

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

**Project: 23083 – CLEVELAND CHRISTIAN HOME**

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](mailto: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 30<sup>th</sup> 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](http://www.MarousBrothers.com), go to contact at the top of the page and click on Subcontractor Resources and look for job number 23083-11 – CLEVELAND CHRISTIAN HOME

\*\*\*\*\*

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](mailto: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		\$	-		
Total Labor Hours			0	Through Pay App #	

## Workforce Participation HOURS

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

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

<b>HOUR SUBTOTALS</b>			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
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>DIVERSITY TOTAL</b>		<b>\$ -</b>	<b>\$ -</b>

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 \_\_\_\_\_