

**5/2023 STATEMENT OF COMPLIANCE  
CONTRACTOR – SUBCONTRACTOR  
MINNESOTA PREVAILING WAGE STATUTES**

REPORT NUMBER <b>4</b>	CONTRACT OR PURCHASE ORDER NUMBER	DATE <b>1/17/2024</b>
CONTRACTOR/SUBCONTRACTOR NAME PEC SOLUTIONS, LLC.	PHONE NUMBER 763-571-8000	CONTRACT NUMBER
ADDRESS 5960 Main Street NE, Minneapolis, MN 55432		PROJECT NUMBER <b>23-17-PL</b>
TYPE OF WORK Electrical		

(Complete as described on solicitation documents.)

**STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID**

I, Chi Ngo, PAYROLL SPECIALIST do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by PEC SOLUTIONS, LLC. on said Contract; that during the payroll period commencing on the 7<sup>th</sup> day of January the year 2024, and ending the 13<sup>th</sup> day of January the year 2024, there were 1 employees 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 said PEC SOLUTIONS, LLC.

(Contractor or Subcontractor)

from the full wages earned by any person, other than permissible deductions as defined in 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**

Federal and State Taxes, FICA, Union Dues

EE Portion of Health, Dental, Vision Benefits, 401K, ROTH

Garnishments and Levies

(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 IS ON REVERSE SIDE.**

**(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
	\$	\$	\$	\$	\$
Hwy Hvy Operator (\$43.38 rate)	\$ 12.15	\$ 0	\$ 0.55	\$ 10.90	\$ 1.60 Def. Contrib., \$0.02-LMCC, \$0.01 CILEC
	\$	\$	\$	\$	\$
Foreman (\$50.59 rate)	\$ 12.05	\$ 5.56	\$ 0.76	\$ 14.95	\$ 1.52 NEBF
	\$	\$	\$	\$	\$
Apprentice 85% (\$38.05 rate)	\$ 9.06	\$ 4.19	\$ 0.57	\$ 11.25	\$ 1.14 NEBF
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**(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
IBEW Local 242 - 2002 London Road, Room 111, Duluth, MN 55812	06-1635069	IBEW Local 242	218-728-6895
IBEW Local 160 - 2909 Anthony Land, Saint Anthony, MN 55418	06-1635069	IBEW Local 160	612-781-3126
IBEW Local 160 - 2909 Anthony Land, Saint Anthony, MN 55418	06-1635069	IUOW Local 49	612-788-9441
MPLS Electrical Industry Receiving Agency 6900 Wedgewood Rd. N STE 425, Maple Grove, Mn 55311	06-1635069	SHARON HAFERKORN	763-493-8841
Electrical Ind. Fringe Benefit Agency 1330 Conway Street STE 130, St. Paul, MN 55106	06-1635069	RON ETHIER	651-772-8767

**The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state law. See Minnesota Statutes 16B, 16C, 177.30, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63.**

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE CHI NGO - PAYROLL SPECIALIST	SIGNATURE 
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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.

Molly Musolf, Project Administrator

*Molly Musolf*

1/25/24

(6/2009)

NOTE: For questions regarding the Prevailing Wage Laws, contact the Department of Labor and Industry at 651.284.5091.

**U.S. Department of Labor**

Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347inst.htm](http://www.dol.gov/whd/forms/wh347inst.htm))



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

Rev. Dec. 2008

NAME OF CONTRACTOR <b>PEC SOLUTIONS LLC</b>	<input type="checkbox"/>	OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS <b>5960 MAIN ST NE MINNEAPOLIS, MN 55432</b>	OMB No. 1235-0008 Expires: 07/31/2024
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PAYROLL NO. <b>4</b>	FOR WEEK ENDING <b>01/13/2024</b>	PROJECT AND LOCATION <b>C REISS DOCK ST LOUIS BAY, SUPERIOR WI</b>	PROJECT OR CONTRACT NO. <b>0</b> <b>Project 23-17-PL</b>
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				1	2	3	4	5	6	7				FICA	FED	ST	LOC	OTHER		TOTAL DEDUCTIONS	
				1-7	1-8	1-9	1-10	1-11	1-12	1-13											
				HOURS WORKED EACH DAY																	
BUCKWALTER BEAU D XXX-XX-3558	2	ELECTRICIAN FOR	S T	.00	.00	.00	.00	.00	2.00	.00	2.00	50.590	1460.03 / 112.31	111.69	108.82	41.97	.00	187.96	450.44	1009.59	
JOB TOTALS -																					
			S T	.00	.00	.00	.00	.00	2.00	.00	2.00										
			O T	.00	.00	.00	.00	.00	.00	.00	.00										
			O V	.00	.00	.00	.00	.00	.00	.00	.00										
DIVISION TOTALS -																					
			S T	.00	.00	.00	.00	.00	2.00	.00	2.00										
			O T	.00	.00	.00	.00	.00	.00	.00	.00										
			O V	.00	.00	.00	.00	.00	.00	.00	.00										
COMPANY TOTALS -																					
			S T	.00	.00	.00	.00	.00	2.00	.00	2.00										
			O T	.00	.00	.00	.00	.00	.00	.00	.00										
			O V	.00	.00	.00	.00	.00	.00	.00	.00										

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a) (3) (ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

