

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No.: 1215-0149
 Expires: 12/31/2011

NAME OF CONTRACTOR		OR SUBCONTRACTOR		ADDRESS																	
PAYROLL NO.		FOR WEEK ENDING		PROJECT AND LOCATION						PROJECT OR CONTRACT NO.											
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
				HOURS WORKED EACH DAY	FICA	WITH- HOLDING TAX		OTHER	TOTAL DEDUCTIONS												
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

PAYROLL AUTHORIZATION

PROJECT NAME _____

PROJECT LOCATION _____

This letter certifies that _____ is authorized by
(Name of payroll officer)

_____ of _____ to
(Contractor/Subcontractor) (Address)

fill out and execute all Payroll Forms for the aforementioned project.

(Contractor/Subcontractor)

By _____

(Title)

(Date)

NOTE:

THIS FORM MUST BE SIGNED BY THE OWNER/PRESIDENT OF THE COMPANY AUTHORIZING A NON-OWNER/NON-OFFICER TO SIGN PAYROLLS.

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
REPORT OF ADDITIONAL CLASSIFICATION AND RATE**

HUD FORM 4230A

OMB Approval Number 2501-0011
(Exp. 09/30/2006)

1. FROM (name and address of requesting agency)	2. PROJECT NAME AND NUMBER
	3. LOCATION OF PROJECT (City, County and State)

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
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6. WAGE DECISION NO. (include modification number, if any) <input type="checkbox"/> COPY ATTACHED	7. WAGE DECISION EFFECTIVE DATE
--	---------------------------------

8. WORK CLASSIFICATION(S)	HOURLY WAGE RATES	
	BASIC WAGE	FRINGE BENEFIT(S) (if any)

9. PRIME CONTRACTOR (name, address)	10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE (name, address)
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Check All That Apply:

- The work to be performed by the additional classification(s) is not performed by a classification in the applicable wage decision.
- The proposed classification is utilized in the area by the construction industry.
- The proposed wage rate(s), including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage decision.
- The interested parties, including the employees or their authorized representatives, agree on the classification(s) and wage rate(s).
- Supporting documentation attached, including applicable wage decision.

Check One:

- Approved, meets all criteria. DOL confirmation requested.**
- One or more classifications fail to meet all criteria as explained in agency referral. DOL decision requested.**

<p style="text-align: center;">_____</p> <p style="text-align: center;">Agency Representative (Typed name and signature)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Date</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Phone Number</i></p>	<p>FOR HUD USE ONLY LR2000:</p> <p>Log in:</p> <p>Log out:</p>
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FANNIE LEWIS (CHAPTER 188) INCOME VERIFICATION FORM



To be completed for Cleveland Residents ONLY.

Please PRINT All Information Clearly.

TO BE COMPLETED BY EMPLOYER

Project Name: _____ Project #: _____ Contract #: _____

Employee Name: _____ Date Completed: _____

Address: _____

City / State: _____ Zip: _____

Name of Employer: _____ Date of Hire: _____

Telephone #: _____ Email Address: _____

Check the appropriate box that coincides with the size and income of your household. Example, if you live with your wife & child and the household income was \$27,100 or less from the previous year, you would check the "3 person" box. If you lived alone and the household income was over \$22,700 in the previous year, you would check the "Does Not Apply" box (you exceed the income limit).

Check the Appropriate Box

- | | | |
|--------------------------|-----------------------|----------|
| <input type="checkbox"/> | 1 Person | \$22,700 |
| <input type="checkbox"/> | 2 Persons | \$25,900 |
| <input type="checkbox"/> | 3 Persons | \$29,150 |
| <input type="checkbox"/> | 4 Persons | \$32,400 |
| <input type="checkbox"/> | 5 Persons | \$35,000 |
| <input type="checkbox"/> | 6 Persons | \$37,600 |
| <input type="checkbox"/> | 7 Persons | \$40,200 |
| <input type="checkbox"/> | 8 Persons | \$42,750 |
| <input type="checkbox"/> | Does Not Apply | |

I further certify that the information provided is true and accurate. I agree to provide any documentation (if requested) that confirms the accuracy of my Family Size and Total Household Income for the year noted.

