

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. FID or SS Number 20-5070584
1. Name and address of Prime Contractor Tekcon Construction, Inc	2. Contractor ID Number 668730	4. Reporting Period 1/03/2022-2/06/2022
(NAME) 285 Davidson Avenue, Suite 201		5. Public Agency Awarding Contract Twp. of Washington Date of Award 10/5/2020
(ADDRESS) Somerset NJ 08873		6. Name and Location of Project Emergency Services Bergen County 7. Project ID Number 18053
(CITY)	(STATE)	(ZIP CODE)

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.		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		
Marcal Constructi	97%	Mason	J	2	0	0	0	0	0	2	400	0	0	0	0	400	0	0	0	0
			AP																	
R Build, LLC	95%	Carpent	J	3	0	0	0	0	0	3	72	0	0	0	0	72	0	0	0	0
			AP																	
Taj Mahal Electri	80%	Electri	J	3	0	0	0	3	0	3	106	0	0	0	0	106	0	0	0	0
			AP																	
GOP Ironworks	92%	Ironwor	J	2	0	0	0	0	0	2	14	0	0	0	0	14	0	0	0	0
			AP																	
Peter Hywel Plumb	85%	Plumber	J	4	0	0	0	0	0	4	178	0	0	0	0	178	0	0	0	0
			AP																	

17. COMPLETED BY (PRINT OR TYPE)			
Eric Dziadyk		President	
(NAME)	(SIGNATURE)	(TITLE)	
848	2,163,452	2/11/2022	
(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)	(DATE)

State Of New Jersey
Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

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(ADDRESS) Somerset NJ 08873		6. Name and Location of Project Emergency Services Bergen County 7. Project ID Number 18053
(CITY)	(STATE)	(ZIP CODE)

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 W/H	% OF FEMALE W/H	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H	
Phoenix HVAC	80%	Sheet M	J	3	0	0	0	0	0	3	25	0	0	0	0	25	0	0	0	0
			AP																	
Susan Jenkins Ent																				
	85%	Insulat	J	1	1	0	0	0	0	1	24	0	0	0	0	24	0	0	0	0
			AP																	
Phoenix HVAC																				
	80%	Insulat	J	1	0	0	0	0	0	1	7	0	0	0	0	7	0	0	0	0
			AP																	
			J																	
			AP																	
			J																	
			AP																	

17. COMPLETED BY (PRINT OR TYPE)			
Eric Dziadyk		President	
(NAME)	(SIGNATURE)	(TITLE)	
848	2,163,452	2/11/2022	
(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)	(DATE)

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAMOfficial Use Only
Assignment
Code

FORM AA-201

Revised 11/17

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf

1. FID NUMBER		2. CONTRACTOR ID NUMBER		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT	
20-507084		668730		Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676	
3. NAME AND ADDRESS OF PRIME CONTRACTOR				6. NAME AND ADDRESS OF PROJECT	
TEKCON CONSTRUCTION INC				Name: New Emergency Services Complex Address: Washington, NJ 07676	
(Name)				7. PROJECT NUMBER	
200 COTTONTAIL LANE SUITE A112W				18053	
(Street Address)				CONTRACT NUMBER DATE OF AWARD DOLLAR AMOUNT OF AWARD	
SOMERSET NJ 08873				18053 10-5-2020 \$5,328,183.00	
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []		COUNTRY		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X	
9. TRADE OR CRAFT		PROJECTED TOTAL EMPLOYEES		PROJECTED MINORITY EMPLOYEES	
		MALE FEMALE		MALE FEMALE	
		J	AP	J	AP
1. ASBESTOS WORKER					
2. BRICKLAYER OR MASON		2			
3. CARPENTER		3			
4. ELECTRICIAN		3			
5. GLAZIER					
6. HVAC MECHANIC					
7. IRONWORKER		2			
8. OPERATING ENGINEER					
9. PAINTER					
10. PLUMBER					
11. ROOFER					
12. SHEET METAL WORKER					
13. SPRINKLER FITTER					
14. STEAMFITTER					
15. SURVEYOR					
16. TILER					
17. TRUCK DRIVER					
18. LABORER					
19. OTHER					
20. OTHER					

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

(Signature)

ERIC DZIADYK

PRESIDENT

(Title)

10. (Please Print Your Name)
848 216-3452

1/14/2022

(Area Code) (Telephone Number) (Ext.)

