

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

1. Name and address of Prime Contractor PAL-PRO BUILDERS LLC 302 LANZA AVE GARFIELD NJ 07026 (NAME) (ADDRESS)			2. Contractor ID Number 32008	3. F ID or SS Number 46-2363353 4. Reporting Period 9/1/2023 - 9/30/2023 5. Public Agency Awarding Contract Maplewood Library Date of Award 6/5/2022 6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0 County 7. Project ID Number 73493	
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8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)			9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES					12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H						
						A.	B.	C.	D.	E.		F.	TOTAL WORK HOURS	A.	B.	A.	B.	TOTAL WORK HOURS	A.	B.	A.	B.		
						TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN		FEMALES	MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% 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

President

(NAME)	(SIGNATURE)	(TITLE)
201	367.8365	10/05/2023
(AREA CODE)	(TELEPHONE NUMBER)	(DATE)

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 (NAME)		2. Contractor ID Number 32008		4. Reporting Period 9/1/2023 - 9/30/2023	
302 LANZA AVE (ADDRESS)				5. Public Agency Awarding Contract Maplewood Library Date of Award 6/5/2022	
GARFIELD (CITY)		NJ (STATE)		07026 (ZIP CODE)	
6. Name and Location of Project 51 Baker Street, Maplewood, N.J 0				7. Project ID Number 73493	

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	14. % OF WORK HRS		15. CUM. WORK HRS TOTAL WORK HOURS	16. CUM. % OF W/H	
				A.	B.	C.	D.	E.	F.			A.	B.		A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES			% OF W/H	% OF FEMALE W/H		% OF MIN. W/H	% OF FEM. W/H
Pal-Pro Builders	36.08%	GC	J	10	0	0	0	0	0	0	775	0	0	0	0	
			AP													
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			J													
			AP													

17. COMPLETED BY (PRINT OR TYPE)			
Sinisha Spasovski		President	
(NAME)	(SIGNATURE)	(TITLE)	
201	367.8365	10/05/2023	
(AREA CODE)	(TELEPHONE NUMBER)	(DATE)	

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

Other (specify)

Name of ☒ Contractor or ☐ Subcontractor Pal-Pro Builders, LLC F.E.I.N. 46-2363353			Business Address 302 Lanza Ave, Floor 2, Garfield, NJ 07026		Project Name Maplewood Memorial Library Contract I.D. or Project I.D.		SUBMIT form by email: IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No. 41	Date Wages Due & Paid (mm/dd/yyyy) 09/01/2023	Week Ending Date 08/27/2023 or ☐ Final Certification	Project Location 51 Baker Street Maplewood, NJ 07040		Contractor Registration #		

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	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		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions							
						08/20	08/21	08/22	08/23	08/24	08/25	08/26			This Project	This Week	FICA	Federal Tax	State Tax	Other Social Security	Specifi Medical Medicare	Total Deductions		
						Hours worked each day																		
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	
					O																			
					S																			
					O																			
					S																			
					O																			

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) 08/21/23, 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 sub-
mitted 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 in-
corporated 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 sub-
mit 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.

[illegible]

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

Other (specify)

Name of ☒ Contractor or ☐ Subcontractor Pal-Pro Builders, LLC F.E.I.N. 46-2363353			Business Address 302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040		Project Name Maplewood Memorial Library Contract I.D. or Project I.D. Contractor Registration #		SUBMIT form by email: IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.
Payroll No. 42	Date Wages Due & Paid (mm/dd/yyyy) 09/08/2023	Week Ending Date 09/03/2023 or ☐ Final Certification					

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour		
	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		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	Deductions						Total Deductions	
						Gross Amt. Earned	State Tax	Other Social Security	(Specify) Medical Medicare	Total																
											08/27	08/28							08/29	08/30	08/31	09/01				09/02
Hours worked each day																										
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	
					O																					
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	136.25	31.63	\$464.30	\$1,717.14	
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					S																					
					O																					

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:

- I hereby certify and swear that I am the duly authorized representative 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 sub-
mitted 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 in-
corporated 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 sub-
mit 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.

[illegible]

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

Other (specify)

Name of ☒ Contractor or ☐ Subcontractor Pal-Pro Builders, LLC F.E.I.N. 46-2363353			Business Address 302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040			Project Name Maplewood Memorial Library Contract I.D. or Project I.D. Contractor Registration #			SUBMIT form by email: IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.									
Payroll No. 43	Date Wages Due & Paid (mm/dd/yyyy) 09/15/2023	Week Ending Date 09/10/2023 or ☐ Final Certification																

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>											Gross Amt. Earned		Deductions							
						SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other Social Security	(Specify) Medical Medicare	Total Deductions		
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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					S																			
					O																			
					S																			
					O																			

KEY W= White; B= Black or African American;
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☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

- 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 aforementioned 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 sub-
mitted 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 in-
corporated 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 sub-
mit 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

