FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf

3. F ID or SS Number 20-5070584

1.Name and address of Prime Contractor
Tekcon Construction, Inc

2. Contractor ID Number 668730

4. Reporting Period 3/07/2022-4/03/2022

(NAME)
285 Davidson Avenue, Suite 201

5. Public Agency Awarding Contract Twp. of Washington

Date of Award 10/5/2020

(ADDRESS)
Somerset NJ 08873

(CITY) (STATE) (ZIP CODE)

6. Name and Location of Project Emergency Services **County** Bergen

7. Project ID Number 18053

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Marcal Constructi	97%	Mason	J	2	0	0	0	0	0	2	240	0	0	0	0	240	0	0	0	0
			AP																	
R Build, LLC	97%	Carpent	J	2	0	0	0	0	0	2	88	0	0	0	0	88	0	0	0	0
			AP																	
Taj Mahal Electri	90%	Electri	J	3	0	0	0	3	0	3	16	0	0	0	0	16	0	0	0	0
			AP																	
Charleys Painting	45%	Painter	J	2	0	0	0	0	0	2	192	0	0	0	0	192	0	0	0	0
			AP																	
Peter Hywel Plumb	90%	Plumber	J	4	0	1	0	0	0	4	12.5	0	0	0	0	12.5	0	0	0	0
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk (NAME) | (SIGNATURE) | President (TITLE)

848 (AREA CODE) | 2,163,452 (TELEPHONE NUMBER) | (EXT.) | 4/08/2022 (DATE)

DEPT. OF LABOR & WORKFORCE DEVELOPMENT CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

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(NAME)
285 Davidson Avenue, Suite 201

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Date of Award 10/5/2020

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Somerset NJ 08873

(CITY) (STATE) (ZIP CODE)

6. Name and Location of Project Emergency Services **County** Bergen

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Phoenix HVAC	90%	Sheet M	J	4	0	1	0	0	0	4	24	0	0	0	0	24	0	0	0	0
			AP																	
Newark Fire Sprin	90%	Sprinkl	J	3	0	0	0	0	0	3	24	0	0	0	0	24	0	0	0	0
			AP																	
JMS Signs and Awn	100%	Sheet M	J	2	0	0	0	0	0	2	14	0	0	0	0	14	0	0	0	0
			AP																	
Phoenix HVAC	90%	Insulat	J	1	0	0	0	0	0	1	12	0	0	0	0	12	0	0	0	0
			AP																	
Phoenix HVAC	90%	Fitter	J	3	0	2	0	0	0	3	36	0	0	0	0	36	0	0	0	0
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk (NAME) — (SIGNATURE) — President (TITLE)

848 (AREA CODE) 2,163,452 (TELEPHONE NUMBER) (EXT.) — 4/08/2022 (DATE)

DEPT. OF LABOR & WORKFORCE DEVELOPMENT CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf

3. F ID or SS Number 20-5070584

1.Name and address of Prime Contractor
Tekcon Construction, Inc

2. Contractor ID Number 668730

4. Reporting Period 3/07/2022-4/03/2022

(NAME)
285 Davidson Avenue, Suite 201

5. Public Agency Awarding Contract Twp. of Washington

Date of Award 10/5/2020

(ADDRESS)
Somerset NJ 08873

(CITY) (STATE) (ZIP CODE)

6. Name and Location of Project Emergency Services **County** Bergen

7. Project ID Number 18053

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 A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	14. % OF WORK HRS A. % OF MIN. W/H	B. % OF FEMALE W/H	15. CUM. WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	16. CUM. % OF W/H A. % OF MIN. W/H	B. % OF FEM. W/H
Epoxy Flooring LL	20%	Laborer	J	2	0	0	0	0	0	2	32	0	0	0	0	32	0	0	0	0
			AP																	
Epoxy Flooring LL	20%	Foreman	J	1	0	0	0	0	0	1	16	0	0	0	0	16	0	0	0	0
			AP																	
Tah Construction	20%	Carpet	J	1	0	0	0	0	0	1	35	0	0	0	0	35	0	0	0	0
			AP																	
			J																	
			AP																	
			J																	
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk (NAME) (SIGNATURE) President (TITLE)

848 (AREA CODE) 2,163,452 (TELEPHONE NUMBER) (EXT.) 4/08/2022 (DATE)

