City of XXX/XXX County
Contract # (and insert logo)

The following payroll information packet was received by

_____
Name

_____
Company

_____
Date

The information contained in this packet was explained to me by the City of XXX/XXX County representative _____.

PLEASE SEND ALL LABOR WAGE DECISION REQUESTS & EMPLOYEE PAYROLL RELATED QUESTIONS TO:

ARPA Project Manager Name:
Email Address:
Telephone:

Please note, certified payroll reports will be requested for submittal along with appropriate support forms by a GrantWorks Labor Specialist from: ***labor@grantworks.net***. Please be prompt with your return submittals (10 days or less).

Re: Project Name and Contract Number Here

The Texas Government Code 2258 Prevailing Wage Rates applies to all contractors and subcontractors working on-site, regardless of tier.

This packet contains essential information and forms you may need to complete for the project indicated above. It also includes the general wage decision (prevailing wage rates) and labor posters which must be visibly posted at the jobsite and accessible to all employees/workers.

Please review this packet carefully and let us know if you have questions at any time. **All applicable forms MUST be completed in a timely manner and submitted to our office for review. The applicable contract number is XXXXX and must be used on all documentation.**

CONTRACTOR ELIGIBILITY VERIFICATION FORM *(See page 8)*

All contractors/subcontractors will need to be cleared for work prior to their first day on site. Please send the attached *"CONTRACTOR ELIGIBILITY VERIFICATION FORM"* for all identified/cleared subcontractors or, (if not selected at this time), immediately upon selection of your subcontractor(s). The information you provide will allow us to verify their eligibility for work on the project. A separate report should be provided for *each* proposed subcontractor, and each must include the following information:

1. Full Company Name – including any DBAs if applicable
2. Complete Address
3. Phone Number(s)
4. Email Address
5. Federal Identification Number
6. Unique Employer Identification (UEI) Number – if available
7. Full names (First, Middle, and Last) of all company officers/principals
8. Name of Designated Payroll Officer
9. Race/Ethnicity based on 51% or more ownership
10. Gender of majority owner(s)
11. Description of work
12. Contract dollar amount

The *Contractor Eligibility Verification Form* should be on record for all construction contractors (prime and subcontractors) and provided at the Preconstruction Meeting (or very shortly after). The *Contractor Eligibility Verification* Form should

also be provided for any new subcontractors added after the Preconstruction Meeting and emailed to the ARPA Project Manager.

The Prime Contractor should review all subcontractor payrolls and address any errors detected prior to submission to our office. This will help prevent delays in payment, protect against financial loss, reduce the need for supplemental payrolls, and ensure the prime receives a copy of subcontractor payrolls.

***NOTE:** Every contractor/subcontractor is required to maintain a complete set of their own payrolls and other basic records such as employee addresses and full SSNs, timecards, tax records, evidence of fringe benefit payments, for a period of at least 3 years following project close-out. The prime contractor must keep a complete set of all payrolls for each contractor (including subcontractors) for at least 5 years after project close-out (according to ARPA Terms and Conditions).*

WORK CLASSIFICATIONS *see General Wage Decision*

Employees are to be classified using the attached general wage decision Sample: **TX20210007 M0 – Heavy/Highway, published 1/01/2021**. If a specific or similar classification is not listed on the wage decision for an employee you will have on-site, please contact us as soon as possible. We will assist you in the completion of the **Request for Authorization of Additional Classification and Rate Form** – see link at More Resources on page 6. This document is formatted so that multiple classifications can be listed on a single form. You will need to include the name of the proposed classification(s) and proposed hourly rate(s). This form must also be signed by a representative of the firm making the request (Prime and/or Subcontractor) and a field employee to show agreement with the proposed rate(s).

The proposed hourly rate(s) will represent the minimum any contractor may pay for the related work. Proposed rates should be in keeping with those of similar classifications already listed on the general wage decision. Any proposed rate that is lower than the minimum rate listed on the general wage decision is not likely to be approved.

Once completed, submit the request(s) to the ARPA project manager. The ARPA project manager will then submit the request to the City/County for processing. Please note that it can take up to 30 days (or longer) for the Department of Labor to issue a response to these requests, so it is vital they be submitted as quickly as possible. A copy of the determination will be provided to you once received. **A copy of the approval must be posted on-site along with the wage decision and labor posters included in this packet.** (Job posting requirements are listed on page 7)

There are no "helper" job classifications. These individuals should be classified in accordance with classification associated with the work they perform. If they are apprentices, please follow the apprentice instructions below.

Labor Standards requirements dictate that each classification not listed on the wage decision be documented and approved regardless of supervisory title.

