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| Grantee Name: | | |  | | | | | | | | | | | | | | | | | | | | | Grant #: | | | | | | | |  | | | | | |
| Contractor/Business Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contractor’s  Business Address: | | | | |  | | | | | | | | | | | | | | | | Telephone: | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Federal Tax ID #: | | | | |  | | | | | | | | | | | | | State Tax ID #: | | | | | | | | | |  | | | | | | | | | |
| Does this project include both CDBG and State of IL Funding? | | | | | | | | | | | | | | | | | ☐ YES ☐ NO | | | | | | | | | | | | | | | | | | | | |
| If YES, Source of IL Funding: | | | | | |  | | | | | | | | | | | Amount: | | | | | | | | | |  | | | | | | | | | | |
| *Which Prevailing Wage Rate Determination is Higher?* | | | | | | | | | | | | | | | | | ☐ US DOL for CDBG | | | | | | | | | | | | | | ☐ State of IL | | | | | | |
| Our construction contract is with (Grantee Community) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the amount of | | $ | | | | | | for (work to be completed) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Date Contract Awarded: | | | |  | | | | | | | Will any work be subcontracted out? | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | |
| If yes, to whom? | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Person(s) Authorized to Sign (certify) Payroll Reports:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | **Title** | | | | | | | | | | | | | | | | | | | | |
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| The Wage Rate Determination issued for this project is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WRD #:** |  | | | | | | | | **Mod #:** |  | | | | | | **Published Date:** | | | | | | | | | |  | | | | | | | | | | |
| Identify work classification(s), base wage payment, fringe payment, and total wage for each individual performing work on the project site (attach additional sheets if necessary): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Work Classification from the Wage Rate Determination (WRD)***  ***(Include group number, if applicable)*** | | | | | | | | | | | | | | | | | | | ***Base Wage*** | | | | | | ***Fringe*** | | | | | | | | | ***Total Wage*** | | | | | |
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| Identify those work classification(s) performing work on the project that are either not included in the WRD or do not include the county within the Classification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *\*The* ***Conformance*** *process must be used to add the above listed classification(s) to the WRD in effect for this project.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The fringe benefit payment will be (check A, B or C below)**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) | **Paid to a Union benefit plan (or plans). Complete chart below or attach a schedule of fringe benefits** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Benefit** | **Amount (hourly contribution)** | | Vacation and Holiday |  | | Union Dues |  | | Health and Welfare Benefits |  | | Pension |  | | Annuity |  | | Other (Identify) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit funds are deposited into accounts maintained by: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | Telephone: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Account #: | | | |  | | | | | | | | | | | | | | | | | | | |
| (B) | **Paid directly (with paycheck) to each worker in the amount of**: | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | |
| (C) | **Paid to an unfunded benefit plan (or plans) in the amount indicated below**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Benefit** | **Amount (hourly contribution)** | | Pension |  | | Medical |  | | Dental |  | | Other (Identify) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefit funds are deposited into accounts maintained by: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | Telephone: | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | Account #: | | | |  | | | | | | | | | | | | | | |
| Is the business a  corporation a  sole proprietorship or a  partnership business? (Check applicable box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the business a Caucasian Woman Owned Business (WBE)? | | | | | | | | | | | | | | | | | | | YES ☐ NO | | | | | | | | | | | | | | | | | | |
| Is the business a Minority Owned Business (MBE)? | | | | | | | | | | | | | | | | | | | YES ☐ NO | | | | | | | | | | | | | | | | | | |
| Is the business a Section 3 Business Concern\*? | | | | | | | | | | | | | | | | | | | YES ☐ NO | | | | | | | | | | | | | | | | | | |
| \*A Section 3 Business Concern is a business that meets one of the following within the last six-month period:  -At least 51% owned and controlled by low- or very low-income persons;  -Over 75% of labor hours performed by the businesses are performed by low-or very low-income persons; or  -Fifty-One percent (51%) owned, controlled by current public housing, Section 8-assisted housing residents.  If Section 3 Business Concern is marked “YES,” complete the “Section 3 Business Concern Certification Form” in the State of Illinois Community Development Block Grant (CDBG) Program Section 3 Plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTRACTOR’S CERTIFICATION** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| *I have received the following documents and fully understand my responsibilities in the payment of the prevailing wages contained in the WRD applicable to this project and reporting requirements under Davis Bacon and Related Acts, as well as my responsibilities to engage Sections 3 workers in employment, training, and subcontracting opportunities and to report on those opportunities, and labor hours worked per Section 3 requirements.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Davis-Bacon and Labor Standards Agency/Contractor Guide and the Contractor Guide Addendum; or | | | | | | | | | | | | | | | Section 3 Plan and Reporting Forms  Payroll Form | | | | | | | | | | | | | | | | | | | | | | |
| Making Davis-Bacon Work, A Contractor’s Guide to Prevailing Wage | | | | | | | | | | | | | | | Federal Labor Standards Provisions (HUD 4010) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner/Principal Officer Name (Please Print) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | |  | | | | | | | |
| Signature | | | | | | | | | | | | | |  | | | | | Date | | | | | | | | | |

*This form must be completed in its entirety and submitted with the NOCA HUD 2516 along with a copy of the “No Exclusions” search from sam.gov. Grant funds for construction will not be released until the NOCA and Contractor’s Profile Form are reviewed and approved by DCEO.*

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| --- | --- | --- | --- |
| *Does this project include both CDBG and State of IL Funding?*  YES  NO | | Amount/Source: |  |
|  | |  |  |
| *Which Prevailing Wage Rate Determination is Higher?* | US DOL for CDBG  State of Illinois | | | |