Print Name: _____ Date of Hire: _____

Address: _____ Cleveland, OH Zip: _____

Telephone #: _____ Cellular #: _____

Email: _____

Signature of Employee

Date



CITY OF CLEVELAND
Mayor Frank G. Jackson

Form C - Core Employees List



*Each contractor awarded \$100,000+ must submit this notarized company employee list comprised of current employees hired prior to Section 3-covered HUD contract award.
Please attach Resident Income Verification (Form D) for each Section 3 resident listed below.*

Organization:		Date:
Project Name:		
Section 3 Contact:		
Address:		
City, State Zip:		
Phone:		
Email:		

#	Name	Hire Date	S3 Resident?	Job Type
1			<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	
5			<input type="checkbox"/>	
6			<input type="checkbox"/>	
7			<input type="checkbox"/>	
8			<input type="checkbox"/>	
9			<input type="checkbox"/>	
10			<input type="checkbox"/>	
11			<input type="checkbox"/>	
12			<input type="checkbox"/>	
13			<input type="checkbox"/>	
14			<input type="checkbox"/>	
15			<input type="checkbox"/>	
16			<input type="checkbox"/>	
17			<input type="checkbox"/>	
18			<input type="checkbox"/>	
19			<input type="checkbox"/>	
20			<input type="checkbox"/>	
21			<input type="checkbox"/>	
22			<input type="checkbox"/>	
23			<input type="checkbox"/>	
24			<input type="checkbox"/>	
25			<input type="checkbox"/>	

Subscribed and sworn before me this ____ day of _____ 20__.

Notary's Signature _____

(Affix Seal Here)

Section 3 Clause

- A. The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible be directed to low-and very low-income persons, particularly persons who are recipients of HUD assistance for housing.
- B. The parties to this contract agree to comply with HUD's regulations in 24 CFR part 135, which implement Section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the part 135 regulations.
- C. The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this Section 3 Clause and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the Section 3 preference, shall set forth minimum number and job titles subject to hire, availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.
- D. The contractor agrees to include this Section 3 Clause in every subcontract subject to compliance with regulations in 24 CFR part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this Section 3 clause. Upon a finding that the subcontractor is in violation of the regulations in 24 CFR part 135, the contractor will not subcontract with any subcontractor where the contractor has notice of knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 135.
- E. The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR part 135 require employment opportunities to be directed were not filled to circumvent the contractor's obligations under 24 CFR part 135.
- F. Noncompliance with HUD's regulations in 24 CFR part 135 may result in sanctions, termination of this contractor for default, and debarment or suspension from future HUD assisted contracts.



Section 3 Clause Acknowledgement, Intent to Comply & Strategic Plan – CONTRACTOR



Project:		Date:	
Contractor:			
Address:			
City & State Zip:		Email:	
Contact:		Phone:	Fax:

I. Section 3 of the Housing and Urban Development (HUD) Act of 1968

- Section 3 promotes economic development and individual self-sufficiency by ensuring opportunities generated by HUD financial assistance are directed to low-income persons and businesses which hire them.
- Section 3 requirements apply to projects receiving \$200,000+ in Federal assistance for housing construction and rehabilitation and to contractors receiving \$100,000+ who must comply with Section 3 requirements in the same manner as direct recipients.

II. Section 3 Clause

All contracts associated with a Section 3-covered project must include the Section 3 Clause (attached).

III. Section 3 Compliance Goals

- Employment: at least 30% of the aggregate number of new hires must be Section 3 residents.
- Contracting: at least 10% of the total dollar amount of all covered construction contracts and at least 3% of all other contracts must be awarded to certified Section 3 businesses.

IV. Employment & Contracting Information

The following information must be submitted prior to Developer's first disbursement request.

- Core Employees List for all Contractors awarded \$100,000+.
- Section 3 Employment Plan documenting estimated overall and Section 3 hiring opportunities.
- Section 3 Compliance Narrative describing strategies to be utilized to achieve Section 3 hiring goals.

VI. Section 3 Reporting Obligations

Each quarter, contractors awarded \$100,000+ must submit a Workforce Utilization Report detailing progress and good faith efforts toward meeting Section 3 hiring goals. Reports are due the 15th of the month following the end of the quarter (1/15, 4/15, 7/15 & 10/15).

VII. Section 3 Business Certification

Businesses meeting one or more of these criteria are strongly encouraged to seek Section 3 certification.

