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

REPC 9	ORT NUMBER STATE PROJECT 23-17-PL	NUMBERS (S)	DATE 9.15.24
	E CONTRACTOR/SUBCONTRACTOR THLAND / Northwoods Sodding	PHONE NUMBER 218-729-6969	CONTRACT NUMBER 20211-0127
ADDI PO Bo	RESS ox 16622, Duluth Mn 55816		FEDERAL PROJECT NUMBER
	OF WORK caping C. REISS DOCK NL		
		(Complete as described on proposa	1)
	STATEMENT	WITH RESPECT TO COMPLIANCE A	ND WAGES PAID
LYN	LOKKEN (Name of signatory party)	, Office Manager (Title)	do hereby state:
	(Tunio of digitatory party)	(Title)	
Co of list hav (Pr (29 Sta	the year 2024, there were 7 workers performited on the payroll and have been paid the full we or will be made either directly or indirectly rime Contractor or Subcontractor) from the full CFR Subtitle A), issued by the U.S. Secretar	ncing on the 9 day of SEPT of ing covered work on said Contract. That prevailing wages for all hours worked up to or on behalf of Northwoods Sodding all wages by any person, other than permit of Labor under the Copeland Act, as a deductions as defined in Minnesota Statu	of the year 2024, and ending the 15 day of SEPT all persons performing work under said Contract are noter said Contract, that no rebates and/or deductions
per acc pre and	forming work under said Contract is (are) pai cording to applicable laws; that wages paid to evailing wage rate for the most similar classifi	id according to the wage determination(s laborer(s), mechanic(s), and worker(s) p ication of labor performed as defined undract is (are) paid for all hours in excess o	and laborer(s), mechanic(s), and worker(s) and labor provisions incorporated in said Contract and erforming work under said Contract is at least the ler applicable law; and that the laborer(s), mechanic(s), f the prevailing hours of labor at a rate of at least one
	nnesota Department of Labor and Industry, or		de apprenticeship program registered with the enticeship and Training; United States Department of
4) Tha	at: (Check one box only)		
(a)	WHERE FRINGE BENEFITS ARE PAI	ID TO <u>ANY</u> APPROVED PLANS, FU	NDS, OR PROGRAMS
	fide fringe benefit programs as set for	orth in paragraph 4(d), have been or will	echanic listed on said payroll, payments to current, bona be made to the program's administrators, per state and the benefit of said workers, except as noted in Section
(b)	WHERE FRINGE BENEFITS ARE PAI	ID IN CASH TO <u>ALL</u> WORKERS	

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

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.

(c) EXCEPTIONS

WORKER NAME GEORGE SCHMIDT	CLASSIFICATION/OCCUPATION 604 TRUCK DRIVER	EXPLANATION 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
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	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 CONTRACT PERSON	TELEPHONE NUMBER
Labors Dist. Council MN & ND	0803946	MAGGIE	651-653-9776
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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 CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE	PATE 2
As a representative of the contrador submitting the attached payroll, I hereby cer	rtify that he information is true and accurate to the best of	my knowledge.

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE
Molly Musolf, Project Administrator	Molly Musolf	9/18/24
As a representative of the Prime Contractor, I have reviewed the attached	ed forms and certify to the best of my knowledge that they ac	curately reflect operations of

this company on this project and meet the contract requirements for this project.