(Date)

(1) That I pay or supervise the payment of the persons employed by
Rbuild LLC
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 01/03/22, and
ending on (date) 01/09/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of the
aforenamed Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

(2) That any payrolls otherwise under this contract required to be 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.

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor GOP IRONWORKS, LLC F.E.I.N. 40-0609449			Business Address 340 WYCKOFF AVE STE 349., NJ, WYCKOFF 07481		Project Name WASHINGTON TWP FIREHOUSE Contract I.D. or Project I.D.		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. 9	Date Wages Due & Paid (mm/dd/yyyy) 01/13/2022	Week Ending Date 01/08/2022 or ☐ Final Certification	Project Location WASHINGTON TWP FIREHOUSE WASHIGNTON TWP FIREHOUSE		Contractor Registration # 72427																			
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			Total				
						01/02	01/03	01/04	01/05	01/06	01/07	01/08			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)				
JAIME BONOLA 507 VAN HOUTEN AVE APT 4 PASSAIC, NJ 07055	Ironworker Journeyman	5057	M	W	S	0	0	7	0	0	0	0	7.00	46.44	325.08	\$604.08	46.21	\$ 38.65	14.04	0.00	0.00	\$ 98.90	\$ 505.18	\$ 48.17
					O																			
MIGUEL GONZALES RODRIGUEZ 52 MOUNT PLEASANT AVE BELLEVILLE, NJ 07109	Ironworker Journeyman	5057	M	W	S	0	0	7	0	0	0	0	7.00	46.44	325.08	\$ 767.40	58.71	\$ 99.29	19.13	0.00	0.00	\$ 177.13	\$ 590.27	\$ 48.17
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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

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Marcal Construction Group			Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Name New Emergency Services Complex		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.
F.E.I.N. N/A			Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Contract I.D. or Project I.D. 18053		
Payroll No. 55	Date Wages Due & Paid (mm/dd/yyyy) 01/14/2022	Week Ending Date 01/09/2022 or ☐ Final Certification			Contractor Registration # 727261		

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					Total Deductions		
						1/2'dd	1/3'dd	1/4'dd	1/5'dd	1/6'dd	1/7'dd	1/8'dd			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)				
						Hours worked each day																		
San Martin, Jose #5193 26 Wilson Ave., South River, NJ 07104	Foreman	Mason Foreman	M	W	S	0	8	8	8	8	8	0	40.00	89.32	3,572.80	\$3,572.80	273.32	\$ 736.36	215.48	13.67	1.52	\$ 1,240.35	\$ 2,332.45	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave., Newark, NJ 07104	Journeyman	Mason	M	W	S	0	8	8	8	8	8	0	40.00	78.18	3,127.20	\$ 3,127.20	239.23	\$ 428.02	140.36	11.96	1.33	\$ 820.90	\$ 2,306.30	
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☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by Marcal Construction Group
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 01/03/22, and
ending on (date) 01/09/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of the
aforenamed Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

(2) That any payrolls otherwise under this contract required to be 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.

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.

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor TAJ MAHAL ELECTRICAL CONTRACTO			Business Address 2606 WILDBERRY COURT EDISON, NJ 08817		Project Name EMERGENCY SERVICE COMPLEX		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.
F.E.I.N. 27-3960860			Project Location 350 HUDSON AVENUE WASHINGTON, NJ		Contract I.D. or Project I.D. 18053 Contractor Registration # 683924		
Payroll No. 27	Date Wages Due & Paid (mm/dd/yyyy) 01/09/2022	Week Ending Date 01/08/2022 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>		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned	This Project	This Week	FICA	Federal Tax	Deductions					Total Deductions		
						2	3	4	5	6	7	8								State Tax	Other (specify)	Total					
						Hours worked each day																					
SALMAN SYED 401 NEW DOVER RD COLONIA, NJ 07067	JOURNEYMAN	ELECTRICIAN	S	A	S				6		4		10.00	94.73			947.30	\$947.30	72.47	\$94.73	18.00	9.00	0.09	\$194.29	\$753.01	\$36.08	
					O																						
AHMAD KABIR 41 READING RD-A EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S				6		4		10.00	94.73			947.30	\$947.30	72.47	\$47.37	18.00	9.00	0.09	\$146.93	\$800.37	\$36.08	
					O																						
MUHAMMAD ASIF 2606 WILDBERRY CT EDISON, NJ 08817	FOREMAN	ELECTRICIAN	M	A	S				0		4		4.00	104.19			416.76	\$416.76	31.88	\$20.84	7.92	3.96	0.04	\$64.64	\$352.12	\$39.68	
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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
TAJ MAHAL ELECTRICAL CONTRACTO
(Contractor or Subcontractor)
on the EMERGENCY SERVICE COMPLEX
(Project Name & Location)
that during the payroll period beginning on (date) 01/02/22, and
ending on (date) 01/08/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of the
aforenamed Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