DOCUMENTATION REQUIRED FOR APPRENTICES

An apprentice must be "registered in a bona fide apprenticeship program with the U.S. Department of Labor, Employment and Training Administration, Bureau of Apprenticeship and Training (BAT), or with a State Apprenticeship Agency recognized by the Bureau." (*Department of Labor, Wage and Hour Division*)

Please provide the following with the first payroll the apprentice appears:

1. Copy of the apprentice's Texas Department of Licensing & Regulation (TDLR) license or certificate of apprenticeship;
2. Apprenticeship agreement with sponsor signatures; and

3. Other proof of apprenticeship with percentage wage requirements and ratio to journeymen to apprentices.

Apprentices should be paid at least the percentage stated in the apprenticeship documents as well as complying with the stated journeymen to apprentice ratios. If the ratio of apprentices to journeymen on the payroll is greater than the ratio in the approved program, employers must pay wage restitution to any excess apprentices based on the applicable journeyman rate for the work performed.

Without proof of enrollment in an approved apprenticeship program, Prevailing Wage Rates and minimum wage rates apply to all apprentices regardless of license or experience. This includes apprentices who complete four hours of continued education to meet license renewal requirements.

CERTIFICATE APPOINTING OFFICER TO SUPERVISE PAYROLL *(See page 9)*

This form is required if anyone other than a corporate officer or the owner of the company will be signing the payroll documents. This form must be submitted with the first payroll or prior and must be signed by both an officer of the company and the designated payroll officer.

WEEKLY PAYROLL REPORT

The first requested certified payroll reports must be returned by e-mail to labor@grantworks.net and should be received by our office within 10 days. DOL's preferred payroll format, WH-347, is below for your use; however, use of this form is not required. You may use any format you choose, provided it includes all of the information included on the WH-347 form.

A fillable PDF Version of the WH-347 is available at:
https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh347.pdf

Also see Labor Form (link) with additional descriptions/instruction in the More Resources section at the end of this packet with helpful instructions.

If using WH-347, please ensure that the expiration date is current (7/31/2024). Use of an expired form is not permitted.

***NOTE: Please** *include the mailing addresses for each employee on-site. These can be included on the payroll form the first time the employee is listed or may be submitted separately.*

Payrolls must be submitted upon request. Please provide the payroll sequence number when submitting.

ALL employees at the job site (including day laborers) should be listed on the payrolls even if they are exempt from Prevailing Wage Rate Standards (i.e., owners, supervisors, foremen).

All fields on the payroll reports must be completed. This should include the employees' names, all applicable classifications, hours (including overtime), rates of pay, any applicable deductions, site and week's grosses, and net earnings. Corrected payrolls will be required for any underpayments.

Workers must be classified in accordance with the classifications appearing on the applicable General Wage Determination (Wage Rate Decision) included in the contract documents and this payroll packet, or as listed on subsequent request forms. Any necessary classification not listed on the General Wage Determination must be requested (*see **WORK CLASSIFICATIONS** on page 3*).

NOTE *Certain classifications may be used in place of others. For example, some wage decisions don't list as classification for PIPELAYERS but do include UTILITY LABORERS. If so, it is acceptable to classify your Pipelayers as Utility Laborers provided a foreman or supervisor is listed as having worked alongside them. However, there are no CATCH-ALL classifications. If you have any questions about possible substitutions or whether additional classifications may be needed, please do not hesitate to contact us. It is always better to request a classification and not use it, than to need one and not have it.*

The prime contractor is responsible for ensuring all subcontractors submit their payroll reports on time.

The prime contractor should review each subcontractor's payroll reports for compliance prior to submitting the reports to the contract administrator. An alert prime contractor that reviews subcontractor payroll submissions can detect any misunderstandings early, prevent costly underpayments and protect itself from financial loss should any underpayments occur.

Failure in the timely submission of payroll reports by either the prime or subcontractor can result in the withholding of future payments to the prime contractor until such time as all contractors are back in compliance with the State and/or Federal Labor Standards governing the contract.

Likewise, whenever corrections, revisions, or supplemental payroll forms are requested by this office, a response must be made **within 10 calendar days** from the date of notification, or this too may result in the recommendation that payments to the prime contractor be withheld.

PAYROLL DEDUCTION AUTHORIZATION *(See page 10)*

Voluntary deductions (deductions other than social security or withholding taxes) must be authorized by the employee through submission of a *Payroll Deduction Authorization Form*. The form **must** be signed by the employee and must clearly identify the type of deduction and weekly dollar amount or percentage of gross to be withheld. Only one authorization form is required for each deduction for the entirety of the contract unless the deduction amount increases. In the case of Child Support deductions, a copy of the court order can be submitted in lieu of the authorization form.