Certified Payroll Report

	Pav	69.15	59.13	69.14	147.3	74.45	96.16	516.39
	Total Deduct Net Pav	461.00 167.00 199.50 1,026.04 1,569.15	612.00 283.00 496.00 1,685.10 2,159.13	461.00 167.00 199.50 1,026.05 1,569.14	496.00 178.00 208.50 1,092.06 1,647.3*	559.00 198.00 519.00 1,512.13 1,574.45	999.03 1,596.16	982.68 1,516.39
	Other	19.50 1,0	1,6	19.50 1,0	8.50 1,0	1,5		
23-17-PL 9 9/15/2024	State Tax C	67.00 18	83.00 48	67.00 18	78.00 20	98.00 5	59.00 18	60.00 18
લિંગજ		461.00 1	312.00 2	461.00 1	496.00 1	559.00 1	442.00 159.00 199.50	438.00 160.00 193.50
ntract # mber Ending	Social Medi- Federal Bourity care Tax	1		37.64		44.76	37.63	
Project/Contract	Social	160.91	238.35 55.75	160.91	169.84 39.72	191.37	160.90	154.94 36.24
Northland Constructors of Duluth:Reiss Dock Revised 8/ F Project/Contract # 4843 RICE LAKE ROAD Payroll Number DULUTH MN 55603 For Week Ending	Total Gross Pav S	2,595.19	3,844.23	2,595.19	2,739.37	3,086.58	2,595.19	2,499.07
ss Dock I	<u>_</u>	604	403	404	410	406	407	408
uluth:Rei	Job Fringe Check Pav Rate Number	0.00 3409	0.00 3403	0.00 3404	0.00 3410	0.00 3406	0.00 3407	0.00 3408
Northland Constructors of D 4843 RICE LAKE ROAD DULUTH MN 55603	Pay Job 1	811.08	923.45	720.96	405.54	416.52	811.08	811.08
Northland Construct 4843 RICE LAKE RC DULUTH MN 55603		30.04	40.15	24.00 30.04	30.04	13.00 32.04	27.00 30.04	27.00 30.04
Northla 4843 R DULUT	sheet Paid Hours Hours	0 27.00	23.00 40.15		13.50 13.50 30.04			0 27.00
Project	Sat Sun Timesheet Paid 14 15 Hours Hours	27.00	23.00	24.00	13.5(13.00	27.00	27.00
	Sat Sun							
	ő I	0 5.50	00.9 01	0 5.50	00.9	5.50	00.9 00	00 9 00
	Hours Worked by I Pay Mon Tue Wed Thu Fri Type 9 10 11 12 13	8.00 5.00 5.50	6.00 5.00 6.00	6.00 4.50 5.50			8.00 5.00 6.00	8.00 5.00 6.00
	Hor lon Tue	8.50	0.00	8.00	7.50	7.50	8.00	8.00
N. S.	Pay M				RT 7.			
SODDING 16		11 2024	II 2024	1 2024	11 2024	11 2024	11 2024	11 2024
VOODS (16622), MN 558 371 371	ation	pe Labor	pe Labor	pe Labor	pe Labor	pe Labor	pe Labor	pe Labor
Contractor NORTHWOODS SODDING, INC. P.O BOX 16622 DULUTH, MN 55816 Tax ID 41-1843871 License # 41-1843871	Work Classification	3277 Landscape Labor II 2024 RT	Landsca	6449 Landscape Labor II 2024 RT	6547 Landscape Labor II 2024	6418 Landscape Labor II 2024 RT	1949 Landscape Labor II 2024 RT	8368 Landscape Labor II 2024 RT
contractor Tax ID License #	٩	3277	1 6097	6449		6418	1949	8368
Con	э Мате	Benson	sourdeau	Travis	Riesing	elkey	sson	aing
	Employee Name	Chase M Benson	Darrin J Bourdeau 1 6097 Landscape Labor II 2024 RT	Jacob N. Travis	Michael R Riesing	Mitchell Pelkey	Reid R Lisson	Ryan T Oaing

Date: Sep-17, 2024 I, Iyn lokken, office manager, do hereby state:

(1) That I pay or supervise the payment of the persons employed by NORTHWOODS SODDING, INC. on the project Northland Constructors of Duluth:Reiss Dock Revised 8/8/23; that during the payroll persons employed by NORTHWOODS SODDING, INC. on the project have been or will be made either directly or indirectly to or on behalf of said NORTHWOODS SODDING, INC. from the full weekly wages earned, that no rebates have been or will be made either directly to or on behalf of said NORTHWOODS SODDING, INC. from the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said NORTHWOODS SODDING, INC. from the full weekly wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 398, 73 Stat. 108, 72 Stat. 367; 76 Stat. 367; 40 U.S.C. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.

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(3) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

Exception Crain	Explanation
Remarks:	
Name and Title	Simothre
manager	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRA OF TITLE 31 OF THE UNITED STATES CODE.	STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBJOUNTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231