RFP Attachment 5

Minnesota Department of Administration
Statement of Compliance Form Guide

Each contractor that performed work under a contract that is funded in whole or in part with federal and/or state funds must complete the Department of Administration's Statement of Compliance Form. The form should be attached to the payroll and submitted to State Agency Email Addresses listed within the Terms and Conditions. Incomplete forms will be returned to the contractor.

Must indicate the number of workers performing work in a labor classification as identified in MN Rules 5200.1100

STATEMENT OF COMPLIANCE
CONTRACTOR – SUBCONTRACTOR
MINNESOTA PREVAILING WAGE STATUTES

REPORT NUMBER	CONTRACT OR PURCHASE ORDER NUMBER		DATE
CONTRACTOR/SUBCONTRACTOR NAME		PHONE NUMBER	CONTRACT NUMBER
ADDRESS			PROJECT NUMBER
TYPE OF WORK			

(Complete as described on solicitation documents.)

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 ___the year ____, and ending the ___day of ____the year ____, there were ____employees 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 said _____
(Contractor or Subcontractor)
from the full wages earned by any person, other than permissible deductions as defined in as defined in Minnesota Statutes 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 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.

Check One Only

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS *SEE BELOW.

☐ In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES

☐ 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 BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK IS ON REVERSE SIDE.

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If #4 is checked, enter the name(s) of the person(s) who do not receive fringe benefit(s) reported in #4(d) *(e.g., non-union, seasonal worker, worker has not worked for the company long enough, etc.)*.

Note: If #4(b) is checked, the workers must receive the total contract rate as cash on their paycheck.

If each employee receives the same fringe benefit rate, place the title of the plan here

OR

If each employee has a different fringe benefit rate, place their names here with the respective amounts,

OR

A separate sheet that contains the breakdown of each employee's benefits can be attached to this form. Note this attachment by writing "See Attached Sheet" here.

Specify the dollar amount contributed per hour as a fringe benefit. Failure to do so will result in the rejection of the form.

Fill out the complete name and address of the fringe benefit plan.

Specify the benefit account number, contact person and telephone number.

Print clearly the name and title of the representative certifying the payroll.

This form **must be signed** or it will not be accepted.

(c) EXCEPTIONS **SEE BELOW.

EMPLOYEE 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 EMPLOYEES	HEALTH / WELFARE	VACATION / HOLIDAY	APPRENTICESHIP / TRAINING	PENSION	OTHER INCLUDE TITLE
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$

(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 CONTACT PERSON	TELEPHONE NUMBER

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under state law. See Minnesota Statutes 16B, 16C, 177.30, 177.43, Subdivision 5, 177.44, Subdivision 6, 609.63.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE	SIGNATURE
As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.	

NOTE: For questions regarding the Prevailing Wage Laws, contact the Department of Labor and Industry at 651.284.5091.

(6/2009)

* **FRINGE BENEFITS – Contractors who pay all required fringe benefits:** A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision shall continue to show on the face of the payroll the basic cash hourly rate and overtime rate paid to his employees just as he has always done. Such a contractor shall check paragraph 4(a) of the statement on the reverse of the payroll to indicate that he is also paying to approved plans, funds, or programs not less than the amount predetermined as fringe benefits for each craft. Any exceptions shall be noted in section 4(c).

Contractors who pay no fringe benefits: A contractor who pays no fringe benefits shall pay to the employee, and insert in the straight time hourly rate column of the payroll, an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringes, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringes at the straight time rate. In addition, the contractor shall check paragraph 4(b) of the statement on the reverse of the payroll to indicate that he is paying fringe benefits in cash directly to his employees. Any exceptions shall be noted in Section 4(c).

** **Use of Section 4(c), Exceptions**

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 4(a) or 4(b), whichever the contractor may check, shall be entered in section 4(c). Enter in the Exception column the craft, and enter in the Explanation column to the hourly amount paid the employee as cash in lieu of fringes and the hourly amount paid to plans, funds, or programs as fringes. The contractor shall pay, and shall show that he is paying to each such employee for all hours (unless otherwise provided by applicable determination) worked on project an amount not less than the predetermined rate plus cash in lieu of fringes as shown in Section 4(c). The rate paid and amount of cash paid in lieu of fringe benefits per hour should be entered in column 6 on the payroll. See paragraph on “Contractors who pay no fringe benefits” for computation of overtime rate.