(2) That any payrolls otherwise under this contract required to be 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 MUHAMMAD ASIF

Title PRESIDENT Date (mm/dd/yy) 01/09/22
- 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 |
|---|----------------|------------------|-----------------------------|---------|--|--|---|---|
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- 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.

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

Official Use Only

Assignment

Code

FORM AA-201

Revised 11/17

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf

1. FID NUMBER 20-507084		2. CONTRACTOR ID NUMBER 668730		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676											
3. NAME AND ADDRESS OF PRIME CONTRACTOR TEKCON CONSTRUCTION INC (Name) 200 COTTONTAIL LANE SUITE A112W (Street Address) SOMERSET NJ 08873				6. NAME AND ADDRESS OF PROJECT Name: New Emergency Services Complex Address: Washington, NJ 07676		CONTRACT NUMBER 18053		DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00		7. PROJECT NUMBER 18053			
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []				COUNTRY BERGEN		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X									
9. TRADE OR CRAFT				PROJECTED TOTAL EMPLOYEES				PROJECTED MINORITY EMPLOYEES				PROJECTED PHASE - IN DATE		PROJECTED COMPLETION DATE	
				MALE				FEMALE							
				J				AP				J		AP	
1. ASBESTOS WORKER															
2. BRICKLAYER OR MASON				2								1/10/2022		1/16/2022	
3. CARPENTER															
4. ELECTRICIAN				2								1/10/2022		1/16/2022	
5. GLAZIER															
6. HVAC MECHANIC															
7. IRONWORKER															
8. OPERATING ENGINEER															
9. PAINTER															
10. PLUMBER															
11. ROOFER															
12. SHEET METAL WORKER															
13. SPRINKLER FITTER															
14. STEAMFITTER															
15. SURVEYOR															
16. TILER															
17. TRUCK DRIVER															
18. LABORER															
19. OTHER <i>Insulator</i>				1								1/10/2022		1/16/2022	
20. OTHER															

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

(Signature)

PRESIDENT

ERIC DZIADYK

10. (Please Print Your Name)
848 216-3452

(Area Code) (Telephone Number)

1/21/2022

(Ext.)

(Date)

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

Name of ☐ Contractor or ☒ Subcontractor		Susan Jenkins Enterprises, Inc	
Business Address		PO Box 2592, Oak Ridge, NJ 07438	
Project Name		WASHINGTON TWP EMERGENCY	
Contract I.D. or Project I.D.		605763	
Contractor Registration #		605763	
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.		FEIN. 222846940	
Date Wages Due & Paid		Week Ending Date	
or ☐ Final Certification		15 22	
Project Location			
1. Employee Name and Address		DAVID JR, RICHARD 299 FITZPATRICK STREET HILLSIDE, NJ 07005	
Job title		Foreman	
e.g. apprentice, Journeyman, Foreman			
Work Classification/ Occupational Category		INSULATION	
e.g. carpenter, mason, plumber			
3. Demographics		See Key	
Race		M	
Hispanic/Latino		B	
Straight Time or Overtime		S	
4. Day and Date		Hours worked each day	
SU MO TU WE TH FR SA		09 10 11 12 13 14 15	
5. Total Hours		8.00	
6. Hourly Rate of Pay		59.97	
7. Gross Amt. Earned		479.76	
8. Deductions		180.71	
9. Net Wages		1316.75	
10. Total Benefit Cost/Hour		34.97	

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

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

Other (specify)

FE.I.N. 27-3960860

TAJ MAHAL ELECTRICAL CONTRACTOR

☒ Subcontractor

Project Location

2606 WILDBERRY COURT
EDISON, NJ 08817

Business Address

Week Ending Date

01/15/2022

or ☐ Final Certification

Date Wages Due & Paid (mm/dd/yyyy)

01/16/2022

Payroll No.

