

SUBMIT ONE FORM FOR EACH CONSTRUCTION CONTRACT OVER \$2,000

Subrecipient: _____ IDIS Number: _____ Ordinance Number: _____

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Construction Completion Date: _____ Contract Amount: _____

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Prime Contractor: _____

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Sub-Contractor(s): _____

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Were any workers paid less than the Davis-Bacon rates that applied to this project? **Yes** **No**
If YES, fill in the box below.

Were any workers paid less than the correct overtime payments? **Yes** **No**
If YES, liquidated damages at the rate of \$25 for each calendar day for each worker must be calculated and the contractor notified of his liability. Provide information concerning the nature of the overtime violations. This should include:

Company Name	Names of Affected Employees	Amount of Davis-Bacon Restitution Paid	Amount of CWHSSA (overtime) Restitution Paid	Davis-Bacon Wage Violation? (Yes or No)	CWHSSA (overtime) Violation? (Yes or No)

**If additional space needed, please attach separate page*

Attach copies of all correspondence relative to any Liquidated Damages (i.e. letter from subrecipient to company assessing liquidated damages, copies of payrolls showing discrepancies, copies of evidence of back wages paid like canceled checks or other acceptable evidence, and copy of waiver request letter).

Did the Contractor seek a reduction or waiver of the liquidated damages? **Yes** **No**
If YES, was the request approved? Yes, reduction Yes, waiver

Total amount of Liquidated Damages Paid: _____

Number of Workers owed restitution but unfound: _____

Total restitution owed to unfound workers: _____

Submitted by: _____

Labor Standards Officer: _____ Date: _____