

CONTRACTOR RESPONSIBILITIES

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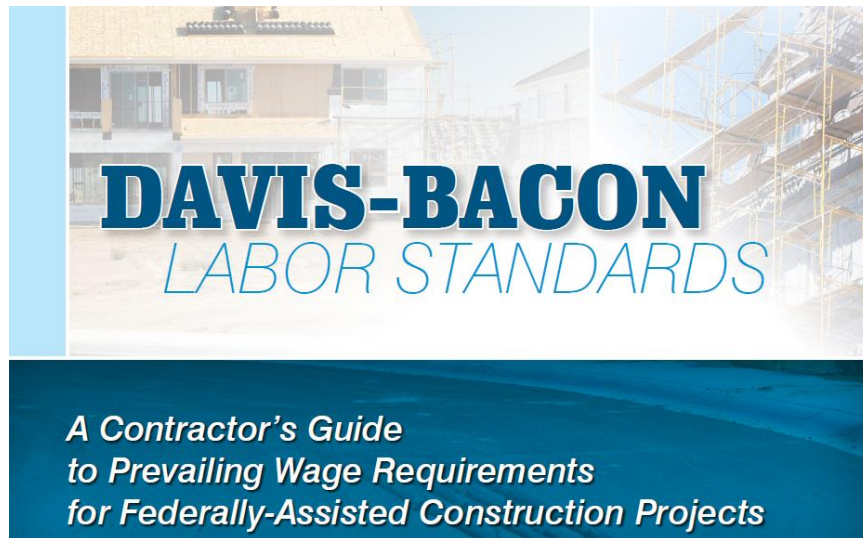
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GENERAL REQUIREMENTS

1. DAVIS-BACON LABOR STANDARDS

An excellent overview of Davis-Bacon Labor Standards is available on the SHA website and should be reviewed by all contractors and subcontractors who will be working on the project. The Guide is titled *A Contractor's Guide to Prevailing Wage Requirements for Federally-Assisted Construction Projects*.



It is available on the [SHA website](#) under "Prevailing Wages".

Key Requirements

- All workers must be paid weekly. Certified payrolls must also be submitted weekly and within 7 days after the pay period has ended. (See 29 CFR 3.4).
- All owner-operators are required to submit certified payrolls. However, they may not certify to the payment of their own prevailing wages EXCEPT where the laborer or mechanic is the owner of a business working on site with their crew OR they qualify as a truck "owner-operator." (See Labor Relations Letter LR-96-01).

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2. WASHINGTON STATE LABOR STANDARDS

All contractors and subcontractors at all tiers must file Intent and Affidavit forms for public work projects. (See RCW 39.12.040).

- The Intent Form should be submitted before work begins on the project.
- All Intents and Affidavits for federal only projects must be submitted manually and include the following federal exemption language:

Project is exempt from state prevailing wage requirements based on The Housing Act of 1937 and 24 CFR 965.101. Workers will be paid in accordance with Davis-Bacon wage requirements for the following crafts/trades/occupations.

- SHA can not release payment related to the work that a contractor performs unless the Intent Form has been submitted and approved by the Industrial Statistician.
- SHA can not submit the Notice of Completion to the state until all Intents and Affidavits have been submitted and approved.
- SHA will rely on the Washington State Department of Labor & Industries Website to verify that all contractors have submitted the required Intents & Affidavits for the project.

The screenshot shows the Washington State Department of Labor & Industries website. The header includes navigation links: Home, Español, Contact, Search L&I, A-Z Index, Help, and My L&I. Below the header is a menu with categories: Safety & Health, Claims & Insurance, Workplace Rights, and Trades & Licensing. The main content area is titled "Search Prevailing Wage Intents and Affidavits". It features a search bar with fields for Intent Id, Affidavit Id, and Combined Form Id, each with a corresponding "Get" button. Below this is a section titled "Enter your search criteria in one or more values below" with various filters: Form Type (Intents And Affidavits), Unified Business Identifier (UBI), Contractor Registration Number, Contract Number, County (Select County), Trade (Select Journey Level Trade), Bid Due Date, Contract Award Date, Document Received Date, Company Name, and Public Agency Name. There are also "Begins With" dropdown menus for Company Name and Public Agency Name. A "Help us improve" button is visible at the bottom right.

