**STATEMENT OF COMPLIANCE**

FEDERAL COPELAND ACT / DAVIS BACON ACT

MINNESOTA PREVAILING WAGE STATUTES

HENNEPIN COUNTY RESOLUTION

* According to MN Prevailing Wage Statutes, Statement of Compliance certifies payroll and must be attached to each payroll report.
* Submission of this form, not more than 14 days after the end of each pay period, via email to prevwage@hennepin.us
* The email subject line to include Company Name and Hennepin County Contract Number

|  |  |  |  |
| --- | --- | --- | --- |
| HENNEPIN COUNTY CONTRACT #      | CONTRACT TITLE      | DATE FOR WEEK ENDING      | PAYROLL #20     -      |
| [ ]  GENERAL/PRIME[ ]  SUB-CONTRACTOR | COMPANY NAME      | PHONE NUMBER      | MNDOLI LICENSE #      |
| COMPANY ADDRESS      | EMAIL      |
| TYPE OF WORK (i.e. Construction, Service/Maintenance, Janitorial/Cleaning, Transportation, etc.)      |

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby state:

 (Name of signatory party) (Title)

1. That I pay or supervise the payment of the persons employed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on said Contract; that during the payroll period commencing on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the year 20\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the year 20\_\_\_\_, there were \_\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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 Statues 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below.

**DESCRIBE LEGAL DEDUCTIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

1. WHERE FRINGE BENEFITS ARE PAID TO ANY FEDERAL AND/OR STATE 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 a current, irrevocable 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).

1. WHERE FRINGE BENEFITS ARE NOT PAID 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.

1. EXCEPTIONS

|  |  |  |
| --- | --- | --- |
| WORKER NAME | CLASSIFICATION/OCCUPATION | EXPLANATION |
|       |       |       |
|       |       |       |
|       |       |       |

1. **BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked) – include additional lines if needed for additional workers.**

 Payments or deductions required by federal, state or local law to fund programs such as Social Security, unemployment compensation and workers’ compensation **do not** qualify as fringe benefit contributions.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INDIVIDUAL WORKERS | WAGE | HEALTH | VACATION | HOLIDAY | SICK/PERSONAL DAYS | RETIREMENT/PENSION | OTHER(Apprenticeship/Training) | TOTAL(Wages+Benefits) |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |
|       | $      | $      | $      | $      | $      | $      | $      | $      |

1. BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked)

|  |  |  |  |
| --- | --- | --- | --- |
| COMPLETE NAME AND ADDRESSOF BONA FIDE FRINGE BENEFIT FUND, PLAN, PROGRAM | BONA FIDE BENEFITACCOUNT NUMBER | FIRST & LAST NAMEOF FUND ADMINISTRATOR | TELEPHONE NUMBER |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**The willful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or felony 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; 609.52 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      |
| 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)      | SIGNATURE      | DATE      |
| 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. |

[ ]  This is the last Statement of Compliance, as job is completed and closed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact Hennepin County Prevailing Wage at the email listed below.