28

Project Name

EMERGENCY SERVICE COMPLEX

Contract I.D. or Project I.D.

18053

Contractor Registration #

683924

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														6. Gross Amt. Earned		7.										9.		10.	
						SU	MO	TU	WE	TH	FR	SA	15	14	13	12	11	10	9																
Employee Name and Address		Job Title	Occupational Category	Sex	Race	Straight Time or Overtime														Hourly Rate of Pay	This Project	This Week	FICA	Federal Tax	State Tax	Other Deductions	(specify)	Total Deductions	Net Wages Paid For Benefit Week	Total Fringe Cost/Hour					
SALMAN SYED 401 NEW DOVER RD COLONIA, NJ 07067		JOURNEYMAN	ELECTRICIAN	S	A	5														6.00	568.38	\$568.38	43.48	\$ 66.84	10.80	5.40	0.06	\$ 116.57	\$ 451.81	\$ 36.08					
AHMAD KABIR 41 READING RD-A EDISON, NJ 08817		JOURNEYMAN	ELECTRICIAN	M	A	5														94.73	568.38	\$ 568.38	43.48	\$ 28.42	10.80	5.40	0.06	\$ 68.16	\$ 480.22	\$ 36.08					
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Payroll Certification for Public Works Projects
for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

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.

Name of ☐ Contractor or ☒ Subcontractor		FE.I.N. N/A		Marcal Construction Group	
Payroll No. 56		Date Wages Due & Paid (mm/dd/yyyy) 01/21/2022		Week Ending Date 01/16/2022 or ☐ Final Certification	
Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Project Name New Emergency Services Complex Contract I.D. or Project I.D. 18053 Contractor Registration # 727261	

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

(Contractor or Subcontractor)

on the New Emergency Services

that during the payroll period beginning on (date) 01/10/22,

have been paid the full weekly wages earned, that no rebates ha

aforenamed Contractor or Subcontractor from the full weekly wa

directly or indirectly from the full wages earned by any person, or

12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.

(g) That any payable otherwise under this contract required to be paid

rates for laborers or mechanics contained therein are not less than

for each laborer or mechanic conform with the work he performs

registered with the United States Department of Labor, Bureau of

(4) That:

FUNDS OR PROGRAMS

or mechanic listed in the above-referenced payroll, payments

4(c) at right.

Each observer or measurer is listed in the above referenced

has been paid as indicated on the payroll, an amount not less

הסופר מרסל פראסט (1872-1907)

mit to the public body or lessor a certified payroll record each pa

☒ By checking this box and typing my name below, I am electing to

signing this application, I understand that an electronic signature

វិទ្យាស្ថានប្រឹក្សាប្រាសាទបាវ្យាង ភ្នំពេញ កម្ពុជា

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STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/1/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf

Official Use Only

Assignment

Code

1. FID NUMBER 20-507084	2. CONTRACTOR ID NUMBER 668730	5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676
3. NAME AND ADDRESS OF PRIME CONTRACTOR TEKCON CONSTRUCTION INC (Name) 200 COTTONTAIL LANE SUITE A112W (Street Address) SOMERSET NJ 08873 (City) (State) (Zip Code)		6. NAME AND ADDRESS OF PROJECT Name: New Emergency Services Complex Address: Washington, NJ 07676 CONTRACT NUMBER 18053 DATE OF AWARD 10-5-2020 DOLLAR AMOUNT OF AWARD \$5,328,183.00 7. PROJECT NUMBER 18053

4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []	COUNTY BERGEN	8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X
--	---------------	--

