FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

3. F ID or SS Number 46-2363353

1.Name and address of Prime Contractor
PAL-PRO BUILDERS LLC

2. Contractor ID Number 32008

4. Reporting Period 12/1/2022 - 12/31/2022

(NAME)
302 LANZA AVE

5. Public Agency Awarding Contract Maplewood Library

Date of Award 6/5/2022

(ADDRESS)
GARFIELD NJ 07026
(CITY) (STATE) (ZIP CODE)

6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0

County

7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Pal-Pro Builders	7	GC	J	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			AP																	
IBN Construction	40	Demo	J	2	0	2	0	0	0	2	22.5	0	0	0	0	22.5	0	0	0	0
			AP																	
Apollo Mac	2		J	1	0	0	0	0	0	0	5	0	0	0	0	5	0	0	0	0
			AP	1	0	0	0	0	0	0	5	0	0	0	0	5	0	0	0	0
			J																	
			AP																	
			J																	
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Mihail Tuzarovski (NAME) | (SIGNATURE) | Project Manager (TITLE)

862 (AREA CODE) 247.3007 (TELEPHONE NUMBER) (EXT.) 1/5/2022 (DATE)

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa202ins.pdf

3. F ID or SS Number 271-813-006

1.Name and address of Prime Contractor

Apollo MAc LLC (NAME)

226 Wessington Ave (ADDRESS)

Garfield (CITY) NJ (STATE) 07026 (ZIP CODE)

2. Contractor ID Number

4. Reporting Period 12/01/2022-12/30/2022

5. Public Agency Awarding Contract Maplewood Library

Date of Award 06/05/2022

6. Name and Location of Project 51 Baker Street,Maplewood,NJ

County

7. Project ID Number 73493

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Apollo Mac LLC	2%	Electri	J	1	0	0	0	0	0	0	5	0	0	0	0	5	0	0	0	0
	2%	Electri	AP	1	0	0	0	0	0	0	5	0	0	0	0	5	0	0	0	0
			J																	
			AP																	
			J																	
			AP																	
			J																	
			AP																	
			J																	
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Vane Vlasevski (NAME)

(SIGNATURE)

President (TITLE)

862 (AREA CODE) 221-2518 (TELEPHONE NUMBER) (EXT.)

01/03/2023 (DATE)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Apollo Mac LLC F.E.I.N. 271-813006	Business Address 226 Wssington Ave , Garfield NJ 07026	Project Name Maplewood Memorial Public Libr Contract I.D. or Project I.D.
Payroll No. 2 | Date Wages Due & Paid (mm/dd/yyyy) 12/30/2022 | Week Ending Date 12/24/2022 or ☐ Final Certification	Project Location 51 Beker Ave,Maplewood NJ	**Contractor Registration #** 682969

SUBMIT form by email: *equalpayact@dol.nj.gov*

IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 12/18	MO 12/19	TU 12/20	WE 12/21	TH 12/22	FR 12/23	SA 12/24	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Vlasevski,Vane 226 Wessington Ave., Garfield NJ 07026 xxx-xx-6597	Foreman	Electritian	M	W	S					5				113.73	568.65	$5,886.30	450.30	$ 1,031.02	320.12			$ 1,801.44	$ 4,084.86	
					O																			
Kusibovski,Darko 226 Lanza Ave Garfield NJ 0026 xxx-xx-7519	Journeyman	Electritian	M	W	S					5				97.21	486.05	$ 2,101.85	160.79	$ 30.53	36.33	13.13		$ 240.76	$ 1,861.07	
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

☐ Check if additional sheets used

KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by
Apollo Mac LLC
(Contractor or Subcontractor)
on the Maplewood Memorial P
(Project Name & Location)
that during the payroll period beginning on (date) 12/18/22, and ending on (date) 12/24/22, all persons employed on said 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 aforenamed Contractor or Subcontractor 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(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 have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(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) at right.

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

☑ By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.

Name Vane Vlasevski

Title President Date (mm/dd/yy) 12/27/22

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
– N.J.S.A. 34:11- 56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)
To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

Program Title, Classification Title, or Individual Workers	Health/ Welfare	Vacation/Holiday	Apprenticeship/ Training	Pension	Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	USDOL Benefit Plan Filing Number/EIN	Third-Party Trustee &/or Contract Person

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol..gov/whd/forms/wh347instr.htm)

WHD
U.S. Wage and Hour Division

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

Rev. Dec. 2008

OMB No. 1235-0008
Expires 04/30/2021

NAME OF CONTRACTOR	OR SUBCONTRACTOR	ADDRESS	
	X IBN CONSTRUCTION COR	49 HERMAN STREET NEWARK NJ 071	
Payroll No. 115	For Week Ending 12/17/22	PROJECT AND LOCATION MAPLEWOOD DEMO	PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST. OR	(4) DAY AND DATE U 11	M 12	T 13	W 14	H 15	F 16	S 17	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE	SUDI	OTHER	TOTAL DEDUC-TIONS	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
FRANKLIN SAULA XXX-XX-1087	5	LABORER	O								0									
			S					800			800	67 12	536 96	4108	3304	1070	150	0	8632	450.64
JUAN D NARANJO XXX-XX-7267	2	OPERATOR	O								0									
			S					800	650		1450	92 28	1338 06	10236	14301	4610	374	0	29522	1042.84
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
			O																	
			S																	

While completion of Form WH-347 is optional, it is mandatory for contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. @@3.3, 5.5(a). For Copeland Act (40 U.S.C. S3145) contractors and subcontractors performing work on Fedearrly financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. S 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payroll to the Federal agaency conrtracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicaticating that the payrolls are complete and complete and that each laborer or mechanic has been paid not less than the proper Davis-Beacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D.C. 20210.

Date 12/27/2022

I, Nelson Espinoza (Name of Signatory Party), President (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by IBN CONSTRUCTION CORP (Contractor Or Subcontractor) on the Maplewood Demolition (Building or Work); that during the payroll period commencing on the 11th day of DECEMBER, and ending the 17th day of DECEMBER, 2022, all persons employed on said 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 said IBN CONSTRUCTION CORP (Contractor Or Subcontractor) 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 Regulations, Part 3 (29 CFR Subtitle A), 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. 276c), 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 rate for laborers or mechanics contained therein are nor 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 worked performed.

(3) That any aprrentices employed in the above period are duly registered in a bona fide in a program approved or certified by the Division of Vocational Education apprenticeship in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

(4) That:

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

☐ In additon 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 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 rewuired fringe benefits as listed in the contract, except as noted in Section 4 (C) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Nelson Espinoza President	Nelson Espinoza

THE WILLFULL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS 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.