

COMPLIANCE FORMS

FEDERAL LABOR STANDARDS
DAVIS BACON



BUILDING A BETTER HOUSTON

2100 Travis Street / 9th floor
Houston, TX 77002 / 832.394.6160

www.houstontx.gov/housing





CONTACT INFORMATION

City of Houston - HCDD 2100 Travis Street, 9th Floor Houston, TX 77002		
LABOR STANDARDS DAVIS- BACON COMPLIANCE SECTION		
Division Manager	Pirooz Farhoomand	(832) 394-6157; pirooz.farhoomand@houstontx.gov
Administrative Coordinator	Maribel Rodriguez	(832) 394-6265; maribel.rodriguez@houstontx.gov
Compliance Administrator	Tiffany Boyce	(832) 394-6347; tiffany.boyce@houstontx.gov
Compliance Administrator	Jamie Holmes	(832) 394-5208; Jamie.holmes@houstontx.gov



COMPLIANCE FORMS

Instructions: All compliance forms must be signed by a duly authorized member of the firm. The Prime Contractor and Subcontractors shall submit the following forms by the deadline provided below. Read each form to verify if it's applicable to your firm and follow the instructions written on each form.

The following form(s) are to be submitted **before construction** commences.

Form	Deadline
Compliance Cover Sheet	Prior to Start of Work date.
SAMs Verification/Request for Contractor/Subcontractor Clearance	Prior to Start of Work date.
Start of Work Notice	Upon commencement of construction work
Termination of Work Notice	Upon completion of work
Certificate of Appointing Officer	Prior to Start of Work date.

SUPPLEMENTAL COMPLIANCE FORMS, TEMPLATES AND REFERENCE MATERIAL

In addition to the forms listed on the previous page, contractor(s)/subcontractor(s) are **required**, where applicable, to submit supplemental compliance forms during and upon completion of the construction.

The supplemental forms, templates and reference material are available for download in LCPTracker. For your convenience, a **sample** of available forms and documents in LCPTracker are itemized below:

Form	Deadline
Work on Hold Notice	Refer to form for instructions
System for Award Management Instructions	N/A
Statement of Information for SAM Results	N/A
Payroll Deduction Authorization	Refer to form for instructions
Employee Verification of Multiple Job Classifications	Refer to form for instructions
Request for additional Classification & Rate	Refer to form for instructions
Template-Employee Rights Posters (English and Spanish Version)	N/A
Apprentice Information Sheet	N/A
Harvey Quarterly Report	Refer to form for instructions



Compliance Cover Sheet

Return with Compliance Documents (**Complete all fields**)

Project Name:		
Name of Prime Contractor/Sub/Supplier:		I/We have a written contract or purchase order with:
Services to be provided:		NAICS code [Hint: To look up a code, please visit http://www.census.gov/eos/www/naics/]
Company Address:		Pre-existing LCP Tracker User ID:
EIN or SS Number:	DUNS Number: (N/A if not applicable)	Contract Amount: \$
Compliance Contact Person/Title:		Email:
Phone Number:		Fax Number:
*Owner's Ethnicity/Racial Background:		Gender:
MBE	WBE	SBE
		Section 3

Instructions:

This form must be completed by all Prime contractors, Subcontractors, and Suppliers upon execution of a contract agreement, purchase order and/or invoice.

**For contracts applicable to Section 3, Suppliers that do not perform labor should NOT complete this form.*

The Prime Contractor is responsible for collecting this form from Subcontractors and Suppliers to complete setup and access to LCP Tracker.

**HUD's ethnicity categories are: White American, Black American, Native American, Hispanic American, Asian/Pacific American and Hasidic Jewish.*

***REQUIRED BY ALL SECTIONS**

Request for Prime Contractor/Subcontractor Clearance

No contract can be executed with a Prime Contractor, Subcontractor or Supplier until their eligibility has been verified by HCDD.

Date	
Project Name	
Project Address	
Prime Contractor/Sub/Supplier	
EIN or SS Number	
Address/Zip Code	
Phone Number	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation
Check the applicable entity	<input type="checkbox"/> Partnership <input type="checkbox"/> Other

List Principal(s) below:

Instructions:

To ensure eligibility, a search must be conducted of the (1) Company Name, (2) Principal Owner(s) and (3) the Employer Identification Number (EIN) through www.sam.gov/SAM.