UNDERPAYMENTS AND OVERTIME

Corrected payrolls will be required to address any/all instances of underpayment. These payrolls will list the effected employee(s), their effected hours, adjusted hourly rate(s) of pay, total gross restitution, any resulting deductions, and net restitution paid. Corrected payrolls must be accompanied by a copy of the reimbursement check to the employee and must be provided **within 30 days** of the notification of underpayment. The attached wage decision lists the minimum acceptable hourly rate for each classification.

NOTE Adjusted Hourly Rate refers to the difference between the amount paid vs. the established prevailing wage. For example, if a Pipelayer were paid $14.00 ($21.00 O/T) per hour when the wage decision called for an hourly rate of $15.00 ($22.50 O/T) per hour, the adjusted rate would be $1.00 ($1.50 O/T) for all effected hours.

Section 2258.023 (a) states "The contractor who is awarded a contract by a public body or a subcontractor of the contractor shall pay not less than the rates determined under Section 2258.022 to a worker employed by it in the execution of the contract." Penalties for failure to pay the correct prevailing wage assessed at $60.00 per worker, per calendar day (see contract).

Overtime hours are defined as all hours worked in excess of 40 hours in any work week. Overtime hours must be paid at least time and one-half times the regular/basic rate of pay plus the straight-time rate of any required fringe benefits.

If an employee does not receive at least time and one-half for any overtime hours worked on the project, it is considered an underpayment. In addition to the above-mentioned corrected payrolls and reimbursement checks, you may also be subject to liquidated damages under the Contract Work Hours Safety Standards Act (CWHSSA). Liquidated damages under CWHSSA are assessed at $29.00 per day, per violation. CWHSSA standards apply to all in excess of $100,000.00 or more. For Prime Contractors whose contracts meet or exceed the $100,000.00 threshold, all subcontractors are also subject to CWHSSA standards regardless of individual contract amount.

EMPLOYEE INTERVIEWS

Employee interviews may be completed in person or by mail. If carried out by mail, GrantWorks will mail a blank form to each employee listed on the sampled payrolls. Information gathered form the interviews will be compared to the weekly payroll(s)* and reviewed to ensure employees are being classified and paid in accordance with the work they are performing. If GrantWorks opts to initiate on-site Interviews we will gladly work with you to conduct in a timely manner, to cause as little interruption as possible. All employee interviews are confidential and will be conducted with the employees one-on-one.

Effective as of Jan. 2009, employee addresses and full SSNs are no longer required to appear on the weekly payroll reports, however, if addresses are not provided with the payrolls, we may ask for them to mail the forms. Federal Code Title 29 part 5.5 (ii)(A) states that prime and subcontractors must provide this information upon request for compliance monitoring. We strongly encourage having these filled out and returned to us. Providing the interview forms to the contractor to disperse to the employees is not an option.

**ARPA funded projects that are $10M or greater will trigger the full Davis-Bacon Act and will require weekly certified payroll submittals and weekly compliance reviews. ARPA* projects that are blended/braided with other federal funds may trigger Davis-Bacon Act with the same weekly review requirements for projects at $2K or greater.

REQUIREMENTS FOR JOB SITE

The following items must be **prominently displayed** at the job site:

- Federal Minimum Wage Poster (English & Spanish)
- Equal Employment Opportunity Poster with Supplement (English & Spanish)
- General Wage Decision(s) applicable to this project
- Additional Classification Requests and/or Determinations when returned

Links to these posters are below in the Resources section.

MORE RESOURCES

Government Code Title 10 Subtitle F Chapter 2258 (Prevailing Wage Rates) Subchapter A

U.S. Department of Labor WH-347

Instructions for Completing Payroll Form, WH-347

Request for Authorization of Additional Classification and Rate Form

Labor Posters:

- Get the Davis-Bacon Poster
- Get the Workplace Posters
- Note New Equal Employment Opportunity Poster as of October 20, 2022: See link: "Know Your Rights…"

Wage Decisions: SAM.gov Home
Federal Debarred Vendor List: SAM.gov | Home

State Debarred Vendor List: Debarred Vendor List (texas.gov)

Contract Work Hours and Safety Standards Act (CWHSSA) | U.S. Department of Labor (dol.gov)

Texas Department of Licensing & Regulation – Register, renew, or look up a license online:

Title 29 – Labor Code of Federal Regulations (Also found in the construction contract or bid documents)

CONTRACTOR ELIGIBILITY VERIFICATION FORM

ARPA Contract Number:		Locality:	
Special activity awarded to this contractor:			
Applicable Bid Opening Date:		Applicable Wage Decision:	
If subcontractor, list prime:			

Return this form to: Attn: Enter PM Name Email: Enter Email Address

All contractors must be pre-vetted for eligibility/ability to perform the outlined ARPA funded scope of work and a record of SAM debarment clearance should be attached to this form. This should be completed before submitting. If more room is needed to describe specific scope of work awarded to subject contractor, attach to this form.

