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| CONTRACTOR’S STATEMENT OF COMPLIANCE |
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| ***Main* P****CN No.:** |  |  | **For SDDOT Use Only****SDDOT Letting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Wage Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Project No**: |  |  |
| **County:** |  |  |
| **Reporting Contractor**: |  |  |
|  |
| **Week Ending** |  |  |  |  |
|  | (mo) | (day) | (yyyy) |
| **Payroll Number** |  |  |
|  **(Ex. Put 1 for first project payroll of this project)** |
| **I,** |       | , |       | **do hereby state:** |

 (Person Representing Reporting Contractor) (Title)

1. That I pay or supervise the payment of the persons employed by the above-referenced Reporting Contractor at the referenced transportation construction project (Project).
2. That during the work week commencing seven (7) days prior to, and ending on the above-referenced week ending date, each laborer and mechanic employed on the Project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the above said Reporting Contractor, from the full 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 29 CRF Part 3, issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145) and described below: (Please list **ANY** types of payroll deductions here, such as Federal Withholding, FICA, legal garnishments, etc.)
3. That any payrolls required to be submitted for the above week ending period are correct and complete; that the wage rates for laborers or mechanics therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth for each laborer or mechanic conform with the work he/she performed.
4. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a South Dakota apprenticeship agency recognized by the Bureau of Apprenticeship and Training (BAT), U.S. Department of Labor (USDOL), or if no such recognized agency exists in South Dakota, are registered with the BAT, USDOL.
5. That (**please check 5a or 5b**):

1. WHERE [“Bona-fide”] 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 5(c) below. **Please report the TOTAL WEEKLY value of employer-paid “bona-fide” fringe benefits** **for each employee on the face of the payroll, such as employer-share of health insurance or 401(k) employer matching amount.**

1. WHERE NO FRINGE BENEFITS ARE PAID TO APPROVED PLANS; 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 wage decision, except as noted in Section 5(c) below.

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|  c) EXCEPTIONS: |       |

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| 6. That (REMARKS): |       |
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**I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. In addition, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed and dated this  |    |  day of |       |  20 |    | . |
|  |
| Name and Title      | Signature |

**Mail one signed and dated Contractor’s Statement of Compliance with the weekly Certified Payroll Report to: SDDOT Labor Compliance, 700 E Broadway Avenue, Pierre SD 57501-2586.** *SDDOT Payroll Forms are available at:* <http://www.sddot.com/business/contractors/labor/payrolls/Default.aspx>

**Instructions for completing SDDOT Contractor’s Statement of Compliance Form (Statement)**

The Contractor’s Statement of Compliance (Statement) is required by Davis-Bacon regulations, 29 CFR Parts 3 and 5. Under the Davis-Bacon Act, the contractor is required to pay not less than the prevailing wages, including prevailing fringe benefits. **The contractor's obligation to pay the full wages and fringe benefits may be met either by payment of cash wages and bona fide fringe benefits to approved plans or funds, or by making all payments to covered workers as cash wages.** Employees will be paid unconditionally and not less often than once a week the full wages earned for the actual type(s) of work performed. While this form need not be notarized, the Statement is subject to the penalties provided by 18 USC 1001; namely, possible imprisonment of five years or $10,000 fine, or both. Accordingly, the party signing this statement must have knowledge of the facts represented as true. A signed SDDOT Contractor’s Statement of Compliance Form is required to be attached to each weekly Certified Payroll Report (Payroll) for each week work is performed on South Dakota’s covered highway construction projects. To avoid the suspension of contract pay estimates, **each weekly Payroll submitted must be accompanied with a signed “SDDOT Statement of Compliance Form” and must be submitted to the Contracting Agency (SDDOT) within 7 days after the regular payment date, as stipulated in 29 CFR 3.4 and 29 CFR 5.9. Incomplete payroll reports and payroll reports that do not include the most recent “SDDOT Statement of Compliance Form” [Rev March-2017] will not be accepted.**

[**29 CFR Part 3**](https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=29:1.1.1.1.4)

[**29 CFR Part 5**](https://www.ecfr.gov/cgi-bin/text-idx?SID=c961274a08c1423164e297c9d95b4e02&node=pt29.1.5&rgn=div5)

1. Heading: Provide the 4-digit PCN#, the Project#, the week ending date, and the county(ies) of the project location. Provide your own firm’s name, the week ending date, and the payroll number for this contract. Failure to provide the 4-digit Project Control Number (PCN) and the Project Number may delay processing. If a contract has more than one PCN/Project Number, the first one listed in the contract is the "main" PCN and Project Number.
2. Provide the person's name and title, representing the Reporting Contractor that is signing the Statement of Compliance Form as having knowledge of the facts represented as true.
3. In item number 2 of this Statement form, provide a list of any types of payroll deductions made from the employees' wages. All payroll deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 CFR Part 3.
4. **Please check box 5(a) OR box 5(b)**.

Contractor who makes payments to third-party administrators for employer-paid "bona fide" fringe benefits shall check 5(a) of the Statement of Compliance. Health insurance and 401(k) are examples of employer-paid bona-fide fringe benefits paid to third-party plans or programs. Continue to show on the face of the SDDOT Payroll form the total WEEKLY value of the bona fide fringe benefits paid on behalf of each individual employee. Although it is not necessary to pay time and a half on fringe benefits, at least the basic hourly wage rate listed in the contract wage determination must be used in computing overtime pay obligations.

Contractor who pays no bona-fide fringe benefits or pays fringe benefits in cash shall check 5(b).

1. Use of Section 5(c), Exceptions: Any contractor, who is making fringe payments in amounts less than the wage determination requires, is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 5(a) or 5(b), whichever the contractor may check, shall be entered in Section 5(c). Provide an explanation of the exception(s).
2. The person listed in Step 2, above, please sign and date this Statement form representing the facts as true.
3. Mail ONE completed Certified Payroll Report with a signed SDDOT Statement of Compliance form to:

SDDOT-Labor Compliance Program

700 E Broadway Avenue

Pierre, SD 57501-2586

1. Any questions about SDDOT’s payroll forms, please call (605) 773-3795 or (605) 773-3262.