

EXHIBIT I - PROJECT COMPLIANCE REQUIREMENTS AND DOCUMENTATION

Project: 22077-01 - LAKELAND ENGINEERING LABS RENOVATION & EXPANSION

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

1. 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 via email to Tabitha Polachek at: tpolachek@marousbrothers.com. Keep a copy for your records. If not received, your payroll will not be reviewed.

2. Monthly Contract Diversity & Workforce Diversity Participation

- A. Complete entire form and submit monthly. If you have any sub-tiers, they will need to complete the report as well.
- B. Sign and return to me by the 30th of each month.
- C. **A late Diversity Report will lead to a delay in payment.**
- D. PDF examples are attached. Excel version will be emailed out once contract fully executed. The form can also be found at www.MarousBrothers.com, go to contact at the top of the page and click on Subcontractor Resources and look for job number 22077-01 - LAKELAND ENGINEERING LABS RENOVATION & EXPANSION

3. Quarterly Best Efforts

- A. Complete entire form and submit quarterly. If you have any sub-tiers, they will need to complete the report as well.
- B. They are due no later than ten (10) days after the quarter has ended.
- C. **A late Quarterly Best Efforts will lead to a delay in payment.**
- D. A PDF example are attached Fillable PDF version will be emailed out once contract fully executed. The form can also be found at www.MarousBrothers.com, go to contact at the top of the page and click on Subcontractor Resources and look for job number 22077-01 - LAKELAND ENGINEERING LABS RENOVATION & EXPANSION

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.

Please direct any questions regarding Compliance or Billing to:

Tabitha Polachek,
Compliance Mgr.
440-391-5596
tpolachek@marousbrothers.com



Monthly Workforce Diversity Participation Affidavit

	Contract Name	CLEVELAND CHRISTIAN CENTER		Trade Contractor	
	Contract Number	19047		Period Ending	
	Original	Approved Changes	Current		
Total Contract Amount		\$ -		Through Pay App #	
Total Labor Hours		0			

Workforce Participation HOURS

	Minority	Female	Cuyahoga County	City of Cleveland	Low Income
Owner Requirements	16.0%	5.0%	25.0%	20%	4% of City of Clev
Contracted Value	16%	5%	25%	20%	4%

Workforce Summary			Previous Hrs	Hrs This Period	Total Hrs to Date	% of Total Expended Hours	Diversity Hours Remaining
Total Hours				40	40		
	Committed Hrs	%	Previous Hrs	Hrs This Period			
Minority	0	16.0%			0	0.00%	0
Female	0	5.0%			0	0.00%	0
Cuyahoga County	0	25.0%			0	0.00%	0
City of Cleveland	0	20.0%			0	0.00%	0
Low Income -City of Clev	0	4.0%			0	0.00%	0

HOUR SUBTOTALS			0	0	0	0.00%	% Total Diverse Hours This Period
						0.00%	% Total Diverse Hours Overall

I hereby certify, under penalties of perjury, that the facts, information, and representations set forth above are true and accurate to the best of my knowledge, information and belief.

Contractor

Address

Signature, Duty Authorized Agent of Contractor

Printed Name and Title

State of _____

(City)(County)of _____

On this day _____ of _____, _____, appeared before me _____ and he/she made an oath in due form of law that the facts, information and representations set forth in the foregoing MBE/FBE Participation Affidavit, are true and accurate to the best of his/her knowledge, information and belief.

Notary Public

My commission expires _____



Monthly Contractual Diversity Participation Affidavit

Contract Name	CLEVELAND CHRISTIAN CENTER			Trade Contractor	
Contract Number				Period Ending	
	Original	Approved Changes	Current		
Total Contract Amount		\$ -		Through Pay App #	
Total Labor Hours		0			

ECONOMIC PARTICIPATION

OWNER M/WBE/SBE REQUIREMNT	MBE 15%	WBE 7%	CSB 8%
----------------------------	---------	--------	--------

CONTRACTOR / SUPPLIER	TYPE MBE / WBE / CSB	CONTRACT AMOUNT	PAID TO DATE
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -

DIVERSITY TOTAL	\$ -	\$ -
------------------------	------	------

I hereby certify, under penalties of perjury, that the facts, information, and representations set forth above are true and accurate to the best of my knowledge, information and belief.

Contractor

Address

Signature, Duty Authorized Agent of Contractor

Printed Name and Title

State of _____

(City)(County)of _____

On this day _____ of _____, _____, appeared before me _____ and he/she made an oath in due form of law that the facts, information and representations set forth in the foregoing MBE/FBE Participation Affidavit, are true and accurate to the best of his/her knowledge, information and belief.

Notary Public

My commission expires _____

Best Efforts Questionnaire

Report Type:	Quarterly	Project Name:							
1. Organization Name:				4. Reporting Period:			to		
2. Location:									
3.a. Contact Name:				5. Date Submitted:					
3.b. Contact Phone Number:				6. Contract Amount:					

Employment & Training Outreach-If this activity did not occur it must be explained on the narrative worksheet.

1. Did you or your subtiers hire during the last quarter?	
a. If you hired someone, did you make attempts to hire someone from the area where the project is located?	
b. if you hired someone, did you contact Youthbuild for eligible candidates?	
2. What persons/groups were contacted for the employment & training outreach? State below including name and group affiliation.	

Contracting Outreach

1. Were MBE / WBE Business' in the vicinity of the project contacted?	
2. Were YouthBuild groups contacted for contracting oppurtunities?	
3. What persons/groups were contacted for the contracting outreach? Include name and group affiliation.	
4. What activies were engaged in for the contracting outreach? State below.	

This information is true and correct to the best of my knowledge.

Certified this _____ day of _____ by _____							
	(date)		(signature)				
Name and Title of certifying officer:							