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

REPORT NUMB	ER STATE PROJECT NUMB 23-17-PL	BERS (S)	DATE 7.14.24
PRIME CONTRA NORTHLAND	ACTOR/SUBCONTRACTOR / Northwoods Sodding	PHONE NUMBER 218-729-6969	CONTRACT NUMBER 20211-0127
ADDRESS PO Box 16622, D	uluth Mn 55816	I	FEDERAL PROJECT NUMBER
TYPE OF WORK Landscaping C. R			
	(Con	nplete as described on proposal	1)
	STATEMENT WITH I	RESPECT TO COMPLIANCE A	ND WAGES PAID
I, LYN LOKKEN		, Office Manager	do hereby state:
	(Name of signatory party)	(Title)	
of the year 202 listed on the pa have or will be (Prime Contrac (29 CFR Subtit Stat. 357; 40 U	24, there were 6 workers performing coverage and have been paid the full prevail and have been paid the full prevail and either directly or indirectly to or octor or Subcontractor) from the full wage the A), issued by the U.S. Secretary of La J.S.C.§ 3145) and/or permissible deduction to Commissioner of Labor and Industry	ered work on said Contract. That a ing wages for all hours worked un on behalf of Northwoods Sodding as by any person, other than permis abor under the Copeland Act, as ar ons as defined in Minnesota Statut	of the year 2024, and ending the 14 day of JULY all persons performing work under said Contract are der said Contract, that no rebates and/or deductions Inc. ssible deductions as defined in Regulations, Part 3 mended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 tes 177.24, Subdivision 4, 181.06, and 181.79, issued
performing wo according to ap prevailing wag and worker(s) p and one-half tin (3) That any appre	rk under said Contract is (are) paid according policable laws; that wages paid to laborer erate for the most similar classification operforming work under said Contract is (mes the applicable base rate of pay. ntices employed during said payroll periods.	rding to the wage determination(s) r(s), mechanic(s), and worker(s) peof labor performed as defined under are) paid for all hours in excess of od are duly registered in a bona fix	te(s) of the laborer(s), mechanic(s), and worker(s) and labor provisions incorporated in said Contract and erforming work under said Contract is at least the er applicable law; and that the laborer(s), mechanic(s), the prevailing hours of labor at a rate of at least one de apprenticeship program registered with the
			nticeship and Training; United States Department of
(4) That: (Check or	ne box only)		
(a) WHERE	FRINGE BENEFITS ARE PAID TO	ANY APPROVED PLANS, FU	NDS, OR PROGRAMS
fid	e fringe benefit programs as set forth in pleral regulations and plan requirements, a	paragraph 4(d), have been or will l	chanic listed on said payroll, payments to current, bona be made to the program's administrators, per state and he benefit of said workers, except as noted in Section
(b) WHERE	FRINGE BENEFITS ARE PAID IN C	CASH 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)

PROGRAM TITLE, CLASSIFICATION	HEALTH/	VACATION/	APPRENTICESHIP/ TRAINING	PENSION	OTHER INCLUDE TITLE
TITLE, OR INDIVIDUAL WORKERS Landscape Labor II	\$9.40	HOLIDAY \$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,	BENEFIT ACCOUNT NUMBER	THIRD PARTY TRUSTEE AND/OR CONTRACT PERSON	TELEPHONE NUMBER
OR PROGRAM ADMINISTRATOR	NOMBER	A control and country is the first of the control and the cont	Nomber
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	BATE /
Ich III THENNY	11/	1.10.29
1910000	15	111-1
As a representative of the contractor submitting the attached payroll, I hereby cert	ify that the information is true and accurate to the best of	of my knowledge.
		/

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE
Molly Musolf, Project Administrator	Molly Musolf	7/19/24
As a representative of the Prime Contractor, I have reviewed the attached forms at this company on this project and meet the contract requirements for this project.	nd certify to the best of my knowledge that they accurately	reflect operations of