DEPT. OF LABOR & WORKFORCE DEVELOPMENT CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

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

3. NAME AND ADDRESS OF PRIME CONTRACTOR

TEKCON CONSTRUCTION INC
(Name)

285 DAVIDSON AVENUE SUITE 201
(Street Address)

SOMERSET NJ 08873
(City) (State) (Zip Code)

4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]

5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT

Name: Township of Washington
Address: 350 Hudson Avenue, Washington, NJ 07676

CONTRACT NUMBER 18053 **DATE OF AWARD** 10-5-2020 **DOLLAR AMOUNT OF AWARD** $5,328,183.00

6. NAME AND ADDRESS OF PROJECT

Name: New Emergency Services Complex
Address: 656 Washington Avenue, Washington, NJ 07676

7. PROJECT NUMBER 18053

COUNTY BERGEN

8. IS THIS PROJECT COVERED BY A PROJEC 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			
	J	AP	J	AP	J	AP	J	AP		
1. ASBESTOS WORKER										
2. BRICKLAYER OR MASON										
3. CARPENTER	2								3/07/2022	3/13/2022
4. ELECTRICIAN	3				3				3/07/2022	3/13/2022
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER	2								3/07/2022	3/13/2022
10. PLUMBER										
11. ROOFER										
12. SHEET METAL WORKER	4								3/07/2022	3/13/2022
13. SPRINKLER FITTER	3								3/07/2022	3/13/2022
14. STEAMFITTER										
15. SURVEYOR										
16. TILER										
17. TRUCK DRIVER										
18. LABORER										
19. OTHER Sheet Metal Sign	2								3/07/2022	3/13/2022
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)

10. ERIC DZIADYK **(Please Print Your Name)**

PRESIDENT **(Title)**

848 **(Area Code)** 216-3452 **(Telephone Number)** **(Ext.)**

3/18/2022 **(Date)**

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor
JMS Signs and awnings

F.E.I.N. 725118

Payroll No.
1

Date Wages Due & Paid (mm/dd/yyyy)
03/07/2022

Week Ending Date
03/12/2022
or ☐ Final Certification

Business Address
453-455 cortland st, Belleville, NJ

Project Location
656 WASHINGTON AVE
TWP OF WASHINGTON NJ

Project Name
WASHINGTON TWP EMERG SVCS

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.

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 03/06	MO 03/07	TU 03/08	WE 03/09	TH 03/10	FR 03/11	SA 03/12	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Fadi Aslan, 881 Tabor Rd. morris plains, NJ	JOURNEYMAN 3743	Sheet metal sign installation	M	W	S	0	4	0	0	0	3	0	7.00	80.26	561.82	$561.82	42.98	$ 2.02	8.43	3.97		$ 57.40	$ 504.42	
					O	0	0	0	0	0	0	0												
Rami Aslan, 881 Tabor Rd. morris plains, NJ	Foreman/owner 3785	Sheet metal sign installation	M	W	S	0	4	0	0	0	3	0	7.00	78.26	547.82	$ 547.82	41.90	$ 0.62	8.22	3.87		$ 54.61	$ 493.21	
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

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

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name _____

Title _____ 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. 34:11-4.1 ET SEQ.

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

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

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor Charleys Painting, LLC F.E.I.N. 820627186	Business Address 146 Ave C, Suite 1 Bayonne NJ 07002	Project Name Washington Emergency FD 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. 1 / Date Wages Due & Paid (mm/dd/yyyy) 03/28/2022 / Week Ending Date 03/12/2022 or ☐ Final Certification	Project Location 656 Washington St Washington NJ 07676	**Contractor Registration #** 696882	

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 6 m/dd	4. MO 7 m/dd	4. TU 8 m/dd	4. WE 9 m/dd	4. TH 10 m/dd	4. FR 11 m/dd	4. SA 12 m/dd	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned This Project	7. Gross Amt. Earned This Week	8. Deductions FICA	8. Federal Tax	8. State Tax	8. Other	8. (specify)	8. Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Carlos Quinones # 9908 146 Ave C Bayonne NJ 07002	Foreman	Painter	M	H	S		8	8	8	8	8		40.00	78.68		$3,147.20	240.76		376.54				$ 2,529.90	
					O																			
Migdalia Quinones # 0935 29 Powhatatan Way Hackettstown NJ 07840	Journey	Painter	W	H	S		8	8	8	8	8		40.00	69.26		$ 2,770.40	211.93		313.25				$ 2,245.22	
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Charleys Painting, LLC (Contractor or Subcontractor) on the ~~Washington Emergency FD~~ (Project Name & Location) that during the payroll period beginning on (date) 02/27/22, and ending on (date) 03/05/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Charles Quinones

