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

			Т		
REI 2	PORT N	UMBER	STATE PROJECT NUMI 23-17-PL	BERS (S)	DATE 3.26.24
	ME COI		BCONTRACTOR thwoods Sodding	PHONE NUMBER 218-729-6969	CONTRACT NUMBER 20211-0127
	DRESS Box 166	22, Duluth Mn 5	5816		FEDERAL PROJECT NUMBER
TYI	PE OF W	ORK			
Lan	dscaping	C. REISS DOC	K NL		
			(Cor	mplete as described on proposal	
					,
			STATEMENT WITH	RESPECT TO COMPLIANCE AN	ND WAGES PAID
I, <u>L</u> Y	N LOK	KEN		, Office Manager	do hereby state:
		(Nan	ne of signatory party)	(Title)	do hereby state.
(1) T	hat I pay	y or supervise the	payment of the persons emp	ployed by Northwoods Sodding Inc	
(Contract;	that during the p	ayroll period commencing of	n the 18 day of march	of the year 2024, and ending the 24 day of march
li	isted on	the payroll and ha	ave been paid the full prevail	ling wages for all hours worked und	all persons performing work under said Contract are der said Contract, that no rebates and/or deductions
h	ave or w	all be made eithe	r directly or indirectly to or or	on behalf of Northwoods Sodding I	nc.
(1	Prime Co	ontractor or Subc	ontractor) from the full wage	es by any person, other than permis	sible deductions as defined in Regulations, Part 3
S	tat. 357;	40 U.S.C.§ 3145	and/or permissible deducti	ons as defined in Minnesota Statute	nended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 es 177.24, Subdivision 4, 181.06, and 181.79, issued
b	y the Mi	nnesota Commis	sioner of Labor and Industry	and described below.	55 177.24, 546417151611 4, 161.00, and 161.79, Issued
			DEC	SCRIPE LEGAL DEDUCTIONS	
			DES	SCRIBE LEGAL DEDUCTIONS	
-					
po ac pr ar	ecording ecording evailing nd worke	g work under sand to applicable law wage rate for the er(s) performing v	d Contract is (are) paid accor s; that wages paid to laborer most similar classification of	rding to the wage determination(s) a r(s), mechanic(s), and worker(s) per of labor performed as defined under	e(s) of the laborer(s), mechanic(s), and worker(s) and labor provisions incorporated in said Contract and rforming work under said Contract is at least the r applicable law; and that the laborer(s), mechanic(s), the prevailing hours of labor at a rate of at least one
M	hat any a linnesota abor.	apprentices emplo a Department of I	oyed during said payroll pericabor and Industry, or are reg	od are duly registered in a bona fide gistered with the Bureau of Apprent	e apprenticeship program registered with the ticeship and Training; United States Department of
4) Tl	nat: (Che	eck one box only))		
(a) WHE	ERE FRINGE B	ENEFITS ARE PAID TO	ANY APPROVED PLANS, FUN	IDS, OR PROGRAMS
		In addition to the fide fringe benefit	he basic hourly wage rates pa efit programs as set forth in p	aid to each laborer, worker, or mecl	hanic listed on said payroll, payments to current, bona e made to the program's administrators, per state and e benefit of said workers, except as noted in Section
(b) WHE	RE FRINGE B	ENEFITS ARE PAID IN C	EASH TO <u>ALL</u> WORKERS	
		Each laborer, w	orker, or mechanic listed on	said payroll has been paid, as indic	cated 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
Landscape Labor II	\$9.40	\$2.75	\$.42	\$7.84	\$.02 FCF
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	S	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	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

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 wm offen 1/2	14/	3.20.21
As a representative of the contractor submitting the attached payroll, I hereby certification and the contractor submitting the attached payroll, I hereby certification and the contractor submitting the attached payroll, I hereby certification and the contractor submitting the attached payroll, I hereby certification and the contractor submitting the attached payroll, I hereby certification and the contractor submitting the attached payroll, I hereby certification and the contractor submitting the attached payroll.	ify that the information is true and accurate	e to the best of my knowledge.

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE
Molly Musolf, Project Administrator	Molly Musolf	4/1/24
As a representative of the Prime Contractor, I have reviewed the attache	d forms and certify to the best of my knowledge that they	accurately reflect operations of

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.

Certified Payroll Report

ract # 23-17-PL	ding 3/24/2024
luth:Reiss Dock Revised 8/8 Project/Contract	For Week Ending
Project Northland Constructors of Duli 4843 RICE LAKE ROAD	DULUTH MN 55603
	MN 55816 11
Contractor NORTHWOODS SODDING, INC. P.O BOX 16622	DULUTH, MN 55816 Tax ID 41-1843871

			Vet Pay	141.00	111.04
		Total	educt 1	23.60	0.00 0.00 11.00 21.12 111.04
L 24			Other D	11.00	11.00
23-17-PL 2 3/24/2024		tate	Tax C	00.0	0.00
		ederal S	Тах	0.00 0.00 11.00 23.60 141.00	
ontract # imber Ending		Medi-	care	2.39	8.20 1.92
Project/Contract # Payroll Number For Week Ending		Total Social Medi- Federal State	Security	164.60 10.21 2.39	
Northland Constructors of Duluth:Reiss Dock Revised 8/8 Project/Contract # 4843 RICE LAKE ROAD 4843 RICE LAKE ROAD DULUTH MN 55603 For Week Ending		Total	Hours Hours Rate Gross Pay Rate Number Gross Pay Security care Tax Tax Other Deduct Net Pay	164.60	132.16
eiss Dock		Job Fringe Check	Number	0.00 3027	0.00 3028
uluth:R		Fringe	Rate	0.00	0.00
Northland Constructors of D 4843 RICE LAKE ROAD DULUTH MN 55603		Job	iross Pay	76.80	60.58
d Const		Pay	Rate G	18.40	10.29
Northland Construct 4843 RICE LAKE Ro DULUTH MN 55603		Paid	Hours	2.00 2.00 38.40	2.00 30.29
Project		Timesheet	Type 18 19 20 21 22 23 24 Hours Rate	2.00	2.00
_		Sun	24		
	d by Day	J Fri Sat	22 23		
	Hours Worked by	ed Thu	0 21		
	Hours	ue We	19 2		
	_	Mon 7	18	2.00	2.00
S Z		Pay	Туре	RT	
Contractor NOK I HWOODS SOUDING, INC P.O BOX 16622 DULUTH, MN 55816 Tax ID 41-1843871		Work	Employee Name ID Classification	0007 Darrin J Bourdeau 1 6097 Landscape Laborer II 2023 RT 2.00	6418 Landscape Laborer II 2023 RT
ntracto Tax II			₽	1 608	64
3			Employee Name	Darrin J Bourdeau	Mitchell Pelkey

Date: Mar-26, 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 period commencing on Mar-18, 2024 and ending on Mar-24, 2024 all persons employed on the said project have been paid 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 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. 367; 76 Stat 357; 40 U.S.C. 276c), and described below:

(2) That any payoils 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.

(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 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 (Craft)	Explanation
Remarks:	
Name and Title Iyn lokken, office manager	Signature
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONT	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF 111LE 18 AND SECTION 231