

Instructions for the Wage Rate Sheet (Exhibit 7-1)

Post either (a) the Wage Rate Sheet or (b) Wage Decision in a worker-accessible place.

1, 2.	Self-explanatory.
3. Wage Decision Number Mod, Date	<p>The wage decision from the US Dept of Labor (DOL) that is designated as the governing decision for this part of the project.</p> <p>Example: State—Louisiana DOL Wage Decision Year—2008 Wage Decision Number—06 Date of Wage Decision—2/8/08 Modification number—0</p> <p>Enter the above information using the following method: LA 08-0015, Dated 8/27/04, Mod 4</p> <p>If there is more than one wage decision for the project a separate Wage Rate Sheet must be prepared.</p>
4. Name of Prime Contractor	Name of the prime contractor(s) who is subject to the wage decision listed on this Wage Rate Sheet.
5. Classification	<p>List only those classifications from the Wage Decision that are applicable to this project.</p> <p>Each classification must be written on the Wage Rate Sheet exactly as it appears on the Wage Decision.</p> <p>Additional Classification(s), if any, should also be included.</p>
6, 7. Hourly Rate and Fringe Benefit Rate	<p>List exactly as listed on the Wage Decision.</p> <p>Prior to receiving DOL’s response, rates for Additional Classification(s) should be listed at the rates requested by the contractor. After receiving DOL’s response, rates must be listed according to DOL requirements.</p>
8. Total Package Rate	List the total of the hourly rate plus the fringe benefit rate.

SAMPLE VERIFICATION OF PROJECT WAGE RATE SHEET AND PROJECT SIGN POSTING

Verification of Posting Requirements

- 1. Grantee _____
- 2. DR-CDBG CEA Number _____
- 3. Project Description _____

4. Were the following items posted in a location accessible to workers?

- | | | |
|--|-----------|----------|
| | _____ | _____ |
| (a) "Equal Employment Opportunity is the Law"
(Exhibit 7-3) | _____ Yes | _____ No |
| (b) "Notice to Employees" (concerning wage rates)
(Exhibit 7-4) | _____ Yes | _____ No |
| (c) Either the Wage Rate Sheet(s) or Wage Decision(s) | _____ Yes | _____ No |

Comments: _____

Signature of Grantee's Labor Compliance Officer _____

Date _____

SAMPLE REQUIRED CONSTRUCTION SITE POSTERS

Equal Employment Opportunity is THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETRALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

EMPLOYEE RIGHTS UNDER THE DAVIS-BACON ACT

FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PREVAILING WAGES

You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.

OVERTIME

You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

ENFORCEMENT

Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.

APPRENTICES

Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.

PROPER PAY

If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:

or contact the U.S. Department of Labor's Wage and Hour Division.



For additional information:

1-866-4-USWAGE
(1-866-487-9243) TTY: 1-877-889-5627



WWW.WAGEHOUR.DOL.GOV

SAMPLE APPOINTMENT OF LABOR COMPLIANCE OFFICER FORM

Grantee _____

DR-CDBG CEA Number _____

Name of person hereby appointed as the Labor Compliance Officer _____

Name of person appointing the LCO _____

Title of person appointing the LCO _____

I hereby appoint the above listed person as the Labor Compliance Officer (LCO) under this Louisiana Disaster Recovery Community Development Block Grant (CDBG) CEA. The appointed LCO is assigned to oversee the labor portion of the CEA and will be responsible for all labor law compliance. The LCO will be responsible for assuring compliance with all federal and Disaster Recovery CDBG requirements as explained in the Disaster Recovery CDBG Grantee Handbook.

Signature of person appointing the LCO _____

Date _____

I acknowledge and accept the appointment and duties of Labor Compliance Officer under the above mentioned CDBG CEA.

Signature of newly appointed LCO _____

Date _____

WAGE DECISION EXAMPLE

General Decision Number: LA080006 04/10/2009 LA6

Superseded General Decision Number: LA20070009

State: Louisiana

Construction Type: Heavy

Counties: Allen, Assumption, Avoyelles, Beauregard, Bienville, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, La Salle, Lincoln, Madison, Morehouse, Natchitoches, Pointe Coupee, Red River, Richland, Sabine, St Helena, St Mary, Tangipahoa, Tensas, Union, Vermilion, Vernon, Washington, West Carroll, West Feliciana and Winn Counties in Louisiana.