The Prime Contractor verifies the eligibility of all Subcontractors and Suppliers. Search results and the Request for Clearance form MUST be uploaded in LCP Tracker for each Subcontractor and Supplier.

***REQUIRED BY ALL SECTIONS**

Start of Work Notice

Prime Contractor Information

Project Name	
Project Address	
Prime Contractor/Sub Name	
Prime Contractor/Sub Address	
Start of Work Date	

Prime Contractor Authorization

Name of Authorized Officer	
Signature	
Title	

Instructions:

This form must be completed by the Prime Contractor/Subcontractor and serves as notice of commencement of work to HCDD.

***REQUIRED BY ALL SECTIONS**

Termination of Work Notice

Prime Contractor Information

Project Name	
Project Address	
Prime Contractor/Sub Name	
Prime Contractor/Sub Address	
Termination of Work Date	

Prime Contractor Authorization

Name of Authorized Officer	
Signature	
Title	

Instructions:

This form must be completed by the Prime Contractor/Subcontractor and serves as notice to HCDD that work has been completed.

***REQUIRED BY ALL SECTIONS**



Certificate of Appointing Officer

or Employee to Supervise Payment of Employees

Project Name: _____

Subcontractor Name: _____

(I/We) hereby certify that **(I am/we are)** **(the prime contractor/a subcontractor)** who will perform _____ *(insert scope of work)* in connection with construction of the above-mentioned Project, and that **(I/(we))** have appointed

_____ and whose signature appears as _____ and/or
(Identifying Signature of Appointee)

_____ and whose signature appears as _____
(Identifying Signature of Appointee)

to supervise the payment of (my/our) employees beginning _____ *(insert month and year)*; that he/she is/are 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 Kick-Back Statue which he/she is to execute with **(my/our)** full authority and approval until a new certificate appointing another person for the purposes herein above stated.

ATTEST
Print Name _____
Signature: _____
Title: _____

Instructions:

The Certificate of Appointee Officer (CAO) must be executed by an authorized officer of a corporation, by a member of a partnership, or the sole owner. Only a member of the entity can be assigned as an appointee. Submit a new CAO when a new appointee is added.

Complete the CAO before construction starts. Upload the executed CAO(s) in LCPTTracker.