9. TRADE OR CRAFT	PROJECTED TOTAL EMPLOYEES				PROJECTED MINORITY EMPLOYEES				PROJECTED PHASE - IN DATE	PROJECTED COMPLETION DATE
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
1. ASBESTOS WORKER	J	AP	J	AP	J	AP	J	AP		
2. BRICKLAYER OR MASON									1/17/2022	1/23/2022
3. CARPENTER										
4. ELECTRICIAN			3						1/17/2022	1/23/2022
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER			3						1/17/2022	1/23/2022
11. ROOFER										
12. SHEET METAL WORKER			1						1/17/2022	1/23/2022
13. SPRINKLER FITTER										
14. STEAMFITTER										
15. SURVEYOR										
16. TILER										
17. TRUCK DRIVER										
18. LABORER										
19. OTHER Insulator			1						1/17/2022	1/23/2022
20. OTHER										

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

10. ERIC DZIADYK (Please Print Your Name) 848 216-3452 (Area Code) (Telephone Number)	PRESIDENT (Title) (Signature) 1/28/2022 (Date)
--	--

Other (specify) _____

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

[illegible]

MW-562 (9/19)

Other (specify)

[illegible]

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

Contractor or Subcontractor)

Summary: Summary: see in previous section (continued)

Project Name & Location)

that during the payroll period beginning on (date) 01/17/2022, and

ending on (date) 01/23/2022, all persons employed on said project

have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of 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. 34:11-55.25 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.

from their net wages (since any 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.,

U.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 new wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

conform with the work he performed.

c) That any apprentices employed in the above places 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

g) WHERE FUNDS ARE USED 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 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.

File PRESIDENT Date (mm/dd/yy) 01/28/2022

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.

Payroll Certification for Public Works Projects

Name of ☐ Contractor or ☒ Subcontractor Peter Hywel Plumbing & Heating FE1.N. 223541355		Week Ending Date 01/25/2022 or ☐ Final Certification 01/25/2022		Payroll No. 21 & Paid (mm/dd/yyyy) 01/25/2022	
Business Address 51 Woodland Rd Ringwood NJ 07456		Project Location 656 WASHINGTON AVE TWP OF WASHINGTON NJ		Project Name WASHINGTON TWP EMERG SVCS	
Contractor Registration #		Contract I.D. or Project I.D.		SUBMIT form by email: equalpayac@doj.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.	

[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

☐ Check if additional sheets used

Other (specify) _____

Business Address	364 Keene Street, Perth Amboy, NJ 08861	Project Location	656 Washington Avenue, Township of Washington, NJ 07676	Project Name	New Emergency Services Complex
				Contract I.D. or Project I.D.	18053
				Contractor Registration #	727261

[illegible]☐ Check if additional sheets used

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

(Contractor or Subcontractor)

that during the payroll period beginning on (date) 01/11/22, and ending on (date) 01/23/22, all persons employed on said project

earned by any person and that no deductions have been made either

12:50 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination in-

That any apprentices employed in the above period are duly registered with the United States Department of Labor Bureau of

That:

or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate

10) WHERE FRINGE BENEFITS ARE PAID IN CASH

the sum or 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.

period within 10 days of the payment of wages.

the same legal effect as a written signature.

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE
CONTRIBUTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION

THESE RESEARCH RESULTS HAVE BEEN PRESENTED AT THE 2005 AMERICAN SOCIETY OF CLIMATE ENGINEERS MEETING, 13-17 DECEMBER 2005, IN WASHINGTON, DC.

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

Official Use Only

Assignment

Code

FORM AA-201

Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf

1. FID NUMBER		2. CONTRACTOR ID NUMBER		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT			
20-507084		668730		Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676			
3. NAME AND ADDRESS OF PRIME CONTRACTOR				CONTRACT NUMBER		DATE OF AWARD	DOLLAR AMOUNT OF AWARD
TEKCON CONSTRUCTION INC (Name) 200 COTTONTAIL LANE SUITE A112W (Street Address)				18053		10-5-2020	\$5,328,183.00
SOMERSET NJ 08873 (City) (State) (Zip Code)		6. NAME AND ADDRESS OF PROJECT		7. PROJECT NUMBER			
		Name: New Emergency Services Complex Address: Washington, NJ 07676		18053			
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []				COUNTY BERGEN		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X	
9. TRADE OR CRAFT				PROJECTED TOTAL EMPLOYEES		PROJECTED MINORITY EMPLOYEES	
				MALE		FEMALE	
				J	AP	J	AP
1. ASBESTOS WORKER							
2. BRICKLAYER OR MASON				2			1/24/2022 1/30/2022
3. CARPENTER							
4. ELECTRICIAN				3			1/24/2022 1/30/2022
5. GLAZIER							
6. HVAC MECHANIC							
7. IRONWORKER							
8. OPERATING ENGINEER							
9. PAINTER							
10. PLUMBER				4			1/24/2022 1/30/2022
11. ROOFER							
12. SHEET METAL WORKER							
13. SPRINKLER FITTER							
14. STEAMFITTER							
15. SURVEYOR							
16. TILER							
17. TRUCK DRIVER							
18. LABORER							
19. OTHER <i>Insulator</i>				1			1/24/2022 1/30/2022
20. OTHER							

