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 9/1/2023 - 9/30/2023

(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	36.08%	GC	J	10	0	0	0	0	0	0	775	0	0	0	0					
			AP																	
AGP & Sons,Inv	49.17%	Plumb	J	1						2						326	11		3%	
			AP	1		1			1	8				100%		104	8		8%	
Ipac Steel	85%	Laborer	J	4		4				4	120									
			AP																	
Palermo	15%		J	1							4									
			AP																	
Apollo	5%		J	1							6									
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Sinisha Spasovski — (NAME)
(SIGNATURE)
President — (TITLE)

201 — (AREA CODE)
367.8365 — (TELEPHONE NUMBER)
(EXT.)
10/05/2023 — (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 46-2363353

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

2. Contractor ID Number 32008

4. Reporting Period 9/1/2023 - 9/30/2023

(NAME)
302 LANZA AVE

5. Public Agency Awarding Contract Maplewood Library

Date of Award 6/5/2022

(ADDRESS)
GARFIELD (CITY) NJ (STATE) 07026 (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	36.08%	GC	J	10	0	0	0	0	0	0	775	0	0	0	0					
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17. COMPLETED BY (PRINT OR TYPE)

Sinisha Spasovski (NAME) (SIGNATURE) President (TITLE)

201 (AREA CODE) 367.8365 (TELEPHONE NUMBER) (EXT.) 10/05/2023 (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	Business Address	Project Name
Pal-Pro Builders, LLC F.E.I.N. 46-2363353	302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040	Maplewood Memorial Library Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
41	09/01/2023	08/27/2023 or ❑ Final Certification

SUBMIT form by email:

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. Day and Date: SU 08/20	MO 08/21	TU 08/22	WE 08/23	TH 08/24	FR 08/25	SA 08/26	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) Social Security	Medical Medicare	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Sasho Krstevski 143 Miller Ave Elmwood Pk, NJ 07407 xxx-xx-0671	Foreman	Carpenter	M	W	S		7	7	7	7	0		28.00	100.28	2,807.84	$2,807.84	109.11	$ 320.00	5.61	174.09	40.71	$ 649.52	$ 2,158.32	
					O																			
Stavri Sotirofski 4 Cheryl Ct Lincoln Pk, NJ 07035 XXX-XX-0380	Journeyman	Carpenter	M	W	S		8	8	8	8	0		32.00	87.27	2,792.64	$ 2,792.64	150.87	$ 240.00	17.44	173.14	40.50	$ 621.95	$ 2,170.69	
					O																			
Naum Partaloski 50 Bergen St, Garfield, NJ 07026 xxx-xx-1267	Foreman	Mason	M	W	S		0	8	8	8	8		32.00	86.43	2,765.76	$ 2,765.76	110.06	$ 473.00	5.53	171.48	40.11	$ 800.18	$ 1,965.58	
					O																			
Igorche Spasenoski 65 Belgrade Ave Clifton, NJ 07013 xxx-xx-0846	Journeyman	Mason	M	W	S		8	8	8	0	8		32.00	80.43	2,573.76	$ 2,573.76	135.55	$ 467.00	16.07	159.57	37.32	$ 815.51	$ 1,758.25	
					O																			
Zoran Ilijovski 271 Lanza Ave Garfield, NJ 07026 XXX-XX-5051	Journeyman	Mason	M	W	S		8	8	8	8	0		32.00	80.43	2,573.76	$ 2,573.76	135.55	$ 269.00	5.16	159.58	37.31	$ 606.60	$ 1,967.16	
					O																			
Toni Jovceski 63 Manner Ave Garfield, NJ 07026 XXX-XX-0805	Journeyman	Laborer	M	W	S		8	8	8	8	0		32.00	68.17	2,181.44	$ 2,181.44	104.05	$ 189.00	4.36	135.24	31.63	$ 464.28	$ 1,717.16	
					O																			
Igor Dimovski 22 Ackerman Ave Pequannock, NJ 07440 XXX-XX-2318	Foreman	Welder	M	W	S		0	0	0	8	0		8.00	99.61	796.88	$ 796.88	16.98	$ 59.00	4.98	49.41	11.55	$ 141.92	$ 654.96	
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Hours worked each day

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

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 08/21/23, and ending on (date) 08/27/23, 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 Sinisha Spasovski