HEAVY CONSTRUCTION PROJECTS (includes water wells, water & sewer lines, and flood control; excludes elevated storage tanks)

Modification Number	Publication Date
0	02/08/2008
1	03/07/2008
2	04/04/2008
3	05/09/2008
4	06/13/2008
5	09/05/2008
6	01/16/2009
7	02/13/2009
8	03/13/2009
9	04/10/2009

ELEC0130-007 12/01/2008

ASSUMPTION AND ST. MARY (Northeast of Atchafalaya River) PARISHES

	Rates	Fringes
ELECTRICIAN.....	\$ 25.00	8.33

ELEC0194-006 09/04/2008

BIENVILLE, CLAIBORNE, DE SOTO, NATCHITOCHES (Northeast of the Red River), and RED RIVER PARISHES

	Rates	Fringes
ELECTRICIAN Lineman and Heavy		

Equipment Operator.....	\$ 23.95	8.61

* ELEC0446-004 04/01/2009		
CALDWELL, EAST CARROLL, FRANKLIN, JACKSON, LINCOLN, MADISON, MOREHOUSE, RICHLAND, TENSAS, UNION, and WEST CARROLL PARISHES		
	Rates	Fringes
ELECTRICIAN.....	\$ 19.65	8.18

ELEC0576-002 03/01/2009		
AVOYELLES, CATAHOULA, CONCORDIA, EVANGELINE, GRANT, LA SALLE, NATCHITOCHE (Southwest of Red River), SABINE, VERNON, AND WINN PARISHES		
	Rates	Fringes
ELECTRICIAN.....	\$ 21.60	5.62

* ELEC0861-004 04/01/2009		
ALLEN, BEAUREGARD, CAMERON, IBERIA, JEFFERSON DAVIS, ST. MARY (Southwest of Atchafalaya River), AND VERMILION PARISHES		
	Rates	Fringes
ELECTRICIAN.....	\$ 23.50	9.00

ELEC0995-002 01/01/2009		
EAST FELICIANA, IBERVILLE, POINTE COUPEE, ST. HELENA, AND WEST FELICIANA PARISHES		
	Rates	Fringes
ELECTRICIAN.....	\$ 21.87	7.67

ELEC1077-005 03/01/2009		
TANGIPAHOA AND WASHINGTON PARISHES		
	Rates	Fringes
ELECTRICIAN.....	\$ 21.50	6.26

SULA2004-008 05/19/2004		
	Rates	Fringes
CARPENTER (including formsetting/formbuilding).....	\$ 14.75	0.00

Laborers:				
Common.....	\$ 7.60	0.00		
Pipelayer.....	\$ 8.47	0.00		
PIPEFITTER (excluding pipelaying).....			\$ 18.75	4.05
Power equipment operators:				
Backhoe/Excavator.....	\$ 11.67	0.00		
Boring Machine.....	\$ 10.25	0.00		
Bulldozer.....	\$ 11.82	0.00		
Crane.....	\$ 13.60	0.00		
Dragline.....	\$ 13.12	0.00		
Front End Loader.....	\$ 9.93	0.00		
Mechanic.....	\$ 12.50	0.00		
Trackhoe.....	\$ 11.99	0.00		
Tractor.....	\$ 10.43	0.00		
Water Well Driller.....	\$ 10.73	2.01		
Truck drivers:				
Dump.....	\$ 10.00	0.00		
Water.....	\$ 8.00	0.00		

WELDERS - Receive rate prescribed for craft performing
operation to which welding is incidental.
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Unlisted classifications needed for work not included within
the scope of the classifications listed may be added after
award only as provided in the labor standards contract clauses
(29CFR 5.5 (a) (1) (ii)).