[illegible]

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

Other (specify)

Name of ☒ Contractor or ☐ Subcontractor Pal-Pro Builders, LLC F.E.I.N. 46-2363353			Business Address 302 Lanza Ave, Floor 2, Garfield, NJ 07026 Project Location 51 Baker Street Maplewood, NJ 07040			Project Name Maplewood Memorial Library Contract I.D. or Project I.D. Contractor Registration #			SUBMIT form by email: IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.									
Payroll No. 44	Date Wages Due & Paid (mm/dd/yyyy) 09/22/2023	Week Ending Date 09/17/2023 or ☐ Final Certification																

1. Employee Name and Address	2. Work Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour		
			Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>											Gross Amt. Earned		Deductions									
						SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other Social Security	(Specify) Medical Medicare	Total Deductions				
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												
					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												
					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												
					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												
					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												
					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												
					O																					
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					O																					

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:

- I, 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) 09/11/23, 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 sub-
mitted 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 in-
corporated 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 sub-
mit 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.

[illegible]

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

1. Name and address of Prime Contractor Pal-Pro Builders, LLC			2. Contractor ID Number			3. F ID or SS Number		
(NAME)			(ADDRESS)			(CITY)		
302 Lanza Ave, FL 2			NJ 07026			Garfield		
4. Reporting Period			5. Public Agency Awarding Contract			Date of Award		
07/31/23-08/27/23			Maplewood Library			09/20/2022		
6. Name and Location of Project			County			7. Project ID Number		
Maplewood Library								

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

17. COMPLETED BY (PRINT OR TYPE)

Frank Poulos			<i>Frank Poulos</i>			President		
(NAME)			(SIGNATURE)			(TITLE)		
732			864.1717			09/11/2023		
(AREA CODE)			(TELEPHONE NUMBER)			(DATE)		

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		3. Demographics			ST or O T	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female N=Non- Binary	Race See Key	Ethnicity H=Hispanic N=Non- Hispanic		MO	TU	WE	TH	FR	SA	SU			Gross Amt. Earned		Deductions							
							07/31	08/01	08/02	08/03	08/04	08/05	08/06			This Project	This Week	FICA	With- holding Tax	State Tax	Local Tax	Other	Total Deduc- tions		
							Hours worked each day																		
No Work Performed.						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

See following page for instructions

☐ Check if additional sheets attached

(1) That I pay or supervise the payment of the persons employed by
AGP & Sons, Inc.

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 aforementioned 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.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(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.

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.

(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.

[illegible]

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		3. Demographics			ST or O T	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex M=Male F=Female N=Non- Binary	Race See Key	Ethnicity H=Hispanic N=Non- Hispanic		MO	TU	WE	TH	FR	SA	SU			Gross Amt. Earned		Deductions							
							08/07	08/08	08/09	08/10	08/11	08/12	08/13			This Project	This Week	FICA	With- holding Tax	State Tax	Local Tax	Other	Total Deduc- tions		
							Hours worked each day																		
No Work Performed.						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

See following page for instructions

☐ Check if additional sheets attached

(1) That I pay or supervise the payment of the persons employed by
AGP & Sons, Inc.

on the **Maplewood Public Library**
(Project Name & Location)

☒ 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.

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

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]

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		3. Demographics			ST or O T	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex M=Male F=Female N=Non- Binary	Race See Key	Ethnicity H=Hispanic N=Non- Hispanic		MO	TU	WE	TH	FR	SA	SU			Gross Amt. Earned		Deductions							
							08/14	08/15	08/16	08/17	08/18	08/19	08/20			This Project	This Week	FICA	With- holding Tax	State Tax	Local Tax	Other	Total Deduc- tions		
							Hours worked each day																		
No Work Performed.						S																			
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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

(1) That I pay or supervise the payment of the persons employed by
AGP & Sons, Inc.

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 aforementioned 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.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(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.

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.

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]

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		3. Demographics			ST or O T	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex M=Male F=Female N=Non- Binary	Race See Key	Ethnicity H=Hispanic N=Non- Hispanic		MO	TU	WE	TH	FR	SA	SU			Gross Amt. Earned		Deductions							
							08/21	08/22	08/23	08/24	08/25	08/26	08/27			This Project	This Week	FICA	With- holding Tax	State Tax	Local Tax	Other	Total Deduc- tions		
							Hours worked each day																		
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
						O	0	0	0	0	0	0	0	0	49.08										
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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

See following page for instructions

☐ Check if additional sheets attached

(1) That I pay or supervise the payment of the persons employed by
AGP & Sons, Inc.

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 aforementioned 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.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(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.

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.

(Must be completed if 4(a) is checked)

[illegible]

State Of New Jersey
Division Of Contract Compliance And
Equal Employment Opportunity In Public Contracts

Monthly summary of your weekly payroll reports. ☐ nanizes
 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.

