### 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 (S)	tS (S)	DATE
2	23-17-PL		03/06/24
PRIME CONTRACTOR/SUBCONTRACTOR	CONTRACTOR	PHONE NUMBER	CONTRACT NUMBER
Warning Lites of Minnesota Inc	Inc	(612) 521-4200	
ADDRESS			FEDERAL PROJECT NUMBER
4700 Lyndale Ave N Minneapolis, MN 55430-3638	eapolis, MN 55430-3638		23-17-PL
TYPE OF WORK			
Traffic Control &/or Striping			

(Name of signatory party)	That I pay or supervise the payment of the persons employed by Warning Lites of Minnesota Inc  Contract; that during the payroll period commencing on the 25th day of February of the year 2024, and ending the 2nd day of March of the year 2024, there were 1 workers performing covered work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract that no	rebates and/or deductions have or will be made either directly or indirectly to or on behalf or Warning Lites of Minnesota Inc.
	Project Manager do hereby state:	Sarah Walz  (Name of signatory party)  (Name of signatory party)  (Title)  That I pay or supervise the payment of the persons employed by Warning Lites of Minnesota Inc  Contract; that during the payroll period commencing on the 25th day of February of the year 2024, and ending the 2nd day of March of the year 2024, and ending the 2nd day of workers said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and/or deductions have or will be made either directly or indirectly to or on behalf of Warning Lites of Minnesota Inc

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.

Vacaction Deduction

FICA, Medicare, Federal/State Withholding Taxes 125 Dental Ins, 125 Medical - HDHP, HSA - Contribution

DESCRIBE LEGAL DEDUCTIONS

- 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)
- 3 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

## ਭ WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL WORKERS

of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract. Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum

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

### (c) EXCEPTIONS

## <u>a</u> BENEFIT PROGRAM INFORMATION in <u>DOLLARS CONTRIBUTED PER HOUR</u> (Must be completed if 4(a) is checked)

										See Fringe Benefits Record	TITLE, OR INDIVIDUAL WORKERS
S	so	56	SO	S	S	S	s	S	so	SO	WELFARE
S	69	56	ss	s	59	S	s	s	S	s	HOLIDAY
S	S	S	S	S	S	S	S	S	S	S	HOLIDAY TRAINING
S	S	S	9	S	S	S	S	s	S	S	PENSION
S	S	S	S	S	S	S	S	S	S	S	OTHER INCLUDE TITLE

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

				MINNEAPOLIS, MN 55440	PO BOX 1309	HEALTH PARTNERS	NAME AND ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR
						8407	BENEFIT ACCOUNT NUMBER
						JAMI FLOM	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON
						(612)521-4200	TELEPHONE NUMBER

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT) 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.

As a representative of the Prime Contractor, I have reviewed the attached forms and certify to the best of my knowledge that they accu- company on this project and meet the contract requirements for this project.	Molly Musolf, Project Administrator  Molly Musolf	NAME AND TITLE OF PRIME CONTRACTOR (PRINT) SIGNATURE	
ledge that they accurately reflect operations of this	G 3/13/24	DATE	
ons of this			

As a representative of the contractor submitting the attached payroll, I hereby certify that the in

Project Manager

Sarah Walz

#### 12/2008

# Minnesota Department of Transportation Prevailing Wage Payroll Report

| 23-17-PL   Pay Pariod Ent Date   Da | 321-4200 Address & Telephone #   | 4700 Lyndale Ave N (612) 521-4200 Address & Telephone #  | Minneapolis, MN 55430-3638 Address & Telephone #   | 4700 Lyndale Ave N (612) 521-4200  Address & Telephone #   | 4700 Lyndale Ave N (612) 521-4200 Address & Telephone #  
   | 4700 Lyndale Ave N (612) 521-4200  Address & Telephone #   | 4700 Lyndale Ave N (612) 521-4200  Address & Telephone #   | Minneapolis, MN 55430-3638  Address & Telephone #  | Winneapolis, Ivin 30430-3036  | 23-17-PL Pay Period End Date 03/02/2024 Project Location Superior WI 23-17-PL Payroll #  
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Page 1 of 1

Warning Lites of Minnesota Inc Payroll Certification Report 2231649-C.Reiss Dock Project - Central 02/25/24 To 03/02/24

Employee	Trade	CASH	MED	MEDH	HOL	VAC	Total
220108 - FLANAGAN, JOSEPH	111-TRAFFIC CONTROL	11.410		6.480		0.790	18.680