In the listing above, the "SU" designation means that rates
listed under the identifier do not reflect collectively
bargained wage and fringe benefit rates. Other designations
indicate unions whose rates have been determined to be
prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can
be:

- * an existing published wage determination
- * a survey underlying a wage determination
- * a Wage and Hour Division letter setting forth a position on
a wage determination matter
- * a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests
for summaries of surveys, should be with the Wage and Hour
Regional Office for the area in which the survey was conducted
because those Regional Offices have responsibility for the

Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION

Verification of Wage Decision

Verification of Wage Decision(s)		
Please Note: Verifications must be obtained prior to award of contract		
1.	Grantee Name	
2.	Disaster Recovery CDBG Contract Number	
3.	Parish	
4.	Bid Opening Date	
5.	Description of work covered by the bid package	
<ul style="list-style-type: none"> • Identification of wage decision(s) made part of the bid package whether by initial inclusion in bid document or by addendum. Example: LA 08 0014, Mod 0, 2/8/08 		
6.	Decision Number(s)	
7.	Modification Number(s)	
8.	Issue Date(s)	
9.	Grantee's Labor Compliance Officer (Signature or name)	

Instructions for Verification of Wage Decision

Note: This form must be received before the award of a contract.

1-3. Name, Contract #, Parish	Name of grant recipient, Disaster Recovery CDBG contract #, Parish
4. Bid Opening Date	The date construction bids were opened
5. Description of work covered by the bid package	Describe the work in order to provide information needed for determining the proper Davis-Bacon wage decision(s). Example: Construction of an elevated tank and installation of 3,200 feet of main water line.
6-8. Decision Number(s), Mod numbers(s) & Issue date	The identification of the effective wage decision(s) that was in effect at the bid opening date or if the contract award was delayed more than 90 days the wage decision that was in effect on the date of the contract award.
9. Grantee's LCO	The typed name or the legible signature of the grantee's Labor Compliance Officer.

SAMPLE PAYROLL DEDUCTION AUTHORIZATION
FORM

Name of Grant Recipient _____

DR-CDBG CEA # _____

Employee _____

Employer _____

One box should be marked with an "x". Occasionally more than one box will be marked. In addition to deductions authorized by law, such as social security and income taxes, the following deduction(s) will be subtracted from the employee's paycheck(s)

- I authorize weekly deduction(s) as described below.
- I authorize a one-time deduction(s), as described below.
- I authorize deduction(s), below, to be subtracted from my paycheck for _____ weeks.

<u>Description of Additional Deductions*</u>	<u>Amount</u>

Employee Signature _____

Date _____

*Types of deductions may include retirement, health insurance, uniforms, loans and advance on wages. Deductions for garnishments, such as court orders and child support, may be authorized by this form or an appropriate legal document.

SAMPLE LABOR STANDARDS ENFORCEMENT REPORT

Required when any contractor has restitution of \$1,000 or more.

-
1. Grantee Name & DR-CDBG CEA # _____
 2. Report Number _____
 3. Prime Contractor _____
 4. Project Type _____
 5. Effective Wage Decision(s) _____
 6. Restitution Paid under Davis-Bacon _____
 7. Restitution Paid under CWHSSA _____
 8. Liquidated Damages Paid _____
 9. How was underpayment(s) discovered? _____
 10. Were any violations willful?
If yes, explain. _____
 11. Current status of corrective actions taken
or in progress. Explain briefly. _____
 12. Prepared by Whom & Date Prepared _____

Attachments

13. If Liquidated Damages were calculated, provide the following attachments:
 - (a) copy of the communication from the grantee's Labor Compliance Officer to the contractor(s) explaining the calculation of Liquidated Damages and the contractor's responsibility to pay or request a waiver Attached? Yes No Not applicable
 - (b) copy of the contractor(s) response. If the contractor's response involves a wire transfer, a statement on the progress of the wire transfer should be included.
Attached? Yes No Not Applicable
14. Attach a Schedule of Restitution due or paid and a calculation of Liquidated Damages, if any. A sample format providing column headings is shown by items 15-21. The preparer must add rows as necessary. (A separate wider page layout in "landscape" view would allow more room for data entry).