1. Name and address of ~~Prime~~ Contractor

Portuguese Structural Steel

(NAME)

255 South St,

(ADDRESS)

Newark, NJ

(CITY)

(STATE)

07114

(ZIP CODE)

3. F ID or SS Number

222918301

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 CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS			14. % OF WORK HRS		15. CUM. WORK HRS			16. CUM. % OF W/H	
				A.	B.	C.	D.	E.	F.		TOTAL	A.	B.	A.	B.	TOTAL	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		WORK HOURS	MIN. WH	FEMALE WH	% OF MIN. WH	% OF FEMALE WH	WORK HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN. WH	% OF FEM. WH
IPAC Steel		IRON- WORKER	J																	
			AP																	
			F	1		1				1	32									
IPAC Steel		Labore	J	3		3				3	88									
			AP																	
			F																	
			J																	
			AP																	
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			AP																	
			F																	
			J																	
			AP																	
			F																	

17. COMPLETED BY (PRINT OR TYPE)

Ana Correia

(NAME)

(973) 344-1342

(AREA CODE)

(TELEPHONE NUMBER)

(SIGNATURE)

(EXT.)

Ana Correia

(TITLE)

Assistant PM

(DATE)

10/3/2023

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

1. Employee Name and Address	2. Work		3. Demographics		b Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.							9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	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		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	Deductions				Total Deductions		
						09/17/	09/18/	09/19/	09/20/	09/21/	09/22/	09/23/							State Tax	Other MCD, S&E	Spec	City			
						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	99.81	3,187.52	\$ 3,187.52	197.63	\$ 439.97	137.16	46.22	15.46	\$ 836.44	\$ 2,351.08	\$ 49.92	
					O																				
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

I certify 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 sub-
mitted 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 in-
corporated 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 sub-
mit 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.

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

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.

[illegible]

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 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 #		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.
Payroll No. 18	Date Wages Due & Paid (mm/dd/yyyy) 10/06/2023	Week Ending Date 09/29/2023 or ☐ Final Certification					

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.					9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	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		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions		
						09/24	09/25	09/26	09/27	09/28	09/29	09/30											
NO WORK PERFORMED					S																		
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4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)

(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 aforementioned 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 **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. 34:11-58.25 ET SEQ. AND N.J.A.C. 12:80 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

[illegible]

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

Name Of ☐ Contractor or ☒ Subcontractor			Business Address 207 W. Parkway Drive Egg Harbor To NJ 08234 Project Location 51 Baker Street Maplewood NJ 07040		Project Name Maplewood Memorial Library Contract I.D. or Project I.D. . Contractor Registration # 86-1192971		SUBMIT form by email: <i>equalpayact@dol.nj.gov</i> IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.	
Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date						
18	09/12/23	09/10/2023 or ☐ Final Certification						

1. Employee Name and Address	2. Work		3. Demographics		4. Day and Date	5. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hours
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>SeeKey</i>		Mon	Tue	Wed	Thu	Fri	Sat	Sun			Gross Amt. Earned		Deductions							
						09/04	09/05	09/06	09/07	09/08	09/09	09/10			This Project	This Week	FICA	Federal Tax	SWH	SUI	Other	Totall Deductions		
						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

(1) That I pay or supervise the payment of the persons employed by Baumgardner Finishings Company LLC dba Palermo-BFC

(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

(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.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
FUNDS OR PROGRAMS

4 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.

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.

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.

Title Payroll Administrator

— 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.

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]

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 Location 51 Baker Street Maplewood NJ 07040		Project Name Maplewood Memorial Library Contract I.D. or Project I.D. Contractor Registration # 86-1192971	
Payroll No. 19	Date Wages Due & Paid (mm/dd/yyyy) 09/19/23	Week Ending Date 09/17/2023 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		3. Demographics		4. Day and Date	5. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hours
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>SeeKey</i>		Mon	Tue	Wed	Thu	Fri	Sat	Sun			Gross Amt. Earned		Deductions							
						09/11	09/12	09/13	09/14	09/15	09/16	09/17			This Project	This Week	FICA	Federal Tax	SWH	SUI	Other	Totall Deductions		
						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

(1) That I pay or supervise the payment of the persons employed by Baumgardner Finishings Company LLC dba Palermo BFC

(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

(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.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
FUNDS OR PROGRAMS

4(c) 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.

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.

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.

Title Payroll Administrator

— 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.

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]

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			Business Address 226 Wssington Ave , Garfield NJ 07026		Project Name Maplewood Memorial Public Libr	
F.E.I.N. 271-813006			Project Location 51 Beker Ave,Maplewood NJ		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	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		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions			
						09/10	09/11	09/12	09/13	09/14	09/15	09/16												
						Hours worked each day																		
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

(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 sub-
mitted 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 in-
corporated 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 sub-
mit 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.

To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

[illegible]

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

[illegible]

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

[illegible]