

**EXHIBIT I- PROJECT COMPLIANCE REQUIREMENTS AND DOCUMENTATION**

**Project: 21012 Linnette Building Demolition**

The requirements listed below are **MANDATORY** for all subcontractors and lower tier subcontractors.  
Fillable forms attached for your use per section.

**1. Certified Payroll (Weekly Reporting)**

- A. Initial Set-Up Sheet is due before the start of work; complete all sections on the form. When a complete form is received the subcontractor/s will assigned to the project.
- B. All subcontractors must submit weekly certified payrolls via email to [dcorrea@marousbrothers.com](mailto:dcorrea@marousbrothers.com).

**2. Apprenticeship Certificates**

- A. It is a requirement to submit a State of Ohio Apprenticeship Certificate for all apprentices on the project.
- B. Apprenticeship certificates must be accompanied by a collective bargaining agreement that show your union ratios.

**3. Daily Sign-In / Sign-Out Sheets (Weekly Reporting)**

- A. All subcontractors must complete an *Employee Daily Sign-In / Sign-Out* sheet daily.
- B. Submit Daily Sign-In / Sign-Out Sheets weekly (Monday is the day of preference). If not received, we will not review your payrolls.

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Please submit payrolls weekly so that we can review and advise of any issues requiring correction before we submit our monthly billing. If the subcontractor or any of the lower tier subcontractors do not submit all required documents in a timely manner, we may opt to pull them from the monthly billing until all required documents are submitted correctly.

Please direct any questions regarding Compliance requirements to:

Diana Correa  
[dcorrea@marousbrothers.com](mailto:dcorrea@marousbrothers.com)  
440-391-5427

Please direct any questions regarding Billing to:

Heather Jones  
[hjones@marousbrothers.com](mailto:hjones@marousbrothers.com)  
440-391-5364

# Initial Set-Up Sheet

Company Name: \_\_\_\_\_

Subcontractor to: \_\_\_\_\_

Company Type (LLC, Corporation, etc.) \_\_\_\_\_

Owners Race & Gender: \_\_\_\_\_

Federal tax ID number: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Main Company Email: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Union/Non-Union: \_\_\_\_\_

Contractor license number or 10 digit phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Please Circle All City of Cleveland Certifications that Apply: CSB FBE MBE Section 3

Company Address, city, state, zip code (No P.O. Box Numbers):

\_\_\_\_\_

Compliance Contact Person Name & Email (correspondence will be sent to this address):

\_\_\_\_\_

Project Name

\_\_\_\_\_

Work Description/Scope of Work

\_\_\_\_\_

Award Date

Work Start Date

Work End Date

\_\_\_\_\_