Title General Member Date (mm/dd/yy) 09/01/23

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

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	Business Address	Project Name
Pal-Pro Builders, LLC F.E.I.N. 46-2363353	302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040	Maplewood Memorial Library Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
42	09/08/2023	09/03/2023 or ❑ Final Certification

SUBMIT form by email:

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. Day and Date: SU 08/27	MO 08/28	TU 08/29	WE 08/30	TH 08/31	FR 09/01	SA 09/02	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) Social Security	Medical Medicare	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Sasho Krstevski 143 Miller Ave Elmwood Pk, NJ 07407 xxx-xx-0671	Foreman	Carpenter	M	W	S		7	7	7	7	7		35.00	100.28	3,509.80	$3,509.80	157.03	$ 474.00	7.02	217.60	50.90	$ 906.55	$ 2,603.25	
					O																			
Stavri Sotirofski 4 Cheryl Ct Lincoln Pk, NJ 07035 XXX-XX-0380	Journeyman	Carpenter	M	W	S		8	8	8	8	8		40.00	87.27	3,490.80	$ 3,490.80	199.74	$ 393.00	21.81	216.43	50.61	$ 881.59	$ 2,609.21	
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Naum Partaloski 50 Bergen St, Garfield, NJ 07026 xxx-xx-1267	Foreman	Mason	M	W	S		8	8	8	8	0		32.00	86.43	2,765.76	$ 2,765.76	110.06	$ 473.00	5.53	171.47	40.10	$ 800.16	$ 1,965.60	
					O																			
Marjan Naunov 30 Center St Clifton, NJ 07011 XXX-XX-2008	Journeyman	Mason	M	W	S		8	8	8	8	8		40.00	80.43	3,217.20	$ 3,217.20	180.59	$ 581.00	6.43	199.46	46.64	$ 1,014.12	$ 2,203.08	
					O																			
Zoran Ilijovski 271 Lanza Ave Garfield, NJ 07026 XXX-XX-5051	Journeyman	Mason	M	W	S		0	8	8	0	8		24.00	80.43	1,930.32	$ 1,930.32	90.51	$ 159.00	3.86	119.68	27.99	$ 401.04	$ 1,529.28	
					O																			
Toni Jovceski 63 Manner Ave Garfield, NJ 07026 XXX-XX-0805	Journeyman	Laborer	M	W	S		8	8	8	0	8		32.00	68.17	2,181.44	$ 2,181.44	104.05	$ 189.00	4.37	135.25	31.63	$ 464.30	$ 1,717.14	
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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

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 08/28/23, and ending on (date) 09/03/23, 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 Sinisha Spasovski

Title General Member Date (mm/dd/yy) 09/08/23

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

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	Business Address	Project Name
Pal-Pro Builders, LLC F.E.I.N. 46-2363353	302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040	Maplewood Memorial Library Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
43	09/15/2023	09/10/2023 or ❑ Final Certification

SUBMIT form by email:

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. Day and Date: SU 09/03	MO 09/04	TU 09/05	WE 09/06	TH 09/07	FR 09/08	SA 09/09	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) Social Security	Medical Medicare	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
Sasho Krstevski 143 Miller Ave Elmwood Pk, NJ 07407 xxx-xx-0671	Foreman	Carpenter	M	W	S		0	7	0	7	7		21.00	100.28	2,105.88	$2,105.88	66.29	$ 180.00	4.21	130.57	30.53	$ 411.60	$ 1,694.28	
					O																			
Stavri Sotirofski 4 Cheryl Ct Lincoln Pk, NJ 07035 XXX-XX-0380	Journeyman	Carpenter	M	W	S		0	8	8	8	8		32.00	87.27	2,792.64	$ 2,792.64	150.87	$ 240.00	17.43	173.15	40.50	$ 621.95	$ 2,170.69	
					O																			
Naum Partaloski 50 Bergen St, Garfield, NJ 07026 xxx-xx-1267	Foreman	Mason	M	W	S		0	8	8	8	8		32.00	86.43	2,765.76	$ 2,765.76	110.06	$ 473.00	5.53	171.48	40.10	$ 800.17	$ 1,965.59	
					O																			
Marjan Naunov 30 Center St Clifton, NJ 07011 XXX-XX-2008	Journeyman	Mason	M	W	S		0	8	8	8	8		32.00	80.43	2,573.76	$ 2,573.76	135.55	$ 427.00	5.15	159.58	37.32	$ 764.60	$ 1,809.16	
					O																			
Toni Jovceski 63 Manner Ave Garfield, NJ 07026 XXX-XX-0805	Foreman	Laborer	M	W	S		0	8	8	0	8		24.00	72.76	1,746.24	$ 1,746.24	73.58	$ 137.00	3.48	108.27	25.32	$ 347.65	$ 1,398.59	
					O																			
Boban Avramoski 84 Morris Ave Garfield, NJ 07026 XXX-XX-5600	Journeyman	Laborer	M	W	S		0	8	8	8	8		32.00	68.17	2,181.44	$ 2,181.44	106.74	$ 219.00	13.61	135.25	31.63	$ 506.23	$ 1,675.21	
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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