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

10. ERIC DZIADYK (Please Print Your Name)		(Signature)	
848	216-3452	PRESIDENT	2/04/2022
(Area Code)	(Telephone Number)	(Ext.)	(Date)

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor		Susan Jenkins Enterprises, Inc	
Business Address		PO Box 2592, Oak Ridge, NJ 07438	
Project Name		WASHINGTON TWP EMERGENCY	
Contract I.D. or Project I.D.		605763	
Project Location		605763	
Date Wages Due & Paid (m-m/yyyy)		Week Ending Date	
Payroll No.		FEI.N. 222846940	
Name of ☐ Contractor or ☒ Subcontractor		Susan Jenkins Enterprises, Inc	
Business Address		PO Box 2592, Oak Ridge, NJ 07438	
Project Name		WASHINGTON TWP EMERGENCY	
Contract I.D. or Project I.D.		605763	
Project Location		605763	
Date Wages Due & Paid (m-m/yyyy)		Week Ending Date	
Payroll No.		FEI.N. 222846940	

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		DAVID JR, RICHARD 299 FITZPATRICK STREET HILLSIDE NJ 07205	
Job Title		Journeyman, Foreman	
Occupational Category		e.g. carpenter, mason, plumber	
Work Classification		INSULATION	
Sex		M	
Race		B	
3. Demographics		Straight Time or Overtime	
4. Day and Date		SU MO TU WE TH FR SA	
5. Total Hours		16.00	
6. Hourly Rate of Pay		59.97	
7. Gross Amt. Earned		959.52	
8. Deductions		Federal Tax 237.54 State Tax Other (specify)	
9. Net Wages Paid for Week		1036.69	
10. Total Fringe Benefit Cost/Hour		34.97	

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

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.S.A. 34:11-4.1 ET SEQ.

Title Secretary
Name Joanne Kelleghan
Date (mm/dd/yy) 02-02-2022

- (1) That I pay or supervise the payment of the persons employed by _____, the undersigned, do hereby state and certify:
- (Contractor or Subcontractor)
on the Washington Township Emergency
(Project Name & Location)
that during the payroll period beginning on (date) 01-23-2022 and ending on (date) 02-02-2022 all persons 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.
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 and 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.

Program Title, Classification Title, or Individual Workers	Foreman	Journeyman	Apprentices:	1st year	2nd year	3rd year	4th year	*included in taxable wage rate of pay.												
	14.71	14.50	10.24	12.24	12.24	12.78	13.37													
Person	10.57	10.43	10.24	10.39	10.24	10.71	10.95													
Apprenticeship																				
Training																				
Vacation/Sickday																				
Health/Welfare																				
Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)																				
Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	Int'l. Assn. of Heat & Frost Insulators Local 32	36 Hotatchung Road Hopatcong, NJ 07843	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.	Same as above.												
Filing Number/EIN																				
Trade Party Insurance or Contract Pay																				

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.

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

for Contractor and Subcontractor's Weekly and Final Certification

Name of ☐ Contractor or ☒ Subcontractor Peter Hywel Plumbing & Heating FE.L.N. 223541355		Payroll No. 21 & Paid (mm/dd/yyyy) 01/25/2022 or ☐ Final Certification 01/25/2022	
Business Address 51 Woodland Rd Ringwood NJ 07456		Project Location 656 WASHINGTON AVE TWP OF WASHINGTON NJ	
Project Name WASHINGTON TWP EMERG SVCS		Contractor Registration # Contract I.D. or Project I.D.	