The Washington State Department of Labor & Industries website showing approved Intent and Affidavits is located at the following URL:

<https://fortress.wa.gov/lni/wagelookup/searchforms.aspx>

*****New Prevailing Wage Intent & Affidavit (PWIA) System for Contractors**

In addition, contractors now have an improved PWIA system where you are able to:

- File intent, affidavit, and combined forms.
- File weekly certified payroll reports, if required.
- View details about your projects. *(New)*
- Receive email alerts for items needing your attention. *(New)*
- View and satisfy requests for certified payroll records. *(New)*
- Pre-populate your affidavit with data from your certified payroll reports filed online. *(New)*

Link to Register - PWIA System for Contractors:

<https://secure.lni.wa.gov/home/>

Washington State Department of Labor & Industries

My L&I

powered by SecureAccess WASHINGTON

My L&I

New users

Get secure access to your information at L&I and take advantage of our secure online services. Then use your new login to access secure services from other state agencies with Secure Access Washington (SAW)

[Sign up](#) [Check to see if you already have a user ID.](#)

Returning users

User ID: Please enter a user name [Get user ID](#)

Password: [Reset my password](#)

[Log in](#)

Need help? Call 360-902-5999 weekdays between 8 a.m.-5 p.m. (Pacific). Email Web Customer Support

[L&I home page](#) [SecureAccess Washington](#)

[Contact us](#) [Contact Labor & Industries](#)

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Access Washington®

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3. MYLCM REGISTRATION

All contractors and subcontractors must register in MyLCM.

Step 1. Go to: <https://start.mylcm.com>

New users click the "Create One" link to complete the new user registration.



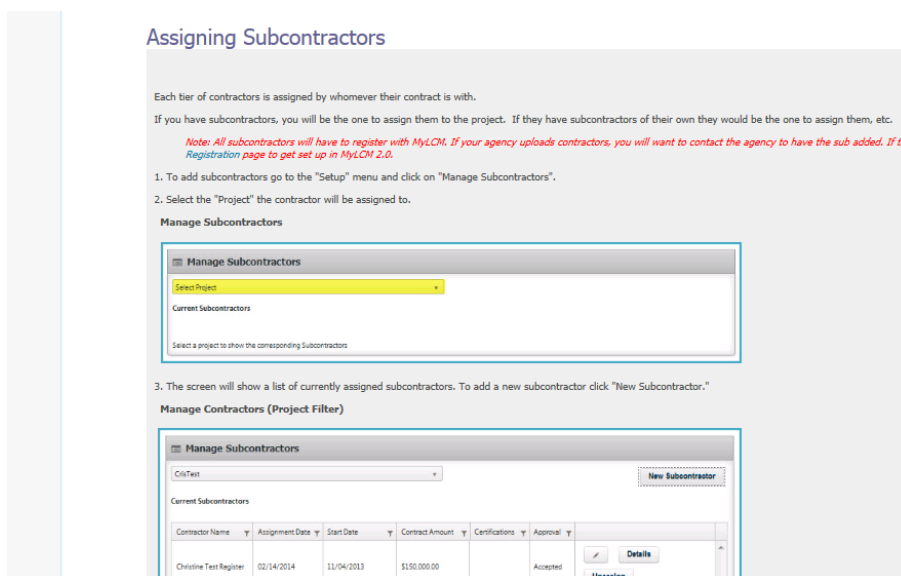
The image shows the MyLCM login and registration interface. At the top is the MyLCM logo. Below it are two main sections: 'User Name' and 'Password'. Each section has a text input field and a 'Forgot' link. The 'User Name' field is labeled 'User Name' and the 'Password' field is labeled 'Enter your Password'. There is a 'Remember me' checkbox below the password field. At the bottom, there is a 'Sign In' button and a link for 'Don't have an account? Create One'.

When first registering in MyLCM 2.0, all bold fields need to be added.

Note: Your Company should only register once regardless of the number projects.

Step 2. Enter agency code of **SHA**, click 'Add Agency Code', and then click 'Next'.