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 09/04/23, and ending on (date) 09/10/23, 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 Sinisha Spasovski

Title General Member Date (mm/dd/yy) 09/15/23

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

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	Business Address	Project Name
Pal-Pro Builders, LLC F.E.I.N. 46-2363353	302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040	Maplewood Memorial Library Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
44	09/22/2023	09/17/2023 or ❑ Final Certification

SUBMIT form by email:

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. Day and Date: SU 09/10	MO 09/11	TU 09/12	WE 09/13	TH 09/14	FR 09/15	SA 09/16	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) Social Security	Medical Medicare	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																		
Boris Mileski 131 Park Ave Passaic, NJ 07055 xxx-xx-1377	Foreman	Carpenter	M	W	S		7	7	7	7	7		35.00	100.28	3,509.80	$3,509.80	199.72	$ 671.00	7.01	217.60	50.89	$ 1,146.22	$ 2,363.58	
					O																			
Stavri Sotirofski 4 Cheryl Ct Lincoln Pk, NJ 07035 XXX-XX-0380	Journeyman	Carpenter	M	W	S		8	8	8	8	8		40.00	87.27	3,490.80	$ 3,490.80	199.74	$ 393.00	21.80	216.43	50.61	$ 881.58	$ 2,609.22	
					O																			
Igorche Spasenoski 65 Belgrade Ave Clifton, NJ 07011 XXX-XX-0846	Foreman	Mason	M	W	S		8	8	8	8	8		40.00	86.43	3,457.20	$ 3,457.20	197.39	$ 679.00	21.59	214.35	50.13	$ 1,162.46	$ 2,294.74	
					O																			
Marjan Naunov 30 Center St Clifton, NJ 07011 XXX-XX-2008	Journeyman	Mason	M	W	S		8	8	8	8	8		40.00	80.43	3,217.20	$ 3,217.20	180.59	$ 581.00	6.43	199.46	46.65	$ 1,014.13	$ 2,203.07	
					O																			
Toni Jovceski 63 Manner Ave Garfield, NJ 07026 XXX-XX-0805	Foreman	Laborer	M	W	S		8	8	0	0	8		24.00	72.76	1,746.24	$ 1,746.24	73.58	$ 137.00	3.50	108.27	25.32	$ 347.67	$ 1,398.57	
					O																			
Boban Avramoski 84 Morris Ave Garfield, NJ 07026 XXX-XX-5600	Journeyman	Laborer	M	W	S		0	0	8	8	8		24.00	68.17	1,636.08	$ 1,636.08	68.56	$ 144.00	10.22	101.44	23.72	$ 347.94	$ 1,288.14	
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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

❑ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Pal-Pro Builders, LLC (Contractor or Subcontractor) on the Maplewood Memorial Library Maplewood, N.J. 07040 (Project Name & Location) that during the payroll period beginning on (date) 09/11/23, and ending on (date) 09/17/23, 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 Sinisha Spasovski

Title General Member Date (mm/dd/yy) 09/22/23

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

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:
http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf

3. F ID or SS Number

1.Name and address of Prime Contractor
Pal-Pro Builders, LLC

2. Contractor ID Number

4. Reporting Period
07/31/23-08/27/23

(NAME)
302 Lanza Ave, FL 2

5. Public Agency Awarding Contract
Maplewood Library

Date of Award
09/20/2022

(ADDRESS)
Garfield NJ 07026

6. Name and Location of Project
Maplewood Library

County

7. Project ID Number

(CITY) (STATE) (ZIP CODE)