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.

[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

MW-562 (9/19)

Other (specify) _____

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.

[illegible]

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☐ Check if additional sheets used

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify) _____

Name of ☐ Contractor or ☒ Subcontractor TAJ MAHAL ELECTRICAL CONTRACTO FE.I.N. 27-3960860		Date Wages Due & Paid (mm/dd/yyyy) 01/30/2022 or ☐ Final Certification 01/29/2022	Payroll No. 30
Business Address 2606 WILDBERRY COURT EDISON, NJ 08817	Project Location 350 HUDSON AVENUE WASHINGTON, NJ	Project Name EMERGENCY SERVICE COMPLEX Contract I.D. or Project I.D. 18053	Contractor Registration # 683924

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.

[illegible]

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I = Native Hawaiian or Pacific Islander; M = 2 or More

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor		FE.I.N. N/A		Marcal Construction Group	
Payroll No. 58		Date Wages Due & Paid (mm/dd/yyyy) 02/04/2022		Week Ending Date 01/30/2022 or ☐ Final Certification	
Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Project Name New Emergency Services Complex	
Contract I.D. or Project I.D. 18053		Contractor Registration # 727261		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														6. Hourly Rate of Pay		7. Gross Amt. Earned		8. Deductions (specify)						9. Net Wages Paid for Week		10. Total Fringe Benefit Total Cost/Hour																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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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

Marcal Construction Group
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 01/24/22, and
ending on (date) 01/30/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or on behalf of or on behalf of
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 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 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 Manuel Marcal

Title President

Date (mm/dd/yy) .

02/04/22

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. - N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:26 ET SEQ. AND N.J.S.A. 34:11-41 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

Official Use Only

Assignment

Code

FORM AA-201

Revised 11/1/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf

1. FID NUMBER 20-507084		2. CONTRACTOR ID NUMBER 668730		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676							
3. NAME AND ADDRESS OF PRIME CONTRACTOR TEKCON CONSTRUCTION INC (Name) 200 COTTONTAIL LANE SUITE A112W (Street Address) SOMERSET NJ 08873		CONTRACT NUMBER 18053		DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00					
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []		6. NAME AND ADDRESS OF PROJECT Name: New Emergency Services Complex Address: Washington, NJ 07676		7. PROJECT NUMBER 18053		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X					
9. TRADE OR CRAFT		PROJECTED TOTAL EMPLOYEES				PROJECTED MINORITY EMPLOYEES		PROJECTED PHASE - IN DATE		PROJECTED COMPLETION DATE	
		MALE				FEMALE					
		J		AP		J		AP			
1. ASBESTOS WORKER											
2. BRICKLAYER OR MASON		2								1/31/2022 2/06/2022	
3. CARPENTER		2								1/31/2022 2/06/2022	
4. ELECTRICIAN		3								1/31/2022 2/06/2022	
5. GLAZIER											
6. HVAC MECHANIC											
7. IRONWORKER											
8. OPERATING ENGINEER											
9. PAINTER											
10. PLUMBER		3								1/31/2022 2/06/2022	
11. ROOFER											
12. SHEET METAL WORKER		3								1/31/2022 2/06/2022	
13. SPRINKLER FITTER											
14. STEAMFITTER											
15. SURVEYOR											
16. TILER											
17. TRUCK DRIVER											
18. LABORER											
19. OTHER											
20. OTHER											

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

(Signature)

PRESIDENT

ERIC DZIADYK

10. (Please Print Your Name)

848

216-3452

(Title)

2/11/2022

(Area Code)

(Telephone Number)

(Ext.)

(Date)

Other (specify) _____

SUBMIT form by
email: equaipayact@dol.nj.gov

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

[illegible]

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Payroll Certification for Public Works Projects
for Contractor and Subcontractors Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ☐ Subcontractor		Phoenix HVAC LLC		F.E.I.N.: 11-3828651		Payroll No. 144	
Business Address		7 Orono StreetClifton, NJ 07013		Project Location		656 Washington Ave, Washington Twp, NJ 07676	
Project Name		Emergency Services Complex		Contract I.D. or Project I.D.		2030	
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.							

