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 NUMBERS	DATE						
2			02/19/24					
PRIME CONTRACTOR/SUB	BCONTRACTOR	PHONE NUMBER	CONTRACT NUMBER					
Superior Diamond		(715) 394-6757	23-17-PL / 20211					
ADDRESS			FEDERAL PROJECT NUMBER					
3119 Hill Ave Superior, V	VI 54880							
TYPE OF WORK								
	(Complete as described on proposal)							

	STATEMENT WITH	RESPECT TO COMPLIANCE AND W	AGES PAID
I, _	Tanna Acosta	, Office Admin	do hereby state:
	(Name of signatory party)	(Title)	
(1)	That I pay or supervise the payment of the persons emportance; that during the payroll period commencing of the year 2024, there were 2 under said Contract are listed on the payroll and have be rebates and/or deductions have or will be made either or	on the <u>4th</u> day of <u>February</u> o workers performing covered work on s	aid Contract. That all persons performing work
	(Prime Contractor or Subcontractor) from the full wage (29 CFR Subtitle A), issued by the U.S. Secretary of L Stat. 357; 40 U.S.C.§ 3145) and/or permissible deduction by the Minnesota Commissioner of Labor and Industry	es by any person, other than permissible abor under the Copeland Act, as amenda ions as defined in Minnesota Statutes 17	deductions as defined in Regulations, Part 3 ed (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76
	DE	SCRIBE LEGAL DEDUCTIONS	
	FICA, Medicare, Federal/State Withholding Taxes UNI	FORM - PANTS, Dues, Vacation	
_			

- (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) 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
- (4) That: (Check one box only)

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

In addition to the basic hourly wage rates paid to each laborer, worker, or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators, per state and federal regulations and plan requirements, as set forth in paragraph 4(e) for the benefit of said workers, except as noted in Section

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL WORKERS

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage 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 <u>DOLLARS CONTRIBUTED PER HOUR</u> (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
See Fringe Benefits Record	\$	\$	\$	\$	\$
555 - III g 5 2 3 1 5 1 1 5 5 5 1 5	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	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
MN Laborer's Fringe	08-06727	Zenith Administrators	(651)256-1800
PO Box 124			
Minneapolis, MN 55440			
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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 CON	TRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE	DATE
Tanna Acosta	Office Admin	Tanna Acosta	2/19/2024
As a representative of the contr	ractor submitting the attached payroll, I hereby certify	v that the information is true and accurate to the be	st of my knowledge.

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE		DATE				
Molly Musolf, Project Administrator	Molly Musol	f	3/4/24				
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.							

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Transportation, Labor Compliance Unit, Mail Stop 650, 395 John Ireland Boulevard, St. Paul, Minnesota 55155-1899, or call 651-366-4209 or 651-366-4204.

Minnesota Department of Transportation Prevailing Wage Payroll Report

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Contractor Name	Sup	Superior Diamond							Prime Contractor Name Northland Constructors												
Address and Telephone #	l .	3119 Hill Ave (715) 394-6757 Superior, WI 54880					Address & Telephone #				4843 Rice Lake Rd (218) 722-8170 Duluth, MN 55803										
State Project / Contract Number					Pay Period	l End Da	ate	02/1	0/2024	ļ	Project Location		9646-C-REISS DOCK					Payroll #	2		
(1)	(2)	(3)	(4)	(5) I	Day of We	ek			Date ((xx/xx)	(6)	(7)	(8)	(9)			(10) D	eductions			(11)
Employee Name, Address and Last Four Digits of	# of Exemp	Labor Code and			MON 4 02/05					SAT 02/10	Total Hours	Hourly Rates of	Gross Amount	Gross Amount Earned	FICA	Federal	State Tax	Other (Misc)	Other (Union)	Total	Total Net
Social Security Number	tions	Classification Title	1	02/0			Vorked E				This Job		Earned This Job	This Pay Period	110/1	Tax	State Tax			Deductions	Wages Paid
DEMOURE, DARRELL J	0	101 GENERAL LABORER JRNY	ОТ		2.00	•					4.00			1,764.18	144.56	315.22	126.29				1,146.53
			REG		8.00	8.00)				16.00	37.530						Dedu	ction	Amount	
																		DUES		7.93	
***-**-3888																		VACA	TION	20.15	
																		UNIP	À	3.50	
LOVE, BRANDEN J	0	101 GENERAL	ОТ		2.00	2.00)				4.00	56.295	825.66	2,064.15	170.95	374.83	138.81	3.50	0.00	688.09	1,376.06
		LABORER JRNY	REG	i	8.00	8.00					16.00	37.530						Dedu	ction	Amount	
																		UNIP	A	3.50	
***-**-3376																					

Page 1 of 1

Superior Diamond Payroll Certification Report 9646-C-REISS DOCK 02/04/24 To 02/10/24

Employee	Trade	HEALTH	PENSION	TRAINING	VACATION	OTHER	Total
102 - DEMOURE, DARRELL J	LOCAL 1091 JOURNEYN	9.400	10.750	0.420	3.100	0.100	23.770
115 - LOVE, BRANDEN J	LOCAL 1091 JOURNEYN	9.400	10.750	0.420	3.100	0.100	23.770