

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

REPORT NUMBER 10	STATE PROJECT NUMBERS (S) 23-17-PL	DATE 11.17.24
PRIME CONTRACTOR/SUBCONTRACTOR NORTHLAND / Northwoods Sodding	PHONE NUMBER 218-729-6969	CONTRACT NUMBER 20211-0127
ADDRESS PO Box 16622, Duluth Mn 55816		FEDERAL PROJECT NUMBER
TYPE OF WORK Landscaping C. REISS DOCK NL		

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, LYN LOKKEN, Office Manager, do hereby state:
(Name of signatory party) (Title)

- (1) That I pay or supervise the payment of the persons employed by Northwoods Sodding Inc. on said Contract; that during the payroll period commencing on the 11 day of nov of the year 2024, and ending the 17 day of nov of the year 2024, there were 7 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 Northwoods Sodding 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

- (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(e) 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.

(c) EXCEPTIONS

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION
GEORGE SCHMIDT	604 TRUCK DRIVER	34.30 + 21.75 = 56.05 RATE

(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
Landscape Labor II	\$9.40	\$2.75	\$42	\$7.84	\$.02 FCF
WWP3	\$	\$	\$	\$	\$.37
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(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
Labors Dist. Council MN & ND	0803946	MAGGIE	651-653-9776

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
<i>[Signature]</i>	<i>[Signature]</i>	11.18.24

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)	SIGNATURE	DATE
Molly Musolf, Project Administrator	<i>Molly Musolf</i>	11/19/24

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.

Certified Payroll Report

Contractor
NORTHWOODS SODDING, INC.
P.O BOX 16622
DULUTH, MN 55816
Tax ID 41-1843871
License # 41-1843871

Project
Northland Constructors of Duluth:Reiss Dock Revised 8/23
4843 RICE LAKE ROAD
DULUTH MN 55803

Payroll Number
23-17-PL
10
11/17/2024
For Week Ending

Employee Name	ID	Work Classification	Pay Type	Hours Worked by Day							Timesheet Hours	Paid Hours	Pay Rate	Job Gross Pay	Fringe Rate	Check Number	Total Gross Pay	Social Security	Medi-care	Federal Tax	State Tax	Other	Total Deduct	Net Pay
				Mon 11	Tue 12	Wed 13	Thu 14	Fri 15	Sat 16	Sun 17														
Chase M Benson	3277	Landscape Labor II 2024	RT					1.50			1.50	1.50	30.04	45.06	0.00	3581	1,633.99	101.31	23.69	209.00	96.00	139.50	569.50	1,064.49
Darrin J Bourdeau 1	6097	Landscape Labor II 2024	RT					1.50			1.50	1.50	40.15	60.23	0.00	3582	2,619.41	162.40	37.98	342.00	186.00	432.50	1,160.88	1,458.53
Jacob N. Travis	6449	Landscape Labor II 2024	RT					1.50			1.50	1.50	30.04	45.06	0.00	3583	1,633.99	101.31	23.69	209.00	96.00	139.50	569.50	1,064.49
Michael R Riesing	6547	Landscape Labor II 2024	RT					1.50			1.50	1.50	30.04	45.06	0.00	3584	1,658.02	102.80	24.04	204.00	98.00	329.87	758.71	899.31
Mitchell Pelkey	6418	Landscape Labor II 2024	RT					2.00			2.00	2.00	32.04	64.08	0.00	3585	1,861.14	115.39	26.99	201.00	105.00	340.00	788.38	1,072.76
Reid R Lisson	1949	Landscape Labor II 2024	RT					1.50			1.50	1.50	30.04	45.06	0.00	3586	1,239.00	76.82	17.96	94.00	43.00	112.50	344.28	894.72
Ryan T Oaing	8368	Landscape Labor II 2024	RT					1.50			1.50	1.50	30.04	45.06	0.00	3587	1,658.02	102.80	24.04	204.00	98.00	141.00	569.84	1,088.18