Once registered, all contractors should notify the prime contractor that they have registered so that they can be assigned to the project. Contractors will also need to assign their sub-tiers to the project in order for the sub-tiers to view the project and be able to submit their certified payrolls:



The image shows the 'Assigning Subcontractors' screen. It has a title 'Assigning Subcontractors' and a sub-header 'Manage Subcontractors'. Below the sub-header is a 'Select Project' dropdown menu. Underneath is a table titled 'Current Subcontractors' with a note 'Select a project to show the corresponding Subcontractors'. Below the table is a 'New Subcontractor' button. At the bottom, there is a section titled 'Manage Contractors (Project Filter)' with a 'Contractor Name' dropdown menu. Below this is another table titled 'Current Subcontractors' with columns: Contractor Name, Assignment Date, Start Date, Contract Amount, Certifications, and Approval. The table shows one entry: Christine Test Register, 02/14/2014, 11/04/2013, \$150,000.00, Accepted. There are 'Details' and 'Unassign' buttons next to the entry.

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4. CERTIFIED PAYROLL REVIEWS

Certified payrolls will be reviewed to ensure that they are complete, accurate, and correct. This will help resolve issues quickly and minimize delays.

- a) **Certified payrolls will be reviewed for completeness and any certified payrolls that are not complete will be released.**

- 1) There must be a visible signature on all certified payrolls.

Date: 12/28/2016 Payment Date: 12/18/2016

I, _____ OTHR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:
_____ on the _____
(Contractor or subcontractor) (Building or work)

; that during the payroll period commencing on the 12th day of December, 2016, And ending the 18th day of December, 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have or will be made either directly or indirectly to or on behalf of said _____ from the full _____
(Contractor or subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 [29 C.F.R. Subtitle A], issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 548, 63 Stat. 106, 72 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeships and Training, United States Department of Labor.

(4) That: _____

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAF)	EXPLANATION

Remarks

Name and Title	Signature
	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENT MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

- 2) An Authorization to Sign Payroll Form is required for everyone who signs certified payrolls unless they are considered an authorized official. Authorized officials are defined as president, vice-president, secretary, or treasurer of a corporation, partner in a partnership, or sole proprietor.

AUTHORIZATION TO SIGN PAYROLLS

Certificate from Contractor

Appointing Officer or Employee to Supervise Payment of Employees

I hereby certify by my signature below the following:

- That I am an authorized official of the company or firm indicated below (president, vice-president, secretary, or treasurer of a corporation; partner in a partnership, or sole proprietor);
- That my company is performing work and in the capacity as indicated below in connection with construction of the Project mentioned below;
- That I have appointed the individual noted below, whose signature appears below as Appointee, to supervise the payment of my employees beginning with the Effective Date of Appointment noted below, and that he/she is in a position to have full knowledge of the facts set forth in the payroll documents and in the statement of compliance (required by the so-called Copeland Anti-Kickback Act) which he/she is to execute with my full authority and approval until such time as I submit to the Seattle Housing Authority a new certificate appointing some other person for the purpose hereinabove stated.

Project Name:		Project Number:	
Location of Project:	Type of work (Specify "General Construction," "Plumbing," "Roofing," etc.)		
Check Applicable Box: <input type="checkbox"/> Prime or General Contractor <input type="checkbox"/> Subcontractor		Effective Date of Appointment:	
Signature of Appointee:	Date:	Signature of Authorized Official:	Date:
Name of Appointee:		Name of Authorized Official:	
<u>Note:</u> Should the appointee be changed, a new certificate must accompany the first payroll for which the new appointee executes a statement of compliance required by the Copeland Anti-Kickback Act.		Title:	
Business Name of Company or Firm:			

This certificate must be executed prior to and be submitted with the first payroll

<http://www.seattlehousing.org/Business/info/prevalingwages/AuthorizationToSignPayrolls.doc> Revised: May 21, 2004

- 4) All apprentices must have a valid apprentice certification for when work was performed :

The screenshot shows the Washington State Department of Labor & Industries website. The header includes links for Home, Español, and Contact, along with a search bar. Below the header, there are navigation tabs for Home, Apprentice, Program, Occupation, Training Agent, Employer, and Contact Us. The main content area is titled "Apprentice Lookup" and contains several input fields: Apprentice ID, Apprentice Last Name, Apprentice First Name, Apprentice Status (a dropdown menu set to "All"), and Special Program Identification (a dropdown menu set to "All"). A "SEARCH" button is located at the bottom of the form. At the bottom of the page, there is a copyright notice and links to the Access Agreement, Privacy & Security Statement, Intended Use/External Content Policy, and Staff Only.

The Washington State Department of Labor and Industries website will be used to verify apprentice certifications. The website is located at the following URL:

<https://fortress.wa.gov/lni/arts/ApprenticeLookup.aspx?Action=Lookup>

b) Review and resolve any underpayments.