15. Contractor Prime or Sub	16. Employee Name	17. Date	18. Payroll #	19. Davis-Bacon Restitution	20. CWHSSA Restitution	21. Liquidated Damages

Instructions for the Labor Standards Enforcement Report

Item # and Description	<u>Instructions</u>
1,2. Name, DR-CDBG CEA #	Name of local government, Six digit DR-CDBG CEA Number
2. Report Number	Sequentially numbered under the DR-CDBG CEA. Begin with #1.
3. Prime Contractor	Name of one prime contractor only. Do not list any subcontractor in item 4. If there is more than one prime, then prepare multiple reports.
4. Project Type	Examples: fire station, water well, sewer lines
5. Effective Wage Decision(s)	The locked in wage decision that governed the project. Example: LA 08-06, dated 2/8/08, Mod 0
6. Restitution Paid Under Davis-Bacon	Amount associated with this report actually paid. Example: 52 hours worked, underpaid \$1.00 per hour, Restitution of \$52 paid under Davis Bacon
7. Restitution Paid Under CWHSSA	Amount associated with this report actually paid. Example: 52 hours worked, underpaid \$1.00 per hour, Restitution of \$6 paid under CWHSSA
8. Liquidated Damages paid	Total of amounts paid (not just calculated but paid) by wire transfer (\$10 per person, per day, for each day with overtime underpayments)
9. How was the under--payment(s) discovered?	Indicate who found the underpayment and a description of the occasion(s). Example: John Doe during routine payroll review.
10. Were any violations willful? If yes, explain.	Check “yes” or “no” and explain any yes answer. This answer will be from the point of view of the person preparing this report who will often be the grantee’s Labor Compliance Officer (LCO)
11. Current status of corrective actions...	Whether completed or in progress. Example: Restitution complete. Liquidated Damages in progress.
12. Prepared by Whom & Date Prepared	Preparer is usually the grantee’s LCO. Date is when wage restitution and action for Liquidated Damages has been completed or nearly completed.
13. (a)—Attachment: Communication to the Contractor	If Liquidated Damages are involved, a written communication must be sent from the grantee’s LCO to the prime and may be copied to any relevant sub containing the following: calculation Liquidated Damages and an explanation calling for the contractor to pay or request a waiver of Liquidated Damages.
13. (b)—Attachment: Contractor’s Response	If Liquidated Damages are involved, the contractor who underpaid, whether a prime or a sub, is the preferred respondent. The response will be a letter requesting a waiver or agreeing to pay. If “pay” is the choice the current status of the wire transfer process should be stated on the attachment.
14. Attachment—Schedule	Schedule of Restitution (for any wage underpayment) and any Liquidated Damage (regarding overtime) calculation. This schedule pertains to all relevant amounts whether paid or unpaid.
15. Contractor	Contractor who underpaid—whether prime or sub.
16. Employee Name	Employee name as listed on the payroll.
17. Date(s)	Each date on which an underpayment occurred.
18. Payroll #	Payroll number covering the date(s) listed under 19.
19. Davis-Bacon Restitution	Amount(s) of DB restitution due for the date(s) listed under 19.
20. CWHSSA Restitution	Amount(s) of CWHSSA restitution due for date(s) listed under 19
21. Liquidated Damages Calculation	Corresponding to the date(s) listed under 17. Liquidated Damages Calculation: \$10 per person, per day, for each day of deficiency.

REPORT OF ADDITIONAL CLASSIFICATION AND RATE

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REPORT OF ADDITIONAL CLASSIFICATION AND RATE		HUD FORM 4230A <small>OMB Approval Number 2501-0011 (Exp. 01/31/2010)</small>				
1. FROM <i>(name and address of requesting agency)</i>	2. PROJECT NAME AND NUMBER 3. LOCATION OF PROJECT <i>(City, County and State)</i>					
4. BRIEF DESCRIPTION OF PROJECT	5. CHARACTER OF CONSTRUCTION <input type="checkbox"/> Building <input type="checkbox"/> Residential <input type="checkbox"/> Heavy <input type="checkbox"/> Other (specify) <input type="checkbox"/> Highway					
6. WAGE DECISION NO. <i>(include modification number, if any)</i> <input type="checkbox"/> COPY ATTACHED	7. WAGE DECISION EFFECTIVE DATE					
8. WORK CLASSIFICATION(S)	HOURLY WAGE RATES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;">BASIC WAGE</td> <td style="width: 50%; text-align: center; border-bottom: 1px solid black;">FRINGE BENEFIT(S) <i>(if any)</i></td> </tr> <tr> <td style="height: 100px;"></td> <td></td> </tr> </table>		BASIC WAGE	FRINGE BENEFIT(S) <i>(if any)</i>		
BASIC WAGE	FRINGE BENEFIT(S) <i>(if any)</i>					
9. PRIME CONTRACTOR <i>(name, address)</i>	10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE <i>(name, address)</i>					
Check All That Apply:						
<input type="checkbox"/> The work to be performed by the additional classification(s) is not performed by a classification in the applicable wage decision. <input type="checkbox"/> The proposed classification is utilized in the area by the construction industry. <input type="checkbox"/> The proposed wage rate(s), including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage decision. <input type="checkbox"/> The interested parties, including the employees or their authorized representatives, agree on the classification(s) and wage rate(s). <input type="checkbox"/> Supporting documentation attached, including applicable wage decision.						
Check One:						
<input type="checkbox"/> Approved, meets all criteria. DOL confirmation requested. <input type="checkbox"/> One or more classifications fail to meet all criteria as explained in agency referral. DOL decision requested.						
_____ Agency Representative <i>(Typed name and signature)</i>	_____ <i>Date</i>	FOR HUD USE ONLY LR2000: Log in: Log out:				
_____ <i>Phone Number</i>						

