|  |  |  |  |
| --- | --- | --- | --- |
|  Grantee Name: |  | Grant #: |  |
| Contractor/Business Name: |  |
| Contractor’s Business Address: |  | Telephone: |  |
|  |
| Federal Tax ID #:  |  | State Tax ID #:  |  |
| Our construction contract is with (Grantee Community) |  |
| In the amount of | $ | for (work to be completed) |  |
|  |
| Date Contract Awarded: |  | Will any work be subcontracted out? | YES [ ]  NO [ ]  |
| If yes, to whom?  |  |
|  |  |
| **Person(s) Authorized to Sign (certify) Payroll Reports:**  |
| **Name** | **Title** |
|   |  |
|  |  |
|  |  |
| 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 classification 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*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Identify the work classification(s) performing work on the project that are not included in the WRD or are not included in the project location’s county. |
|  |  |
|  |  |
| *\*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 and 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 your business a [ ]  corporation a [ ]  sole proprietorship or a [ ]  partnership business? (Check applicable box) |
| Is your business a Caucasian Woman Owned Business (WBE)? | YES ☐ NO [ ]  |
| Is your business a Minority Owned Business (MBE)? | YES ☐ NO [ ]  |
| Is your 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; | [ ]  Section 3 Plan and Reporting Forms[ ]  Payroll Form  |
|  | [ ]  Federal Labor Standards Provisions (HUD 4010)  |
|  |
| Owner/Principal Officer Name (Please Print)  |  |
|  |  |  |
| Signature |  | Date |

*This form must be completed in its entirety and submitted to the Grantee’s Administrator at the Preconstruction Conference.*