

## **EXHIBIT I – PROJECT COMPLIANCE REQUIREMENTS AND DOCUMENTATION**

Project: 24029-07 JACKSON BOSCH

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

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

#### A. Initial set up Sheet

- a. You must include all requested information on the initial set up sheet (included in this exhibit), which provides the information needed for set up in the **Elations** systems. This applies to all lower tier subcontractors and/or suppliers.
- b. Email completed forms to Tabitha Polachek, [tpolachek@marousbrothers.com](mailto: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.

#### C. 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 employees must complete an Employee Daily Sign Sign-in/Sign-out Sheet, on a daily basis.
- B. Daily Sign Sign-in/Sign-out Sheets are to be submitted weekly in Elations.
- C. Keep a copy for your records. If it is not received, your payroll will not be reviewed.

### **3. Apprenticeship Certifications**

- A. You are required to submit a Department of Labor (DOL) Apprenticeship certificate for all apprentices on the project.

### **4. HUD/Davis Bacon**

#### A. Additional Wage Classification (HUD form 1444)

- 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 1444).
- 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

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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* (David Bacon) is available online and can help you answer any further questions you may have regarding prevailing wages.  
<https://hudexchange.info/programs/davis-bacon-and-labor-standards/>

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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.

Please direct any questions regarding compliance requirements to:

Tabitha Polachek, Compliance Manager  
[tpolachek@marousbrothers.com](mailto:tpolachek@marousbrothers.com)  
(440) 391-5596

## **Section 1**

# **Weekly Certified Payroll Relations (Initial Set up Sheet)**

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

**EXHIBIT I**  
**INITIAL SET-UP SHEET**

Company name: \_\_\_\_\_

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

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

Elations ID number: \_\_\_\_\_

LCP Tracker ID number: \_\_\_\_\_

Project name: \_\_\_\_\_ Contract amount: \_\_\_\_\_

Union/non-union: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Check all CERTIFICATIONS that apply:    CSB    FBE    MBE    SECTION 3    Other: \_\_\_\_\_

Owner's race and gender: \_\_\_\_\_

Company address, city, state, zip (NO PO BOX NUMBERS):  
\_\_\_\_\_

Compliance contact name and email: (login information will be sent to this address)  
\_\_\_\_\_

Brief work description/Scope of Work:  
\_\_\_\_\_

Award date

Work start date

Work end date

\_\_\_\_\_

# **Section 2**

# **Daily Sign In Sheet**



## **Section 3**

# **Apprentice Certification Example**

**U.S. DEPARTMENT OF LABOR - OFFICE OF APPRENTICESHIP  
APPRENTICESHIP CERTIFICATION**

Tiffnee Sims (Mary Dunkel / Partnership Properties, LLC)  
8257 Dow Circle  
Strongsville, OH 44136

The following individuals are apprentices registered with the U.S. Department of Labor, Office of Apprenticeship, under the sponsorship of program **OH008050012 - FINISHING TRADES INSTITUTE OF THE OHIO REGION:**

FINISHING TRADES INSTITUTE OF THE OHIO REGION  
8257 DOW CIRCLE - WEST  
STRONGSVILLE, OH 44136

Apprentice ID	SSN	Apprentice Name	Occupation	Date Apprenticeship Began	Date Cancelled	Date Completed
OH2022000658			DRYWALL FINISHER (Existing Title: Taper) (0561HY V1) Hybrid	2/14/2022		



**Certified by the U.S. Department of Labor**

**Date Issued: 9/26/2024**

\*\*\*\*VOID 90 DAYS FROM ISSUE DATE\*\*\*\*

**EXAMPLE**



## **Section 4**

# **Request for Additional Classification Form HUD 1444**

**REQUEST FOR AUTHORIZATION OF  
ADDITIONAL CLASSIFICATION AND RATE**

CHECK APPROPRIATE BOX  
 SERVICE CONTRACT  
 CONSTRUCTION CONTRACT

**OMB Control Number: 9000-0066**  
**Expiration Date: 5/31/2025**

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0066. We estimate that it will take .5 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

**INSTRUCTIONS: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPPLICATE, TO THE CONTRACTING OFFICER.**

<b>1. TO:</b> ADMINISTRATOR, WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, DC 20210		<b>2. FROM: (REPORTING OFFICE)</b>		
<b>3. CONTRACTOR</b>			<b>4. DATE OF REQUEST</b>	
<b>5. CONTRACT NUMBER</b>	<b>6. DATE BID OPENED (SEALED BIDDING)</b>	<b>7. DATE OF AWARD</b>	<b>8. DATE CONTRACT WORK STARTED</b>	<b>9. DATE OPTION EXERCISED (IF APPLICABLE) (SERVICE CONTRACT ONLY)</b>
<b>10. SUBCONTRACTOR (IF ANY)</b>				

**11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)**

**12. LOCATION (CITY, COUNTY, AND STATE)**

**13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION**

NUMBER: _____	DATED: _____				
<b>a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (Service contracts only)</b> <i>(Use reverse or attach additional sheets, if necessary)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>b. WAGE RATE(S)</b></td> <td style="width:50%;"><b>c. FRINGE BENEFITS PAYMENTS</b></td> </tr> <tr> <td style="height: 200px;"></td> <td style="height: 200px;"></td> </tr> </table>	<b>b. WAGE RATE(S)</b>	<b>c. FRINGE BENEFITS PAYMENTS</b>		
<b>b. WAGE RATE(S)</b>	<b>c. FRINGE BENEFITS PAYMENTS</b>				

<b>14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)</b>	<b>15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE</b>
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<b>16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE</b>	TITLE	CHECK APPROPRIATE BOX-REFERENCING BLOCK 13. <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE
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**TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SERVICE CONTRACT LABOR STANDARDS) OR FAR 22.406-3 (CONSTRUCTION WAGE RATE REQUIREMENTS))**

- THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.
- THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.  
*(Send 3 copies to the Department of Labor)*

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE	TITLE AND COMMERCIAL TELEPHONE NUMBER	DATE SUBMITTED
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