

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

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Sarah Waiz (Name of signatory party) Project Manager (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by Warning Lites of Minnesota Inc on said 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 of Warning Lites of Minnesota Inc (Prime Contractor or Subcontractor) from the full wages by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the U.S. Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145) and/or permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below.

DESCRIBE LEGAL DEDUCTIONS

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

(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 Labor.

(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(c) for the benefit of said workers, except as noted in Section 4(c).

(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.

(g) EXCEPTIONS

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION
SEE FRINGE BENEFITS RECORD		

(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR (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	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(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
HEALTH PARTNERS PO BOX 1309 MINNEAPOLIS, MN 55440	8407	JAMI FLOM	(612)521-4200

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: 10B; 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) Sarah Walz PROJECT MANAGER Project Manager SIGNATURE *[Signature]* DATE 3/13/24

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) Molly Musolf, Project Administrator SIGNATURE Molly Musolf DATE 3/13/24

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

Contractor Name		Warning Lives of Minnesota Inc		Prime Contractor Name		Northland Constructors Of																					
Address and Telephone #		4700 Lyndale Ave N (612) 521-4200 Minneapolis, MN 55430-3638		Address & Telephone #		4843 Rice Lake Road (218) 625-2292 Duluth, MN 55803																					
State Project / Contract Number		23-17-PL		Pay Period End Date		03/02/2024		Project Location		2231649-C.Reiss Dock Project - Central Superior WI 23-17-PL WI		Payroll #		2													
Employee Name, Address and Last Four Digits of Social Security Number	# of Exemptions	Labor Code and Classification Title	(4)	(5) Day of Week							Date (x/xx)	(6)	(7)	(8)	(9)	(10) Deductions					(11)						
				SUN	MON	TUE	WED	THU	FRI	SAT						Total Hours This Job	Hourly Rates of Pay	Gross Amount Earned This Job	Gross Amount Earned This Pay Period	FICA		Federal Tax	State Tax	Other (Misc)	Other (Union)	Total Deductions	Total Net Wages Paid
					02/25	02/26	02/27	02/28	02/29	03/01						03/02											
FLANAGAN, JOSEPH 1823 ANDERSON RD DULUTH, MN 55811 ***-**-1286	0	111-TAFFIC CONTROL PERSON	REG	0.25							0.25	44.460	11.11	881.50	54.66	9.12	7.75	167.00	3.00	241.53	639.97						
																		Misc - Deduction									
																		DENTL			15.23						
																		HSA			50.00						
																		MEDHD			101.77						

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