Instructions for the Report of Additional Classification and Rate HUD 4230-A (Exhibit 7-8)

(To obtain a “form-fill” version of HUD 4230A go to www.hud.gov and type the following into the search box: “Report of Additional Classification and Rate.” The search results will make the needed form accessible. The top half of HUD 4230A may be completed by the contractor or the grantee based on information from the contractor. The bottom portion of HUD 4230A, beginning where it states “Check All That Apply,” is to be completed by the OCD/DRU.)

General Procedure: The prime contractor notifies the local government of a request for an additional classification(s) and specifies the rate(s). The local government completes items 1-10 on the “Report of Additional Classification and Rate” and forwards the document(s) to OCD/DRU. Contractors may pay, at a minimum, the requested rate(s) until a response from DOL is received. A DOL response may take two months. If DOL does not agree with the requested rate, restitution will be due retroactively from the first day of work performed at the requested classification.

1. From:	Enter the address of the Office of Community Development as follows: Office of Community Development Disaster Recovery Unit Post Office Box 94095 Baton Rouge, Louisiana 70804-9095
2. Project Name & Number	Name of the local government and the DR-CDBG CEA number.
3. Location of Project	City, Parish, and State
4. Brief Description of Project	The main objective(s) of the project as funded under the DR-CDBG CEA. Example: Sewer treatment and lines
5. Character of Construction	Choose the type of construction according to Davis-Bacon.
6. Wage Decision Number	The wage decision from the US Dept of Labor (DOL) that is designated as the effective decision for this part of the project. Normally, the wage decision will not need to be attached and the “Copy Attached” box will not be checked. Example: State—Louisiana DOL Wage Decision Year—2008 Wage Decision Number—6 Modification number—0 would be entered on line 6 using the following method: <u>LA 08-0006 Mod 0</u>
7. Wage Decision Effective Date	The issue date of the effective wage decision.
8. Work Classification(s)	First column: The name(s) of the proposed classification(s) and, if necessary, a brief description(s) of work performed. Second Column: corresponding proposed basic hourly rate(s). Third Column: the proposed fringe benefit amount(s), if any. Example for first column: Metal Building Erector—Installs building framework, siding and metal roofing.
9. Prime Contractor	Name and address of the prime contractor.
10. Subcontractor/employer if applicable	If the employer making the request for an additional classification is not the prime contractor, enter the name and address of the subcontractor.
Attachments	Attach any necessary documentation to HUD form 4230-A. Attachments may include any item mentioned under “Check All That Apply”.
Check All That Apply	Do not complete below this point. OCD/DRU will complete these sections.