Work on Hold Notice

Contractor Information

Project Name

Project Address

Sub/Contractor Name

Sub/Contractor Address

**Exact or estimated date range
that work is scheduled to be on
hold**

Contractor Authorization

Name of Authorized Officer

Signature

Title

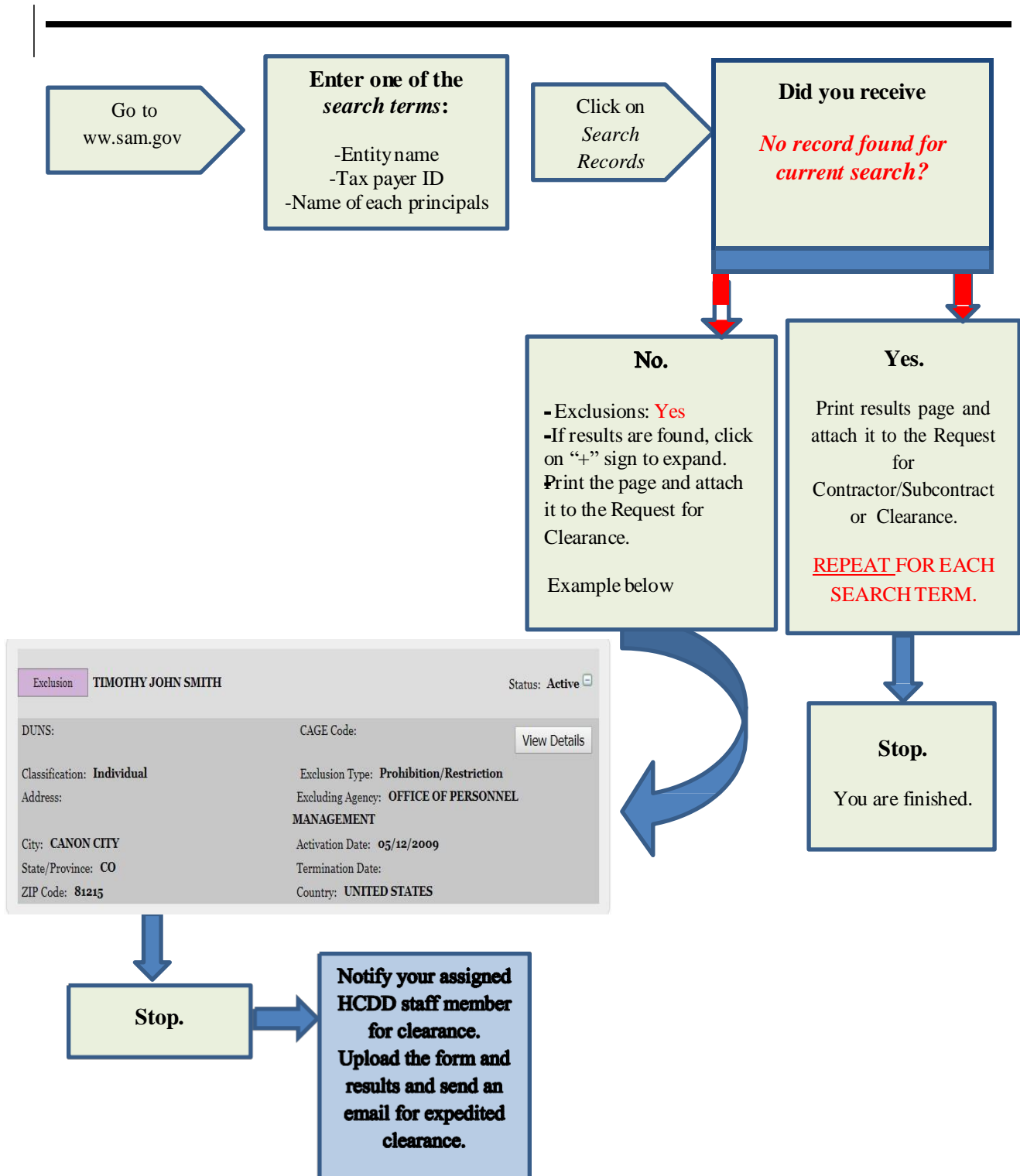
Instructions:

This form must be completed by the Prime Contractor and Subcontractor(s) who generate certified payroll reports and will not be working at the project site for more than 4 consecutive weeks. When work resumes, continue to number payrolls in sequential order from the last certified payroll report number. The form must be uploaded into LCPTracker.



System for Award Management's

Instructions how to process a Request for Contractor Clearance





Statement Of Information for SAM.gov Results

This requested information is necessary because of a possible similarity between your name or the name of your firm and that of some other person. The form is used by the Compliance Division to verify a contractor/subcontractor eligibility requirement, when a possible common name appears on the results during search on the SAM.gov database.

INDIVIDUAL INFORMATION <i>(Please Print)</i>		
First Name	Full Middle Name	Last Name
Date of Birth (Month and Year Only)		
<i>HCDD reserves the right to request the complete DOB and SS#, ONLY upon request and if other information collected below is not sufficient.</i>		
RESIDENCES DURING THE PAST 10 YEARS (if more space is needed, add an additional page) <i>(City, State minimum required)</i>		
Street Address	City, State	From (Year) to (Year)
Street Address	City, State	From (Year) to (Year)
ADDRESSES OCCUPATIONS DURING THE PAST 10 YEARS (if more space is needed, add an additional page) <i>(City, State minimum required)</i>		
Street Address	City, State	From (Year) to (Year)
Street Address	City, State	From (Year) to (Year)

ENTITY INFORMATION <i>(Please Print)</i>		
<hr/> State where entity was originally established/registered <hr/>		
<hr/> Year entity was established/registered <hr/>		
THE PAST 10 YEARS WHERE ENTITY PERFORMED WORK <i>(if more space is needed, add an additional page)</i>		
<hr/> City, State <hr/>		
<hr/> City, State <hr/>		
<hr/> City, State <hr/>		
SIGNATURE REQUIRED		
<hr/>		
<hr/> Print Name	<hr/> Signature	<hr/> Date
FOR HCDD ONLY		
Individual Information	Does Not Match Results <input type="checkbox"/>	Match <input type="checkbox"/>
Entity Information	Does Not Match Results <input type="checkbox"/>	Match <input type="checkbox"/>
<hr/>		
<hr/> Print Name	<hr/> Signature	<hr/> Date



Payroll Deduction Authorization

Project Name: _____

Employee Name: _____

Contractor/Subcontractor Name: _____

Effective Date of Deduction(s) _____

(i.e. pay period) _____

I authorize my employer to deduct from my paycheck a total amount of \$_____ or a fixed percentage of _____ % from my total gross earned the entire week.

