

EXHIBIT I - PROJECT COMPLIANCE REQUIREMENTS AND DOCUMENTATION

Project: 23017 – MIDDLETOWN APARTMENTS

The requirements listed below are **MANDATORY** for all subcontractors and lower tier subcontractors.

1. Certified Payroll (Weekly Reporting)

- A. Initial Set-Up Sheet
 - A. You must include **all** requested information on the initial setup sheet (included in this exhibit), which provides the information needed for setup in the **Elations** systems. This applies to all lower tier subcontractors and/or suppliers.
 - B. Email completed forms to Tabitha Polachek at tpolachek@marousbrothers.com
- B. **Elations** (*Electronic Certified Payroll Reporting System*)
 - A. Certified Payroll must be submitted weekly through the **Elations** reporting systems. Late submissions will result in delay of payments.
 - B. All certified payroll is due within seven (7) days after the pay period.
 - C. If you are NOT on site in any given week and plan to return at a later date, you must submit a “**No Work Performed**” certified payroll for that week.
 - D. If your work is complete, check the “Final Payroll” box located on the signature page.

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

- A. All subcontractors must complete an *Employee Daily Sign-In / Sign-Out* sheet on a daily basis.
- B. Daily Sign-In / Sign-Out Sheets are to be submitted weekly in Elations
- C. Keep a copy for your records. If not received, your payroll will not be reviewed.

3. Apprenticeship Certifications

- A. You are required to submit a State of Ohio Apprenticeship Certificate for all apprentices on the project

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4. HUD/Davis Bacon

A. Additional Wage Classification Request (HUD Form 4230A)

- A. You must review your wage decision to locate all classifications you will utilize on this project. If you require a classification not listed, complete and submit an Additional Wage Classification form (HUD FORM 4230A).
- B. We will review the Additional Wage Classification form. If deemed necessary, we will forward to HUD for their review. HUD will forward to the Department of Labor (DOL) if they believe it is justified. This process can take 4–6 weeks (or longer). If not deemed necessary, we will call you directly to discuss.
- C. If the decision from the DOL comes in at a higher rate, you will be responsible to correct the payrolls and pay any restitution that may be due.

B. 1099 Employees (Independent Contractor)

- A. All 1099 (Independent Contractor) employees **must** provide their EIN Numbers.
- B. 1099 Individuals **should** not be listed on a subcontractor’s payroll, they will complete their own payroll as they would be an owner of a business. Refer to The Contractors Guide to Prevailing Wages for further explanation.

C. Davis Bacon

- A. The Contractors Guide to Prevailing Wages (Davis Bacon) is available online and can help you answer any further questions you may have regarding prevailing wages.

<https://www.hud.gov/sites/documents/4812-LRGUIDE.PDF>

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.
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Please direct any questions regarding Compliance requirements to: **Tabitha Polachek, Compliance Mgr.**
tpolachek@marousbrothers.com
440-391-5596

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Section 1

Weekly Certified Payroll Elations (Initial Set up Sheet)

*Please complete ALL line items.
If it does not apply, please enter N/A*

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 Check all Certifications that Apply: CSB FBE MBE Section 3

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

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