RECORD OF EMPLOYEE INTERVIEW FORM

Record of Employee Interview

U.S. Department of Housing
and Urban Development
Office of Labor Relations

OMB Approval No. 2501-0009
(exp. 10/31/2010)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The information is collected to ensure compliance with the Federal labor standards by recording interviews with construction workers. The information collected will assist HUD in the conduct of compliance monitoring; the information will be used to test the veracity of certified payroll reports submitted by the employer. **Sensitive Information**. The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity that could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. **The information collected herein is voluntary, and any information provided shall be kept confidential.**

1a. Project Name			2a. Employee Name		
1b. Project Number			2b. Employee Phone Number (including area code)		
1c. Contractor or Subcontractor (Employer)			2c. Employee Home Address & Zip Code		
			2d. Verification of identification? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3a. How long on this job?	3b. Last date on this job before today?	3c. No. of hours last day on this job?	4a. Hourly rate of pay?	4b. Fringe Benefits?	
				Vacation Yes <input type="checkbox"/> No <input type="checkbox"/>	4c. Pay stub? Yes <input type="checkbox"/> No <input type="checkbox"/>
				Medical Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Pension Yes <input type="checkbox"/> No <input type="checkbox"/>	

5. Your job classification(s) (list all) --- continue on a separate sheet if necessary

6. Your duties

7. Tools or equipment used

CONFIDENTIAL

8. Are you an apprentice or trainee?	Y <input type="checkbox"/> N <input type="checkbox"/>	10. Are you paid at least time and ½ for all hours worked in excess of 40 in a week?	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Are you paid for all hours worked?	<input type="checkbox"/> <input type="checkbox"/>	11. Have you ever been threatened or coerced into giving up any part of your pay?	<input type="checkbox"/> <input type="checkbox"/>
12a. Employee Signature		12b. Date	

13. Duties observed by the Interviewer (Please be specific.)

14. Remarks

15a. Interviewer name (please print)	15b. Signature of Interviewer	15c. Date of interview
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Payroll Examination

16. Remarks

17a. Signature of Payroll Examiner	17b. Date
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INSTRUCTIONS FOR THE RECORD OF EMPLOYEE INTERVIEW

This form is to be used by HUD and local agency staff for recording information gathered during on-site interviews with laborers and mechanics employed on projects subject to Federal prevailing wage requirements. Typically, the staff that will conduct on-site interviews and use this form are HUD staff and fee construction inspectors, HUD Labor Relations staff, and local agency labor standards contract monitors.

Information recorded on the form HUD-11 is evaluated for general compliance and compared to certified payroll reports submitted by the respective employer. The comparison tests the veracity of the payroll reports and may be critical to the successful conclusion of enforcement actions in the event of labor standards violations. The thoroughness and accuracy of the information gathered during interviews is crucial.

Note that the interview itself and the information collected on the form HUD-11 are considered confidential. Interviews should be conducted individually and privately. All laborers and mechanics employed on the job site must be made available for interview at the interviewer's request. The employee's participation, however, is voluntary. Interviews shall be conducted in a manner and place that are conducive to the purposes of the interview and that cause the least inconvenience to the employer(s) and the employee(s).

Completing the form HUD-11

Items 1a - 1c: Self-explanatory

Items 2a – 2d: Enter the employee's full name, a telephone number where the employee can be reached, and the employee's home address. Many construction workers use a temporary address in the locality of the project and have a more permanent address elsewhere from which mail may be forwarded to them. Obtain a more permanent address, if available. Ask the employee for a form of identification (e.g., driver's license) to verify their name.

Items 3a – 4c: Enter the employee's responses. Ask the employee whether they have a pay stub with them; if so, determine whether the pay stub is consistent with the information provided by the employee.

Items 5 – 7: Be certain that the employee's responses are specific. For example, job classification (#5) must identify the trade involved (e.g., Carpenter, Electrician, Plumber) – responses such as "journeyman" or "mechanic" are not helpful for our purposes.

Items 8 – 12b: Self-explanatory

Items 13 – 15c: These items represent some of the most important information that can be gathered while conducting on-site interviews. Please be specific about the duties you observed the employee performing. It may be easiest to make these observations before initiating the interview. Please record any comments or remarks that may be helpful. For example, if the employee interviewed was working with a crew, how many workers were in the crew? Was the employee evasive?

The level of specificity that is warranted is directly related to the extent to which interview(s) or other observations indicate that there may be violations present. If interviews indicate that there may be underpayments involving a particular trade(s), the interviewer is encouraged to interview as many workers in that trade(s) that are available.

Items 16 – 17b: The information on the form HUD-11 may be reviewed for general compliance, initially. For example, are the job classification and wage rate stated by the employee compatible with the classifications and wage rates on the applicable wage decision? Are the duties observed by the interviewer consistent with the job classification?