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
AGP & Sons, Inc.	49.17%	Plumb	J	1							2					326	11		3%	
		Plumb	AP	1		1				1	8	8		100%		104	8		8%	
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17. COMPLETED BY (PRINT OR TYPE)

Frank Poulos — *Frank Poulos* — President

(NAME) (SIGNATURE) (TITLE)

732 864.1717 09/11/2023

(AREA CODE) (TELEPHONE NUMBER) (EXT.) (DATE)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub (njwages.nj.gov) or use other submission methods in the portal.
IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods:

Name of ☐ Contractor or ☑ Subcontractor AGP & Sons, Inc. F.E.I.N. 20-4239676		Business Address 918 Charles Drive Toms River, NJ 08753	Project Name Maplewood Public Library Contract I.D. or Project I.D. KR-21003 **Contractor Registration #**
Payroll No. 15	Date Wages Due & Paid 08/09/2023	Week Ending Date 08/06/2023 or ☐ Final Certification	Project Location 51 Baker St Maplewood, NJ 07040

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 N=Non-Binary)	Race (See Key)	Ethnicity (H=Hispanic N=Non-Hispanic)	ST or OT	4. MO 07/31	TU 08/01	WE 08/02	TH 08/03	FR 08/04	SA 08/05	SU 08/06	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	With-holding Tax	State Tax	Local Tax	Other	Total Deduc-tions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
No Work Performed.						S																			
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(Hours worked each day)

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

See following page for instructions

☐ Check if additional sheets attached

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

AGP & Sons, Inc.

(Contractor or Subcontractor)

on the **Maplewood Public Library**

(Project Name & Location)

that during the payroll period beginning on (date) 07/31/23 , and ending on (date) 08/06/23 , 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 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 employees, 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 employees 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 **Frank Poulos**

Title **President** Date (mm/dd/yy) 08/07/23

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	Appr/ 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 Contact Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub (njwages.nj.gov) or use other submission methods in the portal.
IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods:

Name of ☐ Contractor or ☑ Subcontractor AGP & Sons, Inc. F.E.I.N. 20-4239676		Business Address 918 Charles Drive Toms River, NJ 08753	Project Name Maplewood Public Library Contract I.D. or Project I.D. KR-21003 **Contractor Registration #**
Payroll No. 16	Date Wages Due & Paid 08/16/2023	Week Ending Date 08/13/2023 or ☐ Final Certification	Project Location 51 Baker St Maplewood, NJ 07040

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 N=Non-Binary)	Race (See Key)	Ethnicity (H=Hispanic N=Non-Hispanic)	ST or OT	4. Day and Date: MO 08/07	TU 08/08	WE 08/09	TH 08/10	FR 08/11	SA 08/12	SU 08/13	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	With-holding Tax	State Tax	Local Tax	Other	Total Deduc-tions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
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Hours worked each day

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

See following page for instructions

☐ Check if additional sheets attached

MW-562 (6/23)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

AGP & Sons, Inc.

(Contractor or Subcontractor)

on the **Maplewood Public Library**

(Project Name & Location)

that during the payroll period beginning on (date) 08/07/23 , and ending on (date) 08/13/23 , 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 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 employees, 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 employees 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 **Frank Poulos**

Title **President** Date (mm/dd/yy) 08/14/23

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	Appr/ 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 Contact Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub (njwages.nj.gov) or use other submission methods in the portal.
IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods:

Name of ☐ Contractor or ☑ Subcontractor
AGP & Sons, Inc.
F.E.I.N. 20-4239676

Business Address
918 Charles Drive
Toms River, NJ 08753

Project Name
Maplewood Public Library

Contract I.D. or Project I.D.
KR-21003

Contractor Registration #

Payroll No. 17

Date Wages Due & Paid 08/23/2023

Week Ending Date 08/20/2023 or ☐ Final Certification

Project Location
51 Baker St
Maplewood, NJ 07040

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female N=Non-Binary)	Race (See Key)	Ethnicity (H=Hispanic N=Non-Hispanic)	ST or OT	4. Day and Date: MO 08/14	TU 08/15	WE 08/16	TH 08/17	FR 08/18	SA 08/19	SU 08/20	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	With-holding Tax	State Tax	Local Tax	Other	Total Deduc-tions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
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Hours worked each day

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

See following page for instructions

☐ Check if additional sheets attached

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

AGP & Sons, Inc.