1. All underpayments noted in the system must be resolved. Underpayments can be identified by red boxes which will be reviewed by the prime contractor:

The screenshot shows the CPR Management system interface. It includes a search bar, a filter bar, and a table of CPR records. A red box highlights the row for the week ending 09/01/2013, which has a status of "Resubmitted". A blue arrow points from the red box to the "Resubmitted" status.

Week Ending	Version	Status	Action
09/08/2013	1	Submitted	Action
09/01/2013	2	Resubmitted	Action

- CPR**

U.S. Department of Labor **PAYROLL**

(For Contractor's Optional Use; See Instructions at www.dol.gov/whatforms/wh475instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

☐ CONTRACTOR ☒ SUBCONTRACTOR

NAME: CURTIS E. TEST CONTRACTOR'S LICENSE NO.: NY666667 ADDRESS: 8108 Oak Haven NY NY 12201 BULK PRINTER ID OR F.E.I.N.: 6661212

PAYROLL NO. 12 FOR WEEK ENDING 01/05/02 SELF-INSURED CERTIFICATE NO.: WORKERS' COMPENSATION POLICY NO.: NY WCC PROJECT AND LOCATION: NY CRI 410 TTS Decommissioning DRIVE, New York, NY 11101 F.L.A. RFP # STATE PROJECT OR CONTRACT NO.: NYC/CRI410 FEDERAL PROJECT ID:

(1) EMPLOYEE'S NAME Address, City, State, Zip. Social Security Number	SEE LEADEND		(2) NO. OF W/TH EXEMPTION'S	EMPLOYEE CLASSIFICATION	(4) DAY AND DATE													SUPPLEMENTAL BENEFITS		(7) CURVED ANNUAL PAYMENT	(8) DEDUCTIONS & CONTRIBUTION			
	(1a)	(1b)			(4) DAY AND DATE													PRIME BENEFITS RATE	TO (CIRCLE) U E C		(8) DEDUCTIONS & CONTRIBUTION			
					MON TIME	TUE 5:08	WED 5:27	THU 5:25	FRI 5:23	SAT 5:30	SUN 5:31	TOTAL HOURS	RATE OF PAY	FICA	FED TAX	STATE TAX	SDI							
Jeremy 720 Mathew Street New York, NY 12201 226687485	01		0	Cement Mason CEMENT MASON	RT	5:00	5:00	5:00	5:00	5:00	0:00	0:00	40.00	20.44	9.51	U E C	1067.60							
40.00																								
WEEKLY TOTAL OF ALL PRICES																								

Form A-1-131 (New 2-90) (Form has been reduced to fit page)