Once the corresponding certified payroll reports are received, the information on the HUD-11 shall be compared to the payroll reports. Any discrepancies noted between the HUD-11 information and that on the payroll report shall be noted in Item 16, Remarks. If discrepancies are noted, follow-up actions to resolve the discrepancies must be taken.

FORCE ACCOUNT RECORD KEEPING

Labor Cost Records:

1. Hiring and personnel records to include dates of employment, name, address, social security number, work classification, rate of pay, fringe benefits and other pertinent information.
2. Payroll and time distribution records to include daily time records showing straight and overtime hours worked, project location and description of work, gross wages earned at the end of the payroll period, authorized deductions, net wages to the employees, canceled checks, and proof of payment of fringe benefits and deductions by the Grantee. (Overtime pay will be governed by the Grantee's local policy).
3. The payroll system must have a method to report hours separately for employees who split their work between normal local government activities and a particular Disaster Recovery CDBG-funded project. Such separate reporting may be indicated on the face of each weekly payroll or by supplemental statement to each weekly payroll.

Equipment Use Record:

1. Daily use records to include description of equipment, project description and location where equipment was used, number of hours used, name of operator, and use rate.
2. Records to support use allowance or depreciation charge.

Materials Procurement Records: (The documentation will vary according to whether or not materials were obtained based upon quotes or competitive bids.)

1. Bid documents including description of materials,
2. Notarized proof of advertisement for bids,
3. Minutes of bid opening,
4. Bidders' proposals,
5. Evaluation and recommendations of award,
6. Resolution of award,
7. Contract documents,
8. Delivery and inventory records (itemized), and
9. Invoice and payment records (itemized).

Project Execution and Administration Records:

1. Determination to use force account to include opinion of legal counsel,
2. Written approval from Office of Community Development allowing the use of force account.
3. Architect-Engineer Contract,
4. Plans and specifications,
5. Cost Estimates,
6. Work orders and change orders,
7. Inspection reports,
8. Progress payments,
9. Field measurements, test, surveys, etc., and
10. Other documentation related to the force account project (Note: Records to support the Grantee's compliance efforts with respect to other program requirements, equal opportunity, housing, citizen participation, etc., are not described here).

SAMPLE CONTRACTOR'S/SUBCONTRACTOR'S NEW EMPLOYEE INFORMATION FORM

One *New Employee Information Form* is to be completed by the employer for each new employee hired for work on this project during the construction phase of the project.

This is a required form and should accompany the first payroll on which the name of the newly hired employee appears.

-
1. Name of Grant Recipient _____
 2. DR-CDBG CEA Number _____
 3. Name of Employer _____
 4. Name of New Employee _____
 5. Street Address or P. O. Box # _____
 6. City and Zip Code _____
 7. Date of Hire of New Employee _____

-
8. Methods of attempting to recruit local persons of low and moderate income include: advertisement in local media, public bulletin board, consideration of all applications received, U.S. employment service, a sign at the project site, and the posting of a notice at the project site. On the line below, list the method(s) used.
- _____

9. Does the employee live within the corporate limits (boundaries) of the grant recipient listed on line 1? _____ Yes _____ No

If the answer to question 9 was "Yes" the following two questions should be answered.

10. Total employee family income per year prior to the date of hire, as determined by asking the employee. _____
11. Number of persons in employee's family. _____

(Signature of Employer or Employer Representative)

(Date)

If the answer to 9 is "Yes" and if the family income is less than the "above" category as defined in the original Disaster Recovery CDBG application for funding, then the employee is a Section 3 employee.

12. Is the above listed employee a "Section 3" employee? _____ Yes _____ No

(Signature of Grant Recipient's LCO or Employer)

Date

SAMPLE CONTRACTOR'S/SUBCONTRACTOR'S **EXISTING EMPLOYEE INFORMATION FORM**

The *Existing Employee Information Form* is provided as a way for employers to provide a record of employees hired prior to the construction phase of this project or who were hired for a different project elsewhere and transferred to the Disaster Recovery CDBG project.

This form is optional under the Disaster Recovery CDBG program. If it is used, one form per existing employee should accompany the first payroll on which the name of the employee appears.

