

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

REPORT NUMBER 7	STATE PROJECT NUMBERS (S)	DATE 04/19/24
PRIME CONTRACTOR/SUBCONTRACTOR Superior Diamond	PHONE NUMBER (715) 394-6757	CONTRACT NUMBER
ADDRESS 3119 Hill Ave Superior, WI 54880		FEDERAL PROJECT NUMBER
TYPE OF WORK		

(Complete as described on proposal)

STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID

I, Tanna Acosta, Office Admin do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Superior Diamond on said Contract; that during the payroll period commencing on the 31st day of March of the year 2024, and ending the 6th day of April of the year 2024, there were 3 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 Superior Diamond (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 UNIFORM - PANTS, Dues, Vacation

- (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

(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
MN Laborer's Fringe PO Box 124 Minneapolis, MN 55440	08-06727	Zenith Administrators	(651)256-1800

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) Tanna Acosta Office Admin	SIGNATURE <i>Tanna Acosta</i>	DATE 4/19/2024
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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 <i>Molly Musolf</i>	DATE 4/22/24
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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		Superior Diamond						Prime Contractor Name			Northland Constructors													
Address and Telephone #		3119 Hill Ave (715) 394-6757 Superior, WI 54880						Address & Telephone #			4843 Rice Lake Rd (218) 722-8170 Duluth, MN 55803													
State Project / Contract Number				Pay Period End Date		04/06/2024		Project Location			9646-C-REISS DOCK			Payroll #		7								
(1)	(2)	(3)	(4)	(5) Day of Week							Date (xx/xx)		(6)	(7)	(8)	(9)	(10) Deductions				(11)			
Employee Name, Address and Last Four Digits of Social Security Number	# of Exemptions	Labor Code and Classification Title		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			
				03/31	04/01	04/02	04/03	04/04	04/05	04/06														
				Hours Worked Each Day																				
DEMOURE, DARRELL J ***-**-3888	0	101 GENERAL LABORER JRNY	OT REG					1.50 8.00			1.50 8.00	56.295 37.530	384.68	1,041.86	83.91	140.80	68.34	3.50	43.20	339.75	702.11			
																			Deduction	Amount				
																						DUES		12.20
																						VACATION		31.00
																						UNIPA		3.50
LOVE JR, LELAND K ***-**-4551	0	101 GENERAL LABORER JRNY	OT REG						1.00 8.00		1.00 8.00	56.295 37.530	356.54	694.31	57.50	43.82	45.81	3.50	0.00	150.63	543.68			
																			Deduction	Amount				
																						UNIPA		3.50
LOVE, BRANDEN J ***-**-3376	0	101 GENERAL LABORER JRNY	OT REG					1.50 8.00	1.00 8.00		2.50 16.00	56.295 37.530	741.22	1,623.18	134.43	266.08	104.81	3.50	0.00	508.82	1,114.36			
																			Deduction	Amount				
																						UNIPA		3.50

Superior Diamond
Payroll Certification Report
9646-C-REISS DOCK
03/31/24 To 04/06/24

Employee	Trade	HEALTH	PENSION	TRAINING	VACATION	OTHER	Total
102 - DEMOURE, DARRELL J	LOCAL 1091 JOURNEYM	9.400	10.750	0.420	3.100	0.100	23.770
111 - LOVE JR, LELAND K	LOCAL 1091 JOURNEYM	9.400	10.750	0.420	3.100	0.100	23.770
115 - LOVE, BRANDEN J	LOCAL 1091 JOURNEYM	9.400	10.750	0.420	3.100	0.100	23.770