

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

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. *Employee Daily Sign-in/Sign-out* sheets are to be emailed weekly to Tabitha Polachek, 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 & Best-Efforts Affidavit

- A. To show the practice of Best Efforts, complete entire forms and submit Monthly. If you have any sub-tiers, they will need to complete the reports as well.
- B. Sign, notarize and return to Tabitha Polachek via email tpolachek@marousbrothers.com by the 30th of each month
- C. A late report will lead to a delay in payment
- D. PDF examples are attached. Excel version will be emailed out once contract fully executed. The forms can also be found at www.MarousBrothers.com, go to Contact at the top of page and click on Subcontractor Resources and look for job number 24042-10 UH LAKE WEST SUPPLY CHAIN RENOVATION

3. Project Workforce Compliance Goals

- A. Workforce Goals:
 - 1. 15% Minority
 - 2. 5% Female
 - 3. 20% Cleveland Residents

4. Project Contractual Compliance Goals

- A. Contractual Goals:
 - 1. 15% Minority
 - 2. 7% Female
 - 3. 8% Cleveland Small Business

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

(440) 391-5596



Monthly Contractual Diversity Participation Affidavit

Contract Name UH LAKE WEST SUPPLY CHAIN RENOVATION
 Contract Number _____

Trade Contractor _____
 Period Ending _____

	Original	Approved Changes	Current
Total Contract Amount		\$ -	
Total Labor Hours		0	

Through Pay App # _____

ECONOMIC PARTICIPATION

OWNER M/FBE/CSB GOALS	MBE - 15%	FBE - 7%	CSB - 8%
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CONTRACTOR / SUPPLIER	TYPE MBE / FBE / CSB	CONTRACT AMOUNT	PAID TO DATE	EDGE CERTIFIED YES OR NO
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
		\$ -	\$ -	
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 _____



Monthly Workforce Diversity Participation Affidavit

	Contract Name	<u>UH LAKE WEST SUPPLY CHAIN RENOVATION</u>	Trade Contractor _____
	Contract Number	_____	Period Ending _____
	Original	Approved Changes	Current
Total Contract Amount		\$ -	Through Pay App # _____
Total Labor Hours		0	

Workforce Participation HOURS

Owner Goals	MBE - 15%	FBE - 5%	CITY OF CLEVELAND - 20%
Workforce Summary			
	Previous Hrs	Hrs This Period	Total Hrs to Date
Total Hours		0	0
	Committed Hrs	%	Previous Hrs
	Hrs This Period		
Minority	0		0
Female	0		0
Cuyahoga County	0		0
City of Cleveland	0		0
HOOR SUBTOTALS	0	0	0
			#DIV/0!
			% Total Diverse Hours This Period
			#DIV/0!
			% 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 _____

Best Efforts Questionnaire

		Project Name:			
1. Organization Name:				4. Reporting Period:	
2. Location:				to	
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:		