Date Wages Due and Paid		02/11/2022	
Week Ending Date		2/6/2022	
or ☐ Final Certification			

1.		Employee Name and Address				Job Title (e.g., apprentice, journeyman, foreman)		Work Classification/ Occupational Category (e.g., mason, plumber)		Sex M-Male F-Female X-Non-Binary		Race See Key		Straight Time or Overtime		4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	Gross Amount Earned		Deductions					Net Wages Paid for Week	Total Fringe Benefit Cost/Hr.

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

the undersigned, do hereby state and certify:
() That I pay or supervise the payment of the persons employed by

Contractor or Subcontractor) _____
The Emergency Services Complex at 656 Washington Ave, Washington

at during the payroll period beginning on (date) 01/31/2022, and ending on (date) 02/06/2022, all persons employed on said project

have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of 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 deduction as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:1-11-56.25 et seq. and Regulation N.J.A.C. 17:26 et seq. and the Payment of Wages Law N.J.S.A. 34:1-14.1 et seq.

(f) That any payrolls otherwise under this contract required to be submitted by the above period are correct and complete, that the wage rates for brooders 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;

(g) 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.

7) That:
a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
UNDS OR PROGRAMS

1) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

ame KHALED MUSTAFA

File PRESIDENT Date (mm/dd/yy) 02/11/2022

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]

Other (specify) _____

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A = Asian; N = American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M = 2 or More

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 164 Outwater Lane, Garfield, NJ 07026 Project Location 656 Washington Avenue Township of Washington, NJ 07676		FEI.N. 45-5632605 Rbuild LLC		Payroll No. 30 Date Wages Due 02/11/2022 & Paid (mm/dd/yyyy) or ☐ Final Certification		Week Ending Date 02/06/2022	
Business Address 164 Outwater Lane, Garfield, NJ 07026 Project Location 656 Washington Avenue Township of Washington, NJ 07676		Project Name New Emergency Services Complex Contract I.D. or Project I.D. 18053 Contractor Registration # 693151		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		Straight Time or Overtime		4. Day and Date							5.		6.		7.		8.		9.		10.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Employee Name and Address		Job Title		Work Classification/ Occupational Category		Sex M=Male F=Female	Race	See Key	MO	TU	WE	TH	FR	SA	SU	02/06	02/05	02/04	02/03	02/02	02/01	Hours worked each day					Total Hours	Hourly Rate of Pay	This Project	This Week	FICA	Federal Tax	State Tax	Medicare	Total Deductions	Net Wages Paid for Benefit Week	Total Fringe Cost/Hour																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Toni Suleski, 206 Stone St., Maywood NJ 07607 ss: 6179		Journeyman	Foreman	e.g., carpenter, mason, plumber		M			S	0	0	8	8	8	8						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor		FE.I.N. N/A		Payroll No. 59	
Marcal Construction Group		Date Wages Due & Paid (mm/dd/yyyy) 02/11/2022		Week Ending Date 02/06/2022 or ☐ Final Certification	
Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Contractor Registration # 18053 727261	
Project Name New Emergency Services Complex		Contract I.D. or Project I.D.		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. Total Hours		6. Hourly Rate of Pay		7. Gross Amt. Earned		8. Deductions					9. Net Wages Paid for Week		10. Total Fringe Cost/Hour													
						4. Day and Date																																	
Job Title	Work Classification/ Occupational Category	Sex M=Male F=Female X=Non-Binary	Race	See Key	Straight Time or Overtime	SU	MO	TU	WE	TH	FR	SA	2/5/24	2/3/24	2/2/24	2/1/24	1/31/24	1/30/24	W	M	W	S	0	8	8	8	8	0	40.00	89.32	3,572.80	\$3,572.80	273.33	\$ 736.36	215.48	13.67	1.52	\$ 1,240.36	\$ 2,332.44

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

_____ Marcal Construction Group
 _____ (Contractor or Subcontractor)
 _____ on the New Emergency Services
 (Project Name & Location)
 that during the payroll period beginning on (date) 01/31/22, and ending on (date) 02/06/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of 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. 17:26 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 wages for laborers or mechanics contained therein are not less than the applicable wages 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 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 Manuel Marcal

Title President

Date (mm/dd/yy) _____

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. 34:11-41,1 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]