1. Name of Grant Recipient _____
2. DR-CDBG CEA Number _____
3. Name of Employer _____
4. Name of Existing Employee _____
5. Street Address or P. O. Box # _____
6. City and Zip Code _____
7. Approximate hire date _____

Comments: _____

(Signature of Employer or Employer Representative)

(Date)

Date _____

I, _____ (Name of Signatory Party) _____ (Title)
do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ (Contractor or Subcontractor) _____ on the
_____ (Building or Work) _____; that during the payroll period commencing on the
_____ day of _____, and ending the _____ day of _____,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said _____

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the 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 described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
THE WHOLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE	

Comments Regarding the Payroll Form

(Prepared by the Labor Compliance Officer of the Office of Community Development)

General: Department of Labor Form WH-347 has been made available for the convenience of contractors and is not mandatory. Properly completed, this form will satisfy the requirements of the Disaster Recovery CDBG program. Form WH-347 along with instructions in greater detail can be found at: <http://www.dol.gov/esa/whd/forms/index.htm>.

Heading Information: Fill in the contractor name, address, payroll number, week ending date, project location, and Disaster Recovery CDBG project number.

Payrolls are numbered according to weeks having work activity. Example: Work was done during weeks one and two but the work was stopped due to rain during weeks three and four. Work resumed and the job was completed during week five. The payrolls for the entire project would be numbered 1-initial, 2, and 3-final. The prime contractor should inform the grantee's Labor Compliance Officer, weekly, for any week during which there is no work done. "No work" payrolls are not required.

Column 1—Name and Last Four Digits of Social Security Number of Employee: In this block, enter the complete name, and the last four digits of the social security number of each employee.

Column 3—Work Classifications: Enter the classification as it is listed on the applicable Davis-Bacon wage decision. Note that "Operator" is not a proper classification since such a classification does not come directly from any wage decision. However, "Backhoe Operator" may be a proper classification if such a classification is on the applicable wage decision.

Columns 4 & 5—Hours Worked and Total Hours: Only enter hours worked on the Disaster Recovery CDBG project—not hours from any other job.

Column 6—Rate Per Hour: Enter the rate of pay on the Disaster Recovery CDBG project, including any cash paid in lieu of fringe benefits. When fringes are paid in cash, the preferred method is to differentiate between basic hourly pay and fringe benefits paid in cash in column 6 on the straight-time row. On the overtime row of column 6 enter the overtime rate of pay including amount paid in cash for fringes. An example follows where John Doe is paid \$10.00 basic hourly rate with \$3.00 in fringe benefits paid in cash. The overtime rate of \$15.00 is 150% of the basic hourly rate of \$10.00—then add the \$3.00 for each hour of fringe benefits. The amount due for each overtime hour becomes \$18.00. In contrast, if the basic hourly rate would not have been identified separately from the fringe and entered as a single figure of \$13.00 then the 150% would have to be applied to the full \$13.00 resulting in a higher overtime rate requirement of \$19.50.

		Column 6
John Doe	O	18.00
	S	\$10.00 3.00

Column 7—Gross Amount Earned: This column has blocks which are split into two parts, the upper left and the lower right. In the upper left portion of the block enter the gross amount earned from the Disaster Recovery CDBG project. In the lower right portion of the block enter the gross amount earned from all projects.

Column 8--Deductions and Column 9—Net Wages: Deductions are to be based on all projects, both Disaster Recovery CDBG and non-CDBG, and will be deducted from the weekly gross amount earned from all projects. Likewise, net wages are based on all projects.

The Second Page of WH 347—The Statement of Compliance:

The following instructions for the Statement of Compliance are quoted directly from the Department of Labor's instructions that accompany the Payroll Form, WH 347.

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 of the Secretary of labor 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 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 Federal or Federally assisted 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.

An additional quotation from the US Department of Labor's instructions for Form WH 347 regarding the Statement of Compliance states penalties for falsification.

Statement Required by Regulations, Parts 3 and 5: While this form need not be notarized, the statement on the back of the payroll is subject to the penalties provided by 18 USC 1001, namely, possible imprisonment of 5 years or \$10,000.00 fine or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

OCD/DRU PAYROLL REVIEW FLOW CHART

