441
Central rension runu	49-04509	Freu F Dereschunk	312-/00-9441
Metro Blvd Mpls, MN 55439			
MN Cement Masons Local 633		Denny White	612-379-1558
Central Ave, Mpls, MN 55414			
MN Laborers Fringe Benefit	16-07456	Tom Pender	218-741-3638
Metro Blvd, Mpls, MN 55439			
MN Teamsters	50-01108	Clarence Laborde	218-628-1034
Metro Blvd Mpls, MN 55439			
Carpenters Local 361			218-724-3297
London Road, Duluth, MN 55812			

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							
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	9/13/23								
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.	•									

Certified Payroll Transcript

Period 9/3/2023 - 9/9/2023 Job: 20211- C Reiss Dock

Contract: 20211- C Reiss Dock

							H	lours						leekly Totals ek Ending 9/9	
Employee	Work Classification (Craft/Class)		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Total Gross I	Deductions	Net Pay
Benton, Jacob R - 4538	WI Operators Local 1 / 305 G2/1C	Regular Hourly	0.00	0.00	0.00	12.00	12.00	8.00	0.00	32.00	43.230	1,383.36	Minnesota Tax	e 13.00	
M/EX: S/2	WI Operators Local 1 / 305 G2/1C	Overtime Hourly	0.00	0.00	0.00	0.00	0.00	2.00	0.00	2.00	64.845	129.69	Wisconsin Taxe	e 88.24	
Race/Sex: AI/M									Othe	r Taxable		0.00	Additional Med	i	
Operating Engineers Local 49										r Non Tax	able _	0.00	Social Security	123.40	
313 Group 3 crawler Hyd Backho									Proj	ect Total		1,513.05	Medicare Empl	28.86	
EEO: Journeyman													Working Dues		
Check #: 4090923													Other	317.30	
													1,990.23	603.04	1,387.19
Fagerness, Scott D - 4509	Wisconsin Bldg Trade / 107 MN Pipelayer in	Regular Hourly	0.00	0.00	0.00	2.00	0.00	0.00	0.00	2.00	41.030	82.06	Minnesota Tax	e 124.00	
M/EX: S/0	Wisconsin Bldg Trade / 107 MN Pipelayer in	Vacation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.100	6.20	Wisconsin Taxe	Э	
Race/Sex: C/M									Othe	r Taxable		0.00	Additional Med	i	
Minnesota Laborers									Othe	r Non Tax	able	0.00	Social Security	127.91	
Labor Service 2									Proj	ect Total	_	88.26	Medicare Empl	29.92	
EEO:													Vacation Varial	144.93	
Check #: 4090923													Other	364.37	
													2,063.09	791.13	1,271.96
Glesner, Brian J - 4021	Wisconsin Bldg Trade / 107 MN Pipelayer in	Regular Hourly	0.00	0.00	0.00	2.50	3.50	0.00	0.00	6.00	41.030	246.19	Minnesota Tax	e 76.00	
M/EX: M/1	Wisconsin Bldg Trade / 107 MN Pipelayer in	Vacation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.100	18.60	Wisconsin Taxe	e 4.23	
Race/Sex: C/M									Othe	r Taxable		0.00	Additional Med	i	
Minnesota Laborers									Othe	r Non Tax	able	0.00	Social Security	115.60	
Labor Service 2									Proj	ect Total	_	264.79	Medicare Empl	27.04	
EEO:													Vacation Varial	130.98	
Check #: 4090923													Other	185.33	
													1,864.54	539.18	1,325.36

Certified Payroll Transcript

Period 9/3/2023 - 9/9/2023 Job: 20211- C Reiss Dock Contract: 20211- C Reiss Dock

							П	ours	3					Weekly Totals eek Ending 9/	
Employee	Work Classification (Craft/Class)		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Total Gross	Deductions	Net Pay
Herrick, Brian James - 5065	Wisconsin Bldg Trade / MN Laborer Forema	Regular Hourly	0.00	0.00	0.00	12.00	9.00	1.00	0.00	22.00	48.390	1,064.58	Minnesota Tax	e 96.00	
M/EX: S/0	Wisconsin Bldg Trade / MN Laborer Forema	Overtime Hourly	0.00	0.00	0.00	0.00	0.00	9.00	0.00	9.00	72.585	653.27	Wisconsin Tax	e 109.45	
Race/Sex: C/M	Wisconsin Bldg Trade / MN Laborer Forema	Vacation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.100	68.20	Additional Me	di	
Minnesota Laborers	Wisconsin Bldg Trade / MN Laborer Forema	Vacation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.650	41.85	Social Securit	y 212.43	
102 Laborer Foreman									Othe	r Taxable		0.00	Medicare Emp	de 49.68	
EEO: Journeyman									Othe	r Non Tax	able	0.00	Vacation Varia	b 205.38	
Check #: 4090923									Proje	ect Total	_	1,827.90	Other	756.19	
													3,426.23	1,429.13	1,997.10
Hynes Jr., Timothy D - 4696	Local 139 Apprentice / 80% Group 2 Apprent	Regular Hourly	0.00	0.00	0.00	12.00	0.00	10.00	0.00	22.00	31.180	685.96	Minnesota Tax	e 19.00	
M/EX: S/1		,							Othe	r Taxable		0.00	Wisconsin Tax	e 32.92	
Race/Sex: C/M									Othe	r Non Tax	able		Additional Me		
Operating Engineers Local 49									Proje	ect Total	_	685.96	Social Securit	y 73.71	
Operator Apprentice 85%									-				Medicare Emp		
EEO:													Working Dues		
Check #: 4090923													Other	153.03	
													1,188.99		872.74
Johnson, Troy W - 4658	Minnesota Teamsters / 603 GRP 1 Low Boy	Regular Hourly	0.00	0.00	2.75	0.00	0.00	0.00	0.00	2.75	37.590	103.37	Minnesota Tax	e 124.00	
M/EX: M/2		,							Othe	r Taxable			Wisconsin Tax		
Race/Sex: C/M									Othe	r Non Tax	able		Additional Me		
Minnesota Teamsters										ect Total	_		Social Securit		
602 5 Axel Grp 1									-				Medicare Emp)lı 36.04	
EEO: Journeyman													Other	320.34	
Check #: 4090923													2,485.72		1,851.23

Certified Payroll Transcript

Period 9/3/2023 - 9/9/2023

Job: 20211- C Reiss Dock Contract: 20211- C Reiss Dock

											***** W	eekly Totals	*****
												k Ending 9/9/	23)
				_						Project			
Job Totals	Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Amounts	Gross	Deductions	Net Pay
	De audea Herrahi	0.00	0.00	0.00	20.00	01.00	10.00	0.00	70.00	0.015.00	Minnocoto Toyo	450.00	
	Regular Hourly	0.00	0.00	0.00	38.00	21.00	19.00	0.00	78.00	3,215.96	Minnesota Taxe	452.00	
	Overtime Hourly	0.00	0.00	0.00	0.00	0.00	11.00	0.00	11.00	782.96	Wisconsin Taxe	234.84	
	Regular Hourly	0.00	0.00	2.75	2.50	3.50	0.00	0.00	8.75	349.56	Additional Medi	(
	Vacation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134.85	Social Security	807.16	
								Other Taxabl	е	0.00	Medicare Empl	188.78	
								Other Non Taxable 0.00			Vacation Variab	481.29	
								Project Tota	ıl	4,483.33	Working Dues 9	52.59	
											Other	2,096.56	
											13,018.80	4,313.22	8,705.58