Payment of	Deduction Amount	One Time Only	Weekly	Bi-Weekly	Monthly	Other
Loans						
Retirement (401K)						
Uniforms						
Insurance Premiums						
Union Dues						
Child Support <i>(provide court order)</i>						
Other: <i>(insert type of deduction)</i>						

Employee's Signature: _____

Instructions: This form must be completed contractors/subcontractors when a deduction, other than taxes, is deducted from an employee's gross earning. You can enter a fixed percentage or amount to submit the form once. Submit a revised form when there's a change to a deduction or for new deductions. All deductions are subject to verification upon request.

Upload the completed form in LCPTTracker.



Employee Verification of Multiple Job Classifications

Date: _____

Project Name: _____

Employee Name: _____

Contractor/Subcontractor Name: _____

The undersigned hereby certifies that he/she has engaged in the following work classifications, found in the chart below, during:

payroll # _____ week beginning: _____ / _____ / _____ and ending: _____ / _____ / _____
 (Date) (Date)

1. WORK CLASSIFICATION	2. 7-day work week							3. TOTAL HOURS	4. RATE OF PAY	5. GROSS PAY
	Instructions: Insert days/dates for the given workweek in row below and hours worked in lower rows.									
TOTALS										

Employee's Signature: _____

Instructions: This form is not a time sheet. This form must be submitted by contractors/subcontractors that report an employee on a certified payroll report under two (2) or more job classifications (aka dual classification). Submit a form for each certified payroll report where dual classification is used.

Upload the form in LCPTracker.



Request of Additional Classification & Rate

Date: _____

Project Name: _____

Contractor/Subcontractor Name: _____

Start of Work date: _____

Proposed Trade Job Classification: _____

Proposed Hourly Rate (Specific amount): _____

The undersign hereby certifies that he/she proposes the above classification and hourly rate needed for work not included within the scope of classifications listed in U.S. Department of Labor wage determination.

(Signature)

(Print Name)

(Title)

Attached the following [Notice: The request will not be processed until all supporting documents are received.]:

Explanation of the job function and how it relates to the scope of work

Picture of equipment and/or tools of the trade

Instructions: Submit this form with all supporting documents when a classification is needed that is not on the issued General Wage Determination(s). You may, also, submit when you're seeking DOL to confirm the use of a job classification for a specific scope of work.

Please allow up to 30-45 days for the request to be processed by the U.S. Department of Labor (DOL). The certified payroll reports are subject to *DOL's approval, conditional approval or denial*. In the meantime, submit certified payroll reports under a laborer classification with the proposed rate(s). All certified payroll reports are subject revision pending DOL decision.

Email the request to your assigned HCDD staff member for processing.

Employee Rights Posters (English Version)

EMPLOYEE RIGHTS UNDER THE DAVIS-BACON ACT

FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

PREVAILING WAGES

You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.

OVERTIME

You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

ENFORCEMENT

Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.

APPRENTICES

Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.

PROPER PAY

If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:

**HCDD WILL PROVIDE THE POSTER TEMPLATE.
PRINT IT ON 11X17 PAPER.
NOTICE MUST BE POSTED IN A PROMINENT
AND ACCESSIBLE PLACE WHERE IT MAY BE
EASILY SEEN BY EMPLOYEES.**

or contact the U.S. Department of Labor's Wage and Hour Division.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5827
www.dol.gov/whd



WH1321 REV 10/17

Employee Rights Posters (Spanish Version)

DERECHOS DEL EMPLEADO BAJO LA LEY DAVIS-BACON

PARA OBREROS Y MECÁNICOS EMPLEADOS EN PROYECTOS DE CONSTRUCCIÓN FEDERAL O CON ASISTENCIA FEDERAL

SALARIOS PREVALECIENTES

No se le puede pagar menos de la tasa de pago indicada en la Decisión de Salarios Davis-Bacon fijada con este Aviso para el trabajo que Ud. desempeña.

SOBRETIEMPO

Se le ha de pagar no menos de tiempo y medio de su tasa básica de pago por todas las horas trabajadas en exceso de 40 en una semana laboral. Existen pocas excepciones.