(Contractor or Subcontractor)

on the **Maplewood Public Library**

(Project Name & Location)

that during the payroll period beginning on (date) 08/14/23 , and ending on (date) 08/20/23 , 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 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 employees, 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 employees 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 **Frank Poulos**

Title **President** Date (mm/dd/yy) 08/21/23

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	Appr/ 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 Contact Person

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub (njwages.nj.gov) or use other submission methods in the portal.
IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods:

Name of ☐ Contractor or ☑ Subcontractor
AGP & Sons, Inc.
F.E.I.N. 20-4239676

Business Address
918 Charles Drive
Toms River, NJ 08753

Project Name
Maplewood Public Library

Contract I.D. or Project I.D.
KR-21003

Contractor Registration #

Payroll No. 18

Date Wages Due & Paid 08/30/2023

Week Ending Date 08/27/2023 or ☐ Final Certification

Project Location
51 Baker St
Maplewood, NJ 07040

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female N=Non-Binary)	Race (See Key)	Ethnicity (H=Hispanic N=Non-Hispanic)	ST or OT	MO 08/21	TU 08/22	WE 08/23	TH 08/24	FR 08/25	SA 08/26	SU 08/27	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	This Week	8. Deductions: FICA	With-holding Tax	State Tax	Local Tax	Other	Total Deduc-tions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
Domenic A. Borghetti 42 Euclid Avenue Hackensack, NJ 07601 xxx-xx-4940		Working Plumber Foreman	M	0	5	S	2	0	0	0	0	0	0	2	64.25	128.50	2570.00	196.61	465.65	135.28	0.00	251.14	1048.68	1521.32	41.62
						O	0	0	0	0	0	0	0	0	96.38										
Jay A Martinez 20 Goggle Road Hawthorne, NJ 07506-3835 xxx-xx-6528		Plumber - Apprentice Hispanic	M	0	2	S	8	0	0	0	0	0	0	8	32.72	261.76	1308.80	100.12	175.48	48.20	0.00	205.50	529.30	779.50	25.72
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4. Day and Date — Hours worked each day

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

See following page for instructions

☐ Check if additional sheets attached

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by

AGP & Sons, Inc.

(Contractor or Subcontractor)

on the **Maplewood Public Library**

(Project Name & Location)

that during the payroll period beginning on (date) 08/21/23 , and ending on (date) 08/27/23 , 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 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 employees, 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 employees 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 **Frank Poulos**

Title **President** Date (mm/dd/yy) 08/28/23

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	Appr/ 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 Contact Person

FORM AA-202
REVISED 9/01

email: sharon@alnaconstruction.com

State Of New Jersey

Division Of Contract Compliance And Equal Employment Opportunity In Public Contracts

Monthly summary of your weekly payroll reports. nanzes each trade by classification and minority status.

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.

3. F ID or SS Number: 222918301

1. Name and address of ~~Prime~~ Sub Contractor: IPAC / Portuguese Structural Steel (NAME)
255 South St, (ADDRESS)
Newark, NJ (CITY) (STATE) 07114 (ZIP CODE)

2. Contractor ID Number:

4. Reporting Period: 9/1/2023 - 9/30/2023

5. Public Agency Awarding Contract — Date of Award:

6. Name and Location of Project — County:

7. Project ID Number:

8. CONTRACTOR NAME (LIST ~~PRIME~~ SUB 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
IPAC Steel		Iron-worker	J																	
			AP																	
			F	1		1				1	32									
IPAC Steel		Laborer	J	3		3				3	88									
			AP																	
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17. COMPLETED BY (PRINT OR TYPE)

Ana Correia (NAME) Ana Correia (SIGNATURE) Assistant PM (TITLE)

(973) 344-1342 (AREA CODE) (TELEPHONE NUMBER) (EXT.) 10/3/2023 (DATE)

DIVISION OF CONTRACT COMPLIANCE / EEO OFFICE

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	Business Address	Project Name
PSS / IPAC Steel Inc. F.E.I.N. 222918301	255 South Street Newark, NJ 07114 Project Location 51 Baker Street Maplewood, NJ 07040	Maplewood Library Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
17	09/29/2023	09/22/2023 or ☐ Final Certification