- 1) at least 51% percent owned by Section 3 residents;
- 2) at least 30% of permanent, full-time employees are Section 3 residents, and/or;
- 3) award 25%+ of all subcontracts to Section 3 business concerns.

* Section 3 residents earn 80% or less of the Area median Income (AMI).

VIII. Non-Compliance

Failure to comply with and/or demonstrate good faith efforts to satisfy Section 3 employment and contracting requirements may result in sanctions, probation, withholding of payments or debarment.

I understand Section 3 requirements and will take affirmative action to satisfy and document good faith efforts to comply with all Section 3 notification, information, hiring, contracting and reporting obligations.

Contractor Contact:	Title:
Signature:	Date:



Section 3 Workforce Utilization Form



Please list all new hires for this quarter and attach a Section 3 Resident Income Verification (Form D) for each new hire who qualifies as a Section 3 resident.

Project Name:		Project #:		Contract #:	
Developer/Owner: Address: City & State: Zip:				Date :	
Section 3 Contact:		Phone:	Fax:	Email:	
Quarterly Report Period: Jan.-March <input type="checkbox"/> April - Jun. <input type="checkbox"/> July - Sept. <input type="checkbox"/> Oct. - Dec. <input type="checkbox"/>					
New Hires This Report Period		Hire Date	Section 3 Resident?	Job Title/Trade	
Name: Address: City, State Zip:			<input type="checkbox"/>	Title: Trade:	
Name: Address: City, State Zip:			<input type="checkbox"/>	Title: Trade:	
Name: Address: City, State Zip:			<input type="checkbox"/>	Title: Trade:	
Name: Address: City, State Zip:			<input type="checkbox"/>	Title: Trade:	
Name: Address: City, State Zip:			<input type="checkbox"/>	Title: Trade:	
Name: Address: City, State Zip:			<input type="checkbox"/>	Title: Trade:	
Good Faith Efforts to comply with Section 3 hiring requirements. Attach separate sheet, if necessary.					
For Departmental Use:	Total New Hires:		Total Section 3 Hires:		% Section 3 Hires: %

For assistance please contact Section 3 Compliance Unit
Phone: 216-664-4092 Email: jamoroso@city.cleveland.oh.us
On-Line Forms, Information & Resources: <http://cd.city.cleveland.oh.us/quicklinks>



Form D - Section 3 Resident Income Verification



To Be Completed By Employer

Project Name:		Project #:	Contract #:
Developer/Owner: Address: City & State: Zip:			Date :
Section 3 Contact:	Phone:	Fax:	Email:
Quarterly Report Period: Jan.-March <input type="checkbox"/> April - Jun. <input type="checkbox"/> July - Sept. <input type="checkbox"/> Oct. - Dec. <input type="checkbox"/> <i>Note: Not applicable if submitted with Core Employees List (Form C).</i>			

To Be Completed By Employee

I verify I was hired by the business listed above to perform the following work (*check all that apply*):

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Heating (HVAC) | <input type="checkbox"/> Concrete/Asphalt |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Environmental Cleaning | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead Abatement |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Window/Door Installation | <input type="checkbox"/> Carpet/Floor Installation |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Landscaping/Lawn Care | <input type="checkbox"/> Laborer/Other_____) |

I certify I am a resident of the City of Cleveland and my Total Household Income last year () *was not greater than* the amount and family size indicated below.

Household (HH) Size	HH Income (less than)
<input type="checkbox"/> 1 Person	\$36,300
<input type="checkbox"/> 2 People	\$41,500
<input type="checkbox"/> 3 People	\$46,650
<input type="checkbox"/> 4 People	\$51,850
<input type="checkbox"/> 5 People	\$56,000
<input type="checkbox"/> 6 People	\$60,150
<input type="checkbox"/> 7 People	\$64,300
<input type="checkbox"/> 8 People	\$68,450

Check the size
of your
household.

Circle the lowest
amount that is higher
than your household
income.

I certify the information provided is true and accurate and, If requested, I agree to provide documentation confirming the accuracy of my family size and total household income for the year noted.

Print Name:	Date Hired:	
Address:	City:	Zip:
Signature:	Date:	

This form is subject to all rules and regulations established by the HUD Fraud, Waste and Abuse Office.