RT - REGULAR SHIFT
ST - SECOND SHIFT
OT - OVERTIME
OT - OVERTIME

*OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing

CERTIFICATION must be completed

Summary Report Reject Accept Close

- | PREVAILING WAGE DETERMINATION
COMPARISON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|------------------|--|---------------------------|--|-----------------------------------|--|-------------------|--|------------------|--|-------|--|--------------|--|-------------------|--|--------------------------|--|-------|--|--------------|--|-------------------|--|------------------|--|------|--|--------------|--|-------------------|--|------------------|--|---------|--|---------|--|---|--|------|--|------|--|---------|--|
| NAME | | <input checked="" type="checkbox"/> CONTRACTOR | | SUBCOMMITTEE OR | | CONTRACTOR'S LICENSE NO.: | | | | | | | | | | | | ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | SPECIALTY LICENSE NO.: | | | | | | | | | | | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAYROLL NO. | | | | FOR WEEK ENDING | | | | SELF-INSURED CERTIFICATE NO.: | | | | | | | | | | | | PROJECT OR CONTRACT NO.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | WORKER'S COMPENSATION POLICY NO.: | | | | | | | | | | | | PROJECT AND LOCATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | --- | | | | | | | | | | | | --- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26/Monday | | | | 27/Tuesday | | | | 28/Wednesday | | | | 29/Thursday | | | | 30/Friday | | | | 31/Saturday | | | | 01/Sunday | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOUR
WORK | | RATE
OF
PAY | | RATE
OF
PS | | WAGE | | HOUR
WORK | | RATE
OF
PAY | | RATE
OF
PS | | WAGE | | HOUR
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PS | | WAGE | | HOUR
WORK | | RATE
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PAY | | RATE
OF
PS | | WAGE | | HOUR
WORK | | RATE
OF
PAY | | RATE
OF
PS | | WAGE | | TOTAL | | | | | | | | | |
| Jeremy CEMENT MASON
Cement Mason | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RT | | 5.00 | | 26.44 | | 9.51 | | 227.60 | | 5.00 | | 26.44 | | 9.51 | | 227.60 | | 5.00 | | 26.44 | | 9.51 | | 227.60 | | 5.00 | | 26.44 | | 9.51 | | 227.60 | | 0.00 | | 0 | | 0.00 | | 0.00 | | 0 | | 0.00 | | 0.00 | | +438.20 | |
| Total | | 5.00 | | | | 227.60 | | 5.00 | | | | 227.60 | | 5.00 | | | | 227.60 | | 5.00 | | | | 227.60 | | 0.00 | | | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | +438.20 | | | | | | | | | |
| RT | | 5.00 | | 26.62 | | 26.75 | | 621.44 | | 5.00 | | 26.62 | | 26.75 | | 621.44 | | 5.00 | | 26.62 | | 26.75 | | 621.44 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 2107.20 | | | | | | | | | |
| Total | | 5.00 | | 621.44 | | 5.00 | | 621.44 | | 5.00 | | 621.44 | | 5.00 | | 621.44 | | 5.00 | | 621.44 | | 5.00 | | 621.44 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 0.00 | | 2107.20 | | | | | | | | | | | |
| Diff | | | | -333.94 | | | | -333.94 | | | | -333.94 | | | | -333.94 | | | | -333.94 | | | | -333.94 | | 0.00 | | | | 0.00 | | | | | | | | | | | | | | | | | | | |

4. The prime contractor will either approve or reject all discrepancies that are noted in the system. If there is a discrepancy, then the prime contractor will work with the subcontractor to resolve the issue and make corrections. All actual underpayments >\$10 will also require an Affidavit of Restitution Form signed by the affected employee.

AFFIDAVIT OF RESTITUTION PAID

Project Name:		Work Classification:	
Contractor's Name:			
Dollar Amount of Restitution:			
Gross Pay		\$	
FICA Deduction		\$	
Withholding Deduction		\$	
L & I Worker's Compensation Deduction		\$	
Other Deduction (specify name _____)		\$	
Other Deduction (specify name _____)		\$	
Other Deduction (specify name _____)		\$	
Total Deductions		\$	
Net Pay Received by me:		\$	
By my signature below, I hereby confirm that I have received payment of restitution in the dollar amount indicated above from the contractor noted, for the work that I performed on the project described above in the classification indicated.			
Employee Name, Address, Phone Number		Signature of Employee	Date Signed

3) Other Notes

- a) All required forms are available on the [SHA website](#) under "Prevailing Wages".
- b) SHA will review certified payrolls after they have been accepted by the prime contractor.
- c) Fringe Benefit Statements must be provided for all employee benefits that are not paid in cash.

- d) EEO Certification Forms must be submitted by all contractors and subcontractors for any contract that is for \$10,000 or greater.

CERTIFICATION OF EQUAL EMPLOYMENT OPPORTUNITY REPORT

Required for Federally Funded Contracts of \$10,000 or More

Certification with regard to the Performance of Previous Contracts or Subcontracts subject to the Equal Opportunity Clause and the filing of Required Reports.

Note: The following certification is required by the Equal Employment Opportunity Regulations of the Secretary of Labor [41 CFR 60-1.7 (b) (1)], and must be submitted by bidders and proposed subcontractors only in connection with contracts and subcontracts which are subject to the equal opportunity clause. (Federally funded contracts of \$10,000 or more).

The bidder ☐, proposed subcontractor ☐, hereby certifies that he/she has ☐, has not ☐, developed and has on file at each establishment affirmative action programs pursuant to 41 CFR Part 60-2, that he/she has ☐, has not ☐, participated in any previous contract or subcontract subject to the equal opportunity clause, and that he/she has ☐, has not ☐, filed with the Joint Reporting Committee, the Deputy Assistant Secretary, or the Equal Employment Opportunity Commission, all reports due under the applicable filing requirements.

Company Name:	
Signature of Company Officer:	Date:
Name of Company Officer:	
Title of Officer:	