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.	2. Work		3. Demographics			4. Day and Date							5.	6.	7.		8.						9.	10.
Employee Name and Address	Job Title *e.g., apprentice, journeyman, foreman*	Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	Sex *M=Male F=Female X=Non-Binary*	Race *See Key*	Straight Time or Overtime	SU	MO	TU	WE	TH	FR	SA	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	Deductions FICA	Federal Tax	State Tax	Other (specify) MCD	Other (specify) SUI	Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
						09/17	09/18	09/19	09/20	09/21	09/22	09/23												
						Hours worked each day																		
Segundo Cumbe 108 Jackson Street Newark, NJ 07105	journeyman	labor	M	H	S			8	8	8			24.00	69.17	1,660.08	$1,660.08	102.92	$ 234.57	41.44	24.07	8.06	$ 411.06	$ 1,249.02	$ 32.17
					O																			
Carlos Divino 44 Van Buren St. Newark, NJ 07105	journeyman	labor	M	H	S			8	8	8	8		32.00	69.17	2,213.44	$ 2,213.44	137.23	$ 360.07	76.37	32.09	10.74	$ 636.50	$ 1,576.94	$ 32.17
					O																			
Marcio Flor 507 Adams Street Elizabeth, NJ 07201	foreman	ironworker	M	H	S			8	8	8	8		32.00	99.61	3,187.52	$ 3,187.52	197.63	$ 439.97	137.16	46.22	15.46	$ 836.44	$ 2,351.08	$ 48.92
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Osvaldo Rodrigues 93 Wilson Ave. Unit 4 Newark, NJ 07105	journeyman	labor	M	H	S			8	8	8	8		32.00	69.17	2,213.44	$ 2,213.44	137.23	$ 360.23	75.19	32.09	10.74	$ 615.48	$ 1,597.96	$ 32.17
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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

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by PSS / IPAC Steel Inc.
(Contractor or Subcontractor)
on the Maplewood Library
(Project Name & Location)
that during the payroll period beginning on (date) 09/17/23, and ending on (date) 09/23/23, 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 Paula Cabral

Title President Date (mm/dd/yy) 09/27/23

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

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Name of ☐ Contractor or ■ Subcontractor
PSS / IPAC Steel Inc.
F.E.I.N. 222918301

Business Address
255 South Street
Newark, NJ 07114

Project Location
51 Baker Street
Maplewood, NJ 07040

Project Name
Maplewood Library

Contract I.D. or Project I.D.

Contractor Registration #

Payroll No. 18

Date Wages Due & Paid (mm/dd/yyyy) 10/06/2023

Week Ending Date 09/29/2023 or ☐ Final Certification

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 09/24	MO 09/25	TU 09/26	WE 09/27	TH 09/28	FR 09/29	SA 09/30	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)	Other (specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
NO WORK PERFORMED					S																			
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Hours worked each day

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

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by PSS / IPAC Steel Inc.
(Contractor or Subcontractor)
on the Maplewood Library
(Project Name & Location)
that during the payroll period beginning on (date) 09/24/23, and ending on (date) 09/30/23, 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 Paula Cabral

Title President Date (mm/dd/yy) 10/03/23

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

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Name Of ☐ Contractor or ☒ Subcontractor	Business Address	Project Name
Baumgardner Finishings Company LLC dba Palermo-BFC F.E.I.N. 86-1192971	207 W. Parkway Drive Egg Harbor To NJ 08234	Maplewood Memorial Library Contract I.D. or Project I.D. .
Payroll No.: 18 / Date Wages Due & Paid (mm/dd/yyyy): 09/12/23 / Week Ending Date: 09/10/2023 or ☐ Final Certification	Project Location 51 Baker Street Maplewood NJ 07040	Contractor Registration # 86-1192971

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 (SeeKey)	Straight Time or Overtime	4. Mon 09/04	Tue 09/05	Wed 09/06	Thu 09/07	Fri 09/08	Sat 09/09	Sun 09/10	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. This Week	8. Deductions: FICA	Federal Tax	SWH	SUI	Other	Totall Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hours
No work this week					S																			
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Hours worked each day

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 Baumgardner Finishings Company LLC dba Palermo-BFC
(Contractor or Subcontractor)
on the Maplewood Memorial Library 51 Baker Street Maplewood NJ 07040
(Project Name & Location)
that during the payroll period beginning on (date) 09/04/2023, and ending on (date) 09/10/2023, 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

[X] 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.

