

MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

Part 2 Statement of Compliance

REPORT NUMBER 6	STATE PROJECT NAME AND LOCATION Sperior WI	DATE July 16, 2024
CONTACTING AUTHORITY	PROJECT C Reiss Dock	GENERAL CONTRACTOR Northland Constructors
CONTRACTOR/SUBCONTRACTOR Dairyland Fence Co., Inc.	PHONE NUMBER 715-372-4937	CONTRACT PURCHASE ORDER NUMBER
ADDRESS PO Box 7	CITY/STATE Iron River, WI	ZIP 54847
TYPE OF WORK Fencing		

(Complete as described on solicitation documents.)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Kathryn Burhans Corporate Secretary do hereby state:
 (Name of signatory party) (Title-Owner or Officer)

- (1) That I pay or supervise the payment of the persons employed by Dairyland Fence Co., Inc. on said Contract; that during the payroll period commencing on the 7 day of July of the year 2024, and ending the 13 day of July of the year 2024, there were 9 employees performing 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 said Dairyland Fence Co., Inc. (Contractor or Subcontractor) from the full wages earned by any person, other than 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

- (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 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:

(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 as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

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

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 BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK ARE ON NEXT PAGE

(c) EXCEPTIONS

EMPLOYEE NAME	CLASSIFICATION/OCCUPATION	EXPLANATION


(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR
(Must be completed if 4(a) is checked.)

PROGRAM TITLE, CLASSIFICATION TITLE, OR INDIVIDUAL EMPLOYEES	HEALTH/WELFARE	VACATION/HOLIDAY	APPRENTICESHIP TRAINING	PENSION	OTHER INCLUDE TITLE
Local 1091 WI Laborers	\$ 10.30	\$ 3.35	\$.40	\$ 8.75	\$.735 Lecet .Safety Training
Local 139 WI Operators	\$ 10.91	\$	\$.05	\$ 13.44	\$ 3.11 Annuity, Skill, JLMWPF
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

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

NAME & ADDRESS OF FRINGE BENEFIT FUND, PLAN, OR PROGRAM ADMINISTRATOR	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTACT PERSON	TELEPHONE NUMBER
WI Laborer's Fringe Benefit Funds	WL181	Fund Office	608-842-9102
International Union of Op Engineers	18956	Remittance Department	262-549-9190

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law.

NAME AND TITLE OF OWNER OR OFFICER Kathryn T. Burhans, Corporate Secretary	SIGNATURE 
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Molly Musolf, Project Administrator **Molly Musolf** 7.19.24

As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-5354), TTY: (651) 297-4198.

Minnesota Department of Labor and Industry Certified Payroll Form

This is a two part form consisting of Part 1 - Prevailing Wage Payroll Information listed below and the accompany Part 2 - Statement of Compliance. The contractor and subcontractor(s) shall furnish these completed forms every two weeks to the contracting authority. Copies of the Prevailing Wage Payroll Information form and the Statement of Compliance form are available at DLI.MN.GOV/LS/PrevWage.asp

All payrolls must be certified by attaching to each report a completed and executed Statement of Compliance.

Name of Contractor or Subcontractor		Prime Contractor Name																		
Dairyland Fence Co., Inc.		Northland Constructors																		
Address & Telephone Number		4843 Rice Lake Rd, Duluth, MN 55806 (218-625-2298)																		
Contract Purchase Order Number		C Reiss Dock, Superior, WI																		
1	2	3	4	5 Day of Week & Date (xx/xx)							8	9	10			11				
				Su	M	T	W	Th	F	S			Gross Amt. Earned This Job	FICA	Fed Tax		State Tax	Other (Specify)	Other (Specify)	Total Deductions
Employee Name, Address, & Identifying Number (DO NOT provide Social Security No.)		Labor Code and Classification Title	OT & ST	Hours Worked Each Day							Gross Amt. Earned This Job	FICA	Fed Tax	State Tax	Other (Specify)	Other (Specify)	Total Deductions	Total Net Wages Paid		
Jesse Scharp	0	Labo140-002	OT										1229.76	94.08	150.00	58.08	93.80		395.96	833.80
John Lahti	0	Labo140-002	OT										702.72	53.76	66.00	26.79	53.60		200.15	502.57
Chris Carl	0	Labo140-002	OT										1616.34	123.65	199.00	79.75	132.33		534.73	1081.61
Matt Scharp	0	Labo140-002	OT										1698.18	129.91	253.00	84.09	139.03		606.03	1092.15
Trevor Gomulak	0	Labo140-002	OT										1636.80	125.22	203.00	80.84	134.00		543.06	1093.74
Isaac Johnson	1	Labo140-002	OT										1336.40	102.24	103.00	64.00	134.00		403.24	933.16
Forrest Cristilly	5	Engi0139-003	OT										1874.40	143.38	73.00	91.80		44.39	352.57	1521.83
Adam Naber	3	Engi0139-003	OT										1828.06	139.84	143.00	89.75		45.67	418.26	1409.80

*Pursuant to the Minnesota Government Data Practices Act, all of the data provided hereunder is public data, which is available to anyone upon request. DO NOT provide any confidential data such as social security numbers, in part or whole, on this form. This data is collected pursuant to Minnesota Stat. §177.30 Sub. 4 and 177.43 Sub. 3. If you have questions regarding the Prevailing Wage Laws, contact the Minnesota Department of Labor & Industry, 443 Lafayette Road N, St. Paul, MN 55155, Phone (651) 284-5091 or 1-800-DIAL-DLI (1-800-342-53584), TTY (651) 297-4198. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state and/or federal law.

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Address & Telephone Number	PO Box 7, Iron River, WI 54847 (715-372-4937)											4843 Rice Lake Rd, Duluth, MN 55806 (218-625-2298)													
Contract Purchase Order Number	Pay Period End Date				7/13/2024				Project Name and Location				C Reisse Dock, Superior, WI		Payroll #		6								
Employee Name, Address, & Identifying Number (DO NOT provide Social Security No.)	2	3	4	5 Day of Week & Date (xx/xx)							6	7	8	9	10	11									
				Su	M	T	W	Th	F	S							Total Hrs This Job	Hrly Rates of Pay	Gross Amt. Earned This Job	Gross Amt. Earned This Pay Period	FICA Tax	State Tax	Other (Specify) (Specify)	Other (Specify)	Total Deductions
James Olson	3	Labo140-002 Laborer	OT & ST	7/7	7/8	7/9	7/10	7/11	7/12	7/13	39	40.92	1624.52	1635.26	125.10	24.00	79.12	130.65	358.87	1276.39					

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