CUMPLIMIENTO

Se pueden retener pagos por contratos para asegurarse que los obreros reciban los salarios y el pago de sobretiempos debidos, y se podría aplicar daños y perjuicios si no se cumple con las exigencias del pago de sobretiempos. Las cláusulas contractuales de Davis-Bacon permiten la terminación y exclusión de contratistas para efectuar futuros contratos federales hasta tres años. El contratista que falsifique los registros certificados de las nóminas de pago o induzca devoluciones de salarios puede ser sujeto a procesamiento civil o criminal, multas y/o encarcelamiento.

APRENDICES

Las tasas de aprendices sólo se aplican a aprendices correctamente inscritos bajo programas federales o estatales aprobados.

PAGO APROPIADO

Si Ud. no recibe el pago apropiado, o precisa de información adicional sobre los salarios aplicables, póngase en contacto con el Contratista Oficial que aparece abajo:

**HCDD WILL PROVIDE THE POSTER TEMPLATE.
PRINT IT ON 11X17 PAPER.
NOTICE MUST BE POSTED IN A PROMINENT AND
ACCESSIBLE PLACE WHERE IT MAY BE EASILY
SEEN BY EMPLOYEES.**

o póngase en contacto con la División de Horas y Salarios del Departamento de Trabajo de los EE.UU.



DIVISIÓN DE HORAS Y SALARIOS
DEPARTAMENTO DE TRABAJO DE LOS EE.UU.

1-866-487-9243
TTY: 1-877-888-5827
www.dol.gov/whd



WH1320 OPA REV 10/17



Apprentice Information

Apprentice Trainee Wage Rate Information			
Name of Trainee:	_____	Current Level:	_____
Classification:	_____		
Ratio:	_____ Journeyman to _____ Apprentice		
%Wage Rate:	_____ %	Base Rate:	\$ _____

Amount of Fringe Benefits Applied (i.e. medical, dental, 401K, etc. per hour)	
Fringe Benefit	\$\$ / Rate Per Hour
Medical	
Dental	
Vacation	
Sick	
Holiday	
Other: (Itemize)	

Supporting Documents			
Document Type	Description	Due Date	Check if attached
ENTIRE Standards of Apprenticeship Policy	By-laws; program guidelines; identifies ratios, scale, fringes; appendix	One time submission to setup apprentice(s)	<input type="checkbox"/>
Apprenticeship Certification issued by DOL	DOL signed 90-day good standing certificate for each apprentice; identifies the date apprentice began program	Every 90 days from the date issued	<input type="checkbox"/>
Timesheet	7-day work week	Only submit if apprentices already began working on the project.	<input type="checkbox"/>

Instructions: Enter the apprenticeship data in the employee's (apprentice) setup tab to expedite approval process. Upload this form in LCPTracker.

Harvey-Disaster and Recovery Projects Quarterly Report



Date: _____

Project Name: _____

Contractor/Subcontractor Name: _____

Start of Work date: _____

Jan 1-Mar 31 April 1-Jun 30 Jul 1-Sept 30 Oct 1- Dec 31

APPRENTICES:

Number of workers hired as apprentices/ Bilingual Craft Trainees: _____ No change this quarter

Number of DOL Certified Apprentices: _____ (Copies of Certification must be provided) No change this quarter

WORKERS COMPENSATION:

Number of workers hired with Workers Compensation Coverage benefit: _____ No change this quarter

Number of workers with Workers Compensation Coverage added: _____ No change this quarter

OSHA:

Number of workers with OSHA 10 Certification: _____ (Copies of Certification must be provided)

No change this quarter

Number of workers with OSHA 30 Certification: _____ (Copies of Certification must be provided)

No change this quarter

\$15 RULE:

Number of workers increased to \$15 _____ (must reflect on payrolls) No change this quarter

The undersign hereby certifies that all information provided is true and correct to the best of knowledge.

(Signature)

(Title)

(Print Name)

Instructions: This form is to be completed by the GC/Prime and uploaded into LCPTracker on a quarterly basis. GC will gather the data from the Sub-contractor and lower tiers. If no change occurred please indicate by checking the box on each section. Note: GC can use this form to gather the data from the subcontractors but, must upload one form with the total cumulative numbers by the end of each quarter.