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

RI 1	EPORT NUMBER	STATE PROJECT NUMBER 23-17-PL	RS (S)	DATE 10.23.23
	RIME CONTRACTOR/SU Northwoods Sodding	BCONTRACTOR	PHONE NUMBER 218-729-6969	CONTRACT NUMBER 20211-0127
	DDRESS O Box 16622, Duluth Mn 5	5816		FEDERAL PROJECT NUMBER
	YPE OF WORK andscaping C. REISS DOC	K NL		
		(Comp	lete as described on proposal)	
		STATEMENT WITH RE	ESPECT TO COMPLIANCE AND W	/AGES PAID
, <u>I</u>	LYN LOKKEN		, Office Manager	do hereby state:
	(Nar	me of signatory party)	(Title)	
	listed on the payroll and have or will be made either (Prime Contractor or Subci (29 CFR Subtitle A), issue Stat. 357; 40 U.S.C.§ 314	ave been paid the full prevailing or directly or indirectly to or on contractor) from the full wages led by the U.S. Secretary of Labo 3) and/or permissible deduction ssioner of Labor and Industry ar	g wages for all hours worked under something behalf of Northwoods Sodding Inc. by any person, other than permissible or under the Copeland Act, as amendos as defined in Minnesota Statutes 17	rsons performing work under said Contract are aid Contract, that no rebates and/or deductions deductions as defined in Regulations, Part 3 ed (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 7.24, Subdivision 4, 181.06, and 181.79, issued
2)	performing work under sa according to applicable la prevailing wage rate for the	id Contract is (are) paid accordi ws; that wages paid to laborer(s he most similar classification of work under said Contract is (are	ing to the wage determination(s) and), mechanic(s), and worker(s) perform labor performed as defined under app	of the laborer(s), mechanic(s), and worker(s) labor provisions incorporated in said Contract and ning work under said Contract is at least the plicable law; and that the laborer(s), mechanic(s), prevailing hours of labor at a rate of at least one
3)				prenticeship program registered with the hip and Training; United States Department of
4)	That: (Check one box only	/)		
	(a) WHERE FRINGE I	BENEFITS ARE PAID TO <u>A</u>	<u>NY</u> APPROVED PLANS, FUNDS,	OR PROGRAMS
	fide fringe be	nefit programs as set forth in pa	ragraph 4(d), have been or will be ma	c listed on said payroll, payments to current, bona ade to the program's administrators, per state and nefit of said workers, except as noted in Section
	(b) WHERE FRINGE I	BENEFITS ARE PAID IN CA	SH TO <u>ALL</u> 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)

HEALTH/	VACATION/	APPRENTICESHIP/	PENSION	OTHER
WELFARE	HOLIDAY	TRAINING		INCLUDE TITLE
\$9.40	\$2.75	\$.42	\$7.84	\$.02 FCF
S	\$	\$	\$	\$
\$	\$	\$	\$	\$
\$	\$	\$	\$	\$
s	\$	\$	\$	\$
\$	\$	\$	\$	s
s	\$	\$	\$	S
\$	\$	\$	\$	\$
s	\$	\$	\$	S
\$	\$	\$	\$	s
\$	\$	\$	\$	\$
	WELFARE \$9.40 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	WELFARE HOLIDAY \$9.40 \$2.75 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	WELFARE HOLIDAY TRAINING \$9.40 \$2.75 \$.42 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	WELFARE HOLIDAY TRAINING \$9.40 \$2.75 \$.42 \$7.84 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

(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
			
	50000000000000000000000000000000000000	+	

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
14 work opiniling	14		10.23.23
As a representative of the contractor submitting the attached payroll, I hereby certification	fy that the inform	ation 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	11/10/23
As a representative of the Prime Contractor, I have reviewed the attached forms at	nd certify to the best of my knowledge that they according	curately reflect operations of
this company on this project and meet the contract requirements for this project.		

Certified Payroll Report

10/22/2023 23-17-PL Northland Constructors of Duluth:Reiss Dock Revised 8/8 **Project/Contract #**4843 RICE LAKE ROAD
DULUTH MN 55603
For Week Ending Project Contractor NORTHWOODS SODDING, INC. P.O BOX 16622 DULUTH, MN 55816 Tax ID 41-1843871

Tax Other Deduct Net Pay 13.00 171.88 878.65 1,379.75 878.65 1,379.75 693.22 878.66 1,379.74 666.00 208.00 393.88 1,534.60 1,952.08 943.55 763.60 331.11 Total 105.84 24.76 245.00 96.00 292.00 391.00 143.00 171.88 391.00 143.00 171.88 113.00 49.00 90.75 391.00 143.00 171.88 Social Medi- Federal State 216.17 50.55 63.51 14.85 140.03 32.75 140.02 32.75 Rate Number Gross Pay Security care 0.00 20526 2,258.40 140.02 32.75 Total 3,486.68 1,707.15 2,258.40 2,258.40 1,024.33 Job Fringe Check 0.00 20531 0.00 20532 0.00 20529 0.00 20530 0.00 20527 113.16 297.05
 Hours Worked by Day

 Pay
 Mon Tue Wed Thu Fri Sat Sun Type
 Timesheet Hours
 Paid Pay Hours Rate Gross Pay
 Job

 Type
 16
 17
 18
 19
 20
 21
 22
 Hours Hours Rate Gross Pay

 RT
 4.00
 6.50
 297.05
 10.50
 28.29
 297.05
 441.60 333.19 297.05 4.00 28.29 10.50 10.50 28.29 11.50 11.50 38.40 10.50 10.50 28.29 11.00 11.00 30.29 4.00 6.50 7.50 7.00 6.50 4.00 4.00 4.00 4.00 4.00 6418 Landscape Laborer II 2023 RT Connor A Thompson 4146 Landscape Laborer II 2023 RT R R R ID Classification 3277 Landscape Laborer II 2023 6097 Landscape Laborer II 2023 Mason M St.Germain 6289 Landscape Laborer II 2023 1949 Landscape Laborer II 2023 Work Darrin J Bourdeau 1 Employee Name Chase M Benson Mitchell Pelkey Reid R Lisson

Date: Oct-24, 2023 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 period commencing on Oct-16, 2023 and ending on Oct-22, 2023 all persons employed on the said receipt have been paid 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. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 276c), and described below:

(2) That any payolls 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, of if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
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

(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

Remarks:	
Name and Title lyn lokken, office manager	
THE WILLFUL FALSHICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF THE UNITED STATES CODE.	AL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 23