# **Minnesota Department of Transportation 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 Mn/DOT Statement of Compliance Form. The form should be attached to the payroll and submitted to the Project Engineer. Incomplete forms will be returned to the contractor.

(12/2010)

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

	REPORT NUMBER	STATE PROJECT NUMBERS (S)		DATE			
	PRIME CONTRACTOR/S	UBCONTRACTOR	PHONE NUMBER	CONTRACT NUMBER			
	ADDRESS			FEDERAL PROJECT NUMBER			
Must indicate the	TYPE OF WORK						
number of workers performing work on the project.	(Complete as described on proposal)						
	STATEMENT WITH RESPECT TO COMPLIANCE AND WAGES PAID						
	I,						
	Contract; that during the payroll period commencing on the day of of the year, and ending the day of of the year, and ending the day of of the year, 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 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						
	performing work under according to applicable prevailing wage rate for and worker(s) perform and one-half times the	r said Contract is (are) paid a e laws; that wages paid to lat or the most similar classificat ing work under said Contrac applicable base rate of pay.	according to the wage determination(s) orer(s), mechanic(s), and worker(s) in on of labor performed as defined unt is (are) paid for all hours in excess of	ate(s) of the laborer(s), mechanic(s), and worker(s) s) and labor provisions incorporated in said Contract and performing work under said Contract is at least the der applicable law; and that the laborer(s), mechanic(s), of the prevailing hours of labor at a rate of at least one			
	(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)						
	(a) WHERE FRINGE BENEFITS ARE PAID TO <u>ANY</u> APPROVED PLANS, FUNDS, OR PROGRAMS						
	fide fringe	e benefit programs as set fort	h in paragraph 4(d), have been or wil	nechanic listed on said payroll, payments to current, bona l be made to the program's administrators, per state and the benefit of said workers, except as noted in Section			
	(b) WHERE FRING	GE BENEFITS ARE PAID	IN CASH TO <u>ALL</u> WORKERS				
Check One Only				ndicated on the payroll, an amount not less than the sum age determination incorporated into said Contract.			

NOTE--FRINGE BENEFITS SECTION C, D, E, AND SIGNATURE BLOCK IS ON PAGE 2.

If 4(a) 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 or if workers are listed in 4(c), the workers must receive the total contract rate, which is considered taxable income, as cash on their paycheck.

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

#### OR

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

#### OR

A separate sheet that contains the breakdown of each worker's benefits can be attached to this form. Make note of the 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.

<u>Print</u> clearly the name and title of the representative signing the payroll.

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

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## (c) EXCEPTIONS

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

## (d) BENEFIT PROGRAM INFORMATION in <u>DOLLARS CONTRIBUTED PER HOUR</u> (Must be completed if 4(a) is checked)

	HEALTH/	VACATION/	APPRENTICESHIP/	PENSION	OTHER
TITLE, OR INDIVIDUAL WORKERS	WELFARE	HOLIDAY	TRAINING		INCLUDE TITLE
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	\$	s	S	\$	\$
	\$	8	8	\$	\$

# (e) BEYEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked)

NAME AND ADDRESS OF	BENEFIT ACCOUNT	THIRD PARTY TRUSTEE	TELEPHONE
FRINGE BENEDIT FUND PLAN OR ROCKAN ADMINISTRATOR	NUMBER	AND/OR CONTRACT PERSON	NUMBER
	1		•
/// <b>//</b>			
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The fillful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or criminal prosecution under federal any or state law See Mixesota Statute 1SC; 16B; 161.315, Subdivision 2; 177.43, Subdivision 5; 177.44, Subdivision 6; 609.63; or United States Code 18 S.C. 1001.1 U.S. 231; CFR 5.12.

YAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE	DATE
1	<b>/</b>	
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 known	owledge.
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	ct operations of this

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Transportation, Labor Compliance Unit, Mail Stop 650, 395 John In Land Boulevard, St. Paul, Minnesota 55155-1899, or call 651-366-4209 or 651-366-4204.