CONTRACTOR INFORMATION			
☐ Prime Contractor		☐ Sub-Contractor	
Contract Amount: $			
Company Representative Name:			
Company Name:			
Address:			
Email Address:			
City:	State:	Zip Code:	
EIN or SS#:	Telephone Number:		
Unique Entity Identification (UEI#):			
PRINCIPAL(S)	**TITLE(S)**	**GENDER M/F**	**RACE****

*** W = White B = Black H = Hispanic A/PI = Asian/Pacific Islander AL/AN Alaskan/American Native*

FOR DEPARTMENT USE ONLY		
SAM Debarment/Certification record of Clearance	Yes [ ] No [ ]	Note:
State of Texas Debarred Vendor List Cleared	Yes [ ] No [ ]	Note:
Verified By:		Date:

CERTIFICATE APPOINTING OFFICER TO SUPERVISE PAYROLL

City/County:		**Contract Number:**	
Company:		**Date:**	
Project Name:			

I do hereby certify that I am a contractor on the above-mentioned project, and that I have appointed the person whose signature appears below to supervise the payment of my employees. I further certify that he/she is in the position to have full knowledge of the facts set forth in the payroll documents and in the statement of compliance required by the Copeland "Anti-Kickback" Act which he/she is to execute with my full authority and approval until such time as I submit to the City/County a new certificate appointing some other person for the purposes hereinabove stated.

Name of Appointee:		
Signature:		
Address:		
City:	**State:**	**Zip Code:**
Telephone Number:		
Email Address:		

Name of Appointing Officer _____ Title

Signature of Appointing Officer _____ Date Signed

NOTE: This certificate must be executed by an authorized officer of a corporation by a member of a partnership, or the sole owner and submitted with the first payroll. 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 Act.

PAYROLL DEDUCTION AUTHORIZATION

City/County:		**Contract Number:**	
Company (Employer):			
Employee:		**Telephone Number:**	
Address:			
Email Address:			

I hereby authorize my employer to deduct the amounts listed below from my paycheck.

_____ _____

Employee Signature Date

Please write in the amount or percentage for each deduction that applies to you:

Advance		Retirement	
Charitable Donations		Savings Bond	
Child Support		Uniform	
Insurance Premiums		Union Dues	
Loan Repayment		Other	
Profit Sharing			

Unless noted above, deductions occur **(check appropriate blank)**:

☐ One Time Only ☐ Weekly ☐ Monthly _____ Times for _____ Weeks

☐ Other: _____

CONTRACTOR CERTIFICATION OF COMPLIANCE

(Each contractor should complete and submit this form)

ARPA Contract Number:		**Locality:** *(City/County Project Location)*	
Applicable Bid Opening Date:		**Applicable Wage Decision:**	
If subcontractor, list prime:			

Return this form to: Attn: Enter PM Name Email: Enter Address

All contractors must complete this form before initiating the assigned construction scope of work to acknowledge understanding this is a prevailing wage project and certification to comply with Texas Government Code 2258 Prevailing Wage Rates Subchapter A, General Provisions, and all State of Texas and/or ARPA/SLFRF required Labor Standards.

CONTRACTOR INFORMATION		
☐ Prime Contractor	☐ Sub-Contractor	
Name of Authorized Company Representative:		
Company Name:		
Address:		
Email Address:		
City:	State:	Zip Code:
Telephone Number:		

I understand that I am required to post the project wage decision(s), and all required federal and local labor posters on-site in a visible and accessible location.

This form shall serve as a record certifying understanding this is a prevailing wage project and that _____ (Company Name) will fully comply with the Texas Government Code 2258 Prevailing Wage Rates Subchapter A, General Provisions, and all State of Texas and/or ARPA/SLFRF required Labor Standards. Any deficiencies identified in sampled payroll review(s) will be corrected and all project payroll records will be retained and made available, per ARPA recordkeeping requirements, should an official agency representative or ARPA Treasury auditor request.

Certified By:

_____ _____

Authorized Representative Signature Date