[X] 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 Jessica Nava Jessica J. Nava

Title Payroll Administrator

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

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Name Of ☐ Contractor or ☒ Subcontractor Baumgardner Finishings Company LLC D.B.A. Palermo-BFC F.E.I.N. 86-1192971	Business Address 207 W. Parkway Drive Egg Harbor To NJ 08234	Project Name Maplewood Memorial Library Contract I.D. or Project I.D. .
Payroll No. 19 / Date Wages Due & Paid (mm/dd/yyyy) 09/19/23 / Week Ending Date 09/17/2023 or ☐ Final Certification	Project Location 51 Baker Street Maplewood NJ 07040	Contractor Registration # 86-1192971

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 (SeeKey)	Straight Time or Overtime	4. Mon 09/11	Tue 09/12	Wed 09/13	Thu 09/14	Fri 09/15	Sat 09/16	Sun 09/17	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. This Week	8. Deductions: FICA	Federal Tax	SWH	SUI	Other	Totall Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hours
						Hours worked each day																		
No work this week					S																			
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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 Baumgardner Finishings Company LLC dba Palermo BFC

(Contractor or Subcontractor)

on the Maplewood Memorial Library 51 Baker Street Maplewood NJ 07040

(Project Name & Location)

that during the payroll period beginning on (date) 09/11/2023, and ending on (date) 09/17/2023, 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

[X] 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.

[X] 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 Jessica Nava *Jessica J. Nava*

Title Payroll Administrator

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

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. 9 · Date Wages Due & Paid (mm/dd/yyyy) 09/22/2023 · Week Ending Date 09/16/2023 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 09/10	MO 09/11	TU 09/12	WE 09/13	TH 09/14	FR 09/15	SA 09/16	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. 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
Trepeski,Hristijan 19-21 Belmont Ave,Garfield NJ xxx-xx-4528	Foreman	Electrician	M	W	S					6			6.00	116.77	700.62	$2,400.34	183.64	$ 230.40	80.81	8.85		$ 503.70	$ 1,896.64	
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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

☐ Check if additional sheets used

MW-562 (9/19)

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) 09/10/23, and ending on (date) 09/16/23, 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) 09/18/23

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

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

SUBMIT form via the NJ Wage Hub *(njwages.nj.gov)* or use other submission methods in the portal.

IMPORTANT: For purposes of law, you must *also* submit this form to the appropriate public body or lessor, either via the NJ Wage Hub or other methods.

Name of ☐ Contractor or ☒ Subcontractor			Business Address	Project Name
Baumgardner Finishings Company LLC dba Palermo BFC F.E.I.N. 86-1192971			207 W. Parkway Drive Egg Harbor To NJ 08234	Maplewood Memorial Library Contract I.D. or Project I.D.
Payroll No. 20	Date Wages Due & Paid (mm/dd/yyyy) 09/26/23	Week Ending Date 09/24/2023 or ☐ Final Certification	Project Location 51 Baker Street Maplewood NJ 07040	Contractor Registration # 86-1192971

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, N=Non-Binary)	3. Demographics: Race (See Key)	3. Demographics: Ethnicity (H=Hispanic, N=Non-Hispanic)	Overtime or Straight Time	4. Mon 09/18	Tue 09/19	Wed 09/20	Thu 09/21	Fri 09/22	Sat 09/23	Sun 09/24	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	SWH	SUI	Other	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hours
Christopher W Black 18 Roosevelt Avenue Morganville NJ 07751		SJ Bricklayer Foreman	M	W	N		4.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	55.75	223.00	2230.00	170.60	344.35	111.48	0.00	202.14	828.57	1401.43	36.25
							0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00										

Hours worked each day

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

See the last page for instructions

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Baumgardner Finishings Company LLC dba Palermo BFC
(Contractor or Subcontractor)
on the Maplewood Memorial Library 51 Baker Street Maplewood NJ 07040
(Project Name & Location)
that during the payroll period beginning on (date) 09/18/2023, and ending on (date) 09/24/2023, 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

[X] 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.

[X] 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 Jessica Nava Jessica J. Nava

Title Payroll Administrator Date (mm/dd/yy) 09/27/23

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