Certified Payroll Report

Cont	Contractor Tax ID License #	Contractor NORTHWOODS SODDING, INC. P.O BOX 16622 DULUTH, MN 55816 Tax ID 41-1843871 License # 41-1843871	G, INC.	*			Project	Northlan 1843 RIG DULUTH	Northland Constructors of 4843 RICE LAKE ROAD DULUTH MN 55603	tors of Du tOAD 3	lluth:Rei	Northland Constructors of Duluth:Reiss Dock Revised 8/F Project/Contract # 4843 RICE LAKE ROAD Payroll Number DULUTH MN 55603 For Week Ending	Pa Pa Fo	Project/Contract # Payroll Number For Week Ending	rract # nber nding	23-1 5 7/14	23-17-PL 5 7/14/2024		
Employee Name	٥	Work Classification	Pay	Mon 8	Hours Worked by Day Pay Mon Tue Wed Thu Fri Sa Type 8 9 10 11 12 13	by Day Fri Sat Sun Timesheet Paid 12 13 14 Hours Hours	Timesheet	Paid Hours	ssheet Paid Pay Job Hours Hours Rate Gross Pay		Job Fringe Check Pay Rate Numbe	ringe Check Total Social Medi- Rate Number Gross Pay Security care	Total ss Pav So	Social M	ш.	Total Social Medi- Federal State s Pav Security care Tax Tax Other	ite ax Other	Total Deduct Net Pay	Net Pay
Chase M Benson	3277	3277 Landscape Labor II 2024 RT	T.		2.00		2.00	2.00 30.04	30.04	1	0.00 3242	242 1,	1,826.23	113.22 26.48	10000	281.00 110.00 151.50	00 151.50		1,144.03
Darrin J Bourdeau	1 6097	Darrin J Bourdeau 1 6097 Landscape Labor II 2024 RT	R		2.50 1.00		3.50	3.50 40.15		140.53	0.00 3243		2,895.79	179.54 41.99		403.00 208.00 450.50 1,283.03 1,612.76	00 450.50	1,283.03	1,612.76
Jacob N. Travis	6449	6449 Landscape Labor II 2024 RT	RT	2000	2.00		2.00	2.00 30.04	30.04	80.09	0.00 3244		1,826.23	113.22 2	6.48 2	113.22 26.48 281.00 110.00 151.50 682.20 1,144.03	00 151.50	682.20	1,144.03
Michael R Riesling	6547	6547 Landscape Labor II 2024 RT	RT	1000	2.00		2.00	2.00 30.04	30.04	80.09	0.00 3245		1,826.23	113.23 26.48		281.00 110.00 151.50	00 151.50	682.21 1,144.02	1,144.02
Mitchell Pelkey	6418	6418 Landscape Labor II 2024 RT	RT		0.00 1.00		1.00	1.00 32.04	32.04	32.04	0.00 3246		2,141.97	132.80 31.06		333.00 124.00 403.50 1,024.36 1,117.61	00 403.50	1,024.36	1,117.61
Ryan T Oaing	8368	8368 Landscape Labor II 2024 RT	TA		2.00		2.00	2.00 30.04	30.04	80.09	0.00 3248		1,826.23	113.23 26.49		281.00 110.00 151.50	00 151.50	682.22 1,144.01	1,144.01

Date: Jul-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 period commencing on Jul-08, 2024 and ending on Jul-14, 2024 all persons employed on the 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. 948, 63 Stat. 967, 76 Stat. 967, 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. of if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

	WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRA	in addition to the basis hours were rates as a place of the property
4) That:	(a) WHERE FRIN	5
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SRAMS ranic 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 in addition to the basic houri 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

Remarks: Name and Title Iyin loken, office manager THE WILL FUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCON FAACTOR OR SUBCOUTON. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	Exception (Craft)	Explanation
Remarks: Name and Title In locken, office manager THE WILL FLU E ALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBSCOTION SEE SECTION 1001 OF TITLE 18 AND SECTION 2 OF TITLE 31 OF THE UNITED STATES CODE.		
Remarks: Name and Title In white Full FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR OF STITLE 18 AND SECTION 2. OF TITLE 31 OF THE UNITED STATES CODE.		
Remarks: Name and Title In okken, office manager THE WILLFUL FALSIFICATION 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 2		
Remarks: Name and Title In the WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRAMMAT PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 2		
Remarks: Name and Title In the WILLFUL FALSIFICATION 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 2		
Remarks: Name and Title In the WILLFUL FALSIFICATION 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 2.		
Remarks: Name and Title In lookken, office manager THE WILLFUL FALSIFICATION 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 2		
Remarks: Name and Title In lookken, office manager THE WILLEUL FALSIFICATION 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 2.		
Remarks: Name and Title In looken, office manager THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBSCOON TO CIVIL OR CRIMIMAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 2.		
Name and Title Individual of manager THE WILLFUL FALSIFICATION 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 2.	Remarks:	
Name and Title Iyn lokken, office manager THE WILLFUL FALSIFICATION 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 2.		
THE WILLFUL FALSIFICATION 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 2 OF TITLE 31 OF THE UNITED STATES CODE.	Name and Title Iyn lokken, office manager	Signature
	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CO OF TITLE 31 OF THE UNITED STATES CODE.	NTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 2