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

REPORT NUMBER 17		NUMBER	STATE PROJECT NUMBE	RS (S)	DATE 1/5/24
North	land		 BCONTRACTOR uluth, a division of Mathy	PHONE NUMBER 218-722-8170	CONTRACT NUMBER 20211 / 23-17-PL
ADD	RESS		h, MN 55803		FEDERAL PROJECT NUMBER
TYPE C Rei		WORK ock	, ANN		
			(Con	plete as described on proposa	1)
			STATEMENT WITH I	RESPECT TO COMPLIANCE A	ND WAGES PAID
I, <u>M</u>	olly M	Musolf		, Project Administrator	do hereby state:
		(N	ame of signatory party)	(Title)	
<u>]</u> ((()	Decer Contr deduc Const Regui 72 Str	mber of the year 20 ract are listed on the ctions have or will truction Company lations, Part 3 (29 rat. 967; 76 Stat. 35	223, there were 2 workers perform payroll and have been paid the been paid the been paid the made either directly or indir (Prime Contractor or Subcontra CFR Subtitle A), issued by the 7; 40 U.S.C.§ 3145) and/or per innesota Commissioner of Lab	rming covered work on said Con- e full prevailing wages for all hou ectly to or on behalf of Northland actor) from the full wages by any U.S. Secretary of Labor under the	
Amount of the least of the leas					
1	perfo accor preva and v	rming work under ding to applicable illing wage rate for vorker(s) performin	said Contract is (are) paid acco laws; that wages paid to labore the most similar classification	rding to the wage determination(s r(s), mechanic(s), and worker(s) p of labor performed as defined un-	ate(s) of the laborer(s), mechanic(s), and worker(s) 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), of the prevailing hours of labor at a rate of at least one
` .	That Minn Labo	esota Department	nployed during said payroll per of Labor and Industry, or are re	iod are duly registered in a bona f gistered with the Bureau of Appr	fide apprenticeship program registered with the enticeship and Training; United States Department of
(4)	That:	(Check one box o	nly)		
	(a)	WHERE FRING	E BENEFITS ARE PAID TO	ANY APPROVED PLANS, F	UNDS, OR PROGRAMS
		fide fringe	benefit programs as set forth in	paragraph 4(d), have been or wil	nechanic listed on said payroll, payments to current, bonal 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	
					ndicated on the payroll, an amount not less than the sum rage 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	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
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	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 CONTRACT PERSON	TELEPHONE NUMBER
Central Pension Fund	49-04569	Fred P Dereschunk	312-788-9441
Metro Blvd Mpls, MN 55439			
MN Cement Masons Local 633		Denny White	612-379-1558
Central Ave, Mpls, MN 55414		at a Management of the Land	
MN Laborers Fringe Benefit	16-07456	Tom Pender	218-741-3638
Metro Blvd, Mpls, MN 55439		1.1000.000	
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	1/5/24						
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 12/24/2023 - 12/30/2023

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

							Н	ours					(Wee	Weekly Total ek Ending 12	
Employee	Work Classification (Craft/Class)		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Total Gross	Deductions	Net Pay
Onofreychuk, Bradley Ronald - 4	508Wisconsin Bldg Trade / WI Laborer Prob For	Regular Hourly	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	46.990	1,879.60	Federal Withh	278.50	
M/EX: S/0	Wisconsin Bldg Trade / WI Laborer Prob For	Fringe Variable -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.100	124.00	FICA - Soc. S	ec 124.22	
Race/Sex: W/M									Othe	er Taxable		0.00	FICA - Medica	ırı 29.05	
Minnesota Laborers									Othe	er Non Tax	able _	0.00	FICA - Addl M	е	
Labor Foremen Probation + \$1									Pro	ect Total		2,003.60	Wisconsin Tax	(100.28	
EEO: Journeyman													Work Dues	48.80	
Check #: 010524471													V&H Laborer-	M 124.00	
													2,003.60	704.85	1,298.75
Renne, Don David - 5004	MN/WI Carpenters / 704 Carpenter Superinte	Regular Hourly	0.00	0.00	2.00	1.50	2.00	2.00	0.00	7.50	48.300	362.25	Federal Withh	ol 118.54	
M/EX: M/0									Othe	er Taxable		0.00	FICA - Soc. S	ec 59.89	
Race/Sex: W/M									Othe	er Non Tax	able	0.00	FICA - Medica	are 14.01	
MN/WI Carpenters									Pro	ect Total	_	362.25	FICA - Addl M	е	
704 Carpenter Superintendent													Wisconsin Tax	6.38	
EEO:													Minnesota Tax	(1 94.00	
Check #: 010524471													Work Dues	32.60	
													Vacation Fund	47.20	
													966.00	372.62	593.38

Certified Payroll Transcript

Period 12/24/2023 - 12/30/2023

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

											(Week	eekly Totals Ending 12/30	
Job Totals	Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Project Amounts		Deductions	Net Pay
	Regular Hourly	0.00	8.00	10.00	9.50	10.00	10.00	0.00	47.50	2,241.85	Federal Withhol	397.04	
	Fringe Variable - Cas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	124.00	FICA - Soc. Sec	184.11	
								Other Taxable	Э	0.00	FICA - Medicare	43.06	
								Other Non Ta	xable	0.00	FICA - Addl Med		
								Project Total		2,365.85	Wisconsin Tax V	106.66	
											Minnesota Tax \	94.00	
											Work Dues	81.40	
											Vacation Fund	47.20	
											V&H Laborer-M	124.00	
											2,969.60	1,077.47	1,892.13