Title Managing Member Date (mm/dd/yy) 03/28/22

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

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

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

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 NEWARK FIRE SPRINKLER CORP F.E.I.N. 83-4260039	Business Address 4 LIBELLA CT, NEWARK, NJ 07105	Project Name Emergency Service 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.
Payroll No. 6 | Date Wages Due & Paid (mm/dd/yyyy) 03/18/2022 | Week Ending Date 03/13/2022 or ☐ Final Certification	Project Location 656 Wasington Ave Washington, NJ 07676	**Contractor Registration #**	

~~1.~~	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							~~5.~~	~~6.~~	7. Gross Amt. Earned		8. Deductions						~~9.~~	~~10.~~ Total
Employee Name ~~and Address~~	~~Job Title~~ e.g., apprentice, ~~journeyman, foreman~~	Work Classification/ Occupational Category ~~e.g., carpenter, mason, plumber~~	~~Sex~~ ~~M=Male F=Female X=Non-Binary~~	~~Race~~ See Key		~~SU~~ 03/07	~~MO~~ 03/08	~~TU~~ 03/09	~~WE~~ 03/10	~~TH~~ 03/11	~~FR~~ 03/12	~~SA~~ 03/13	Total ~~Hours~~	~~Hourly~~ Rate ~~of Pay~~	This ~~Project~~	This ~~Week~~	~~FICA~~	Federal Tax	State Tax	Other	(specify)	Total Deductions	Net Wages Paid for Week	Fringe Benefit Cost/Hour
ROSALES DANIEL 89 PACIFIC ST NEWARK, NJ 07105	FOREMAN	PIPEFITTER	M	W	S				8				8	102.28	818.24	$1,868.33	235.57	$ 142.93	93.95			$ 472.75	$ 1,395.88	
					O																			
BRIAN CHAMBA 44 MOTT ST NEWARK, NJ	JOURNEYMAN	JOURNEYMAN	M	W	S				8				8	102.28	818.24	$ 1,494.84	226.17	$ 114.36	70.57			$ 411.10	$ 1,083.74	
					O																			
WILMER TIGRE 610 FRANK E RODGERS HARRISON, NJ	FOREMAN	FOREMAN	M	W	S				8				8	102.28	818.24	$ 1,873.43	273.08	$ 143.33	99.74			$ 516.15	$ 1,357.28	
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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
NEWARK FIRE SPRINKLER CORP
(Contractor or Subcontractor)
on the ~~Emergency Service Complex~~
(Project Name & Location)
that during the payroll period beginning on (date) ~~03/24/2019~~ 03/07/22, and ending on (date) ~~03/30/2019~~ 03/13/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Luis Ferreia

Title Owner Date (mm/dd/yy) 03/18/22

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

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

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

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 Rbuild LLC F.E.I.N. 45-5632605	Business Address 164 Outwater Lane, Garfield, NJ 07026	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.
Payroll No. 35 / Date Wages Due & Paid (mm/dd/yyyy) 03/25/2022 / Week Ending Date 03/13/2022 or ☐ Final Certification	Project Location 656 Washington Avenue Township of Washington, NJ 07676	Contract I.D. or Project I.D. 18053 **Contractor Registration #** 693151	

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. MO 03/07	TU 03/08	WE 03/09	TH 03/10	FR 03/11	SA 03/12	SU 03/13	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. This Week	8. Deductions: FICA	Federal Tax	State Tax	Medicare		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Nikola Kozeski, 156 Wessington Ave. Garfield NJ 07026 ss: 1247	Journeyman	Carpenter	M		S	8	0	0	0	8			16.00	82.01	1,312.16	$1,312.16	81.36	$ 80.00	52.96	19.03		$ 233.35	$ 1,078.81	$ 30.12
					O								0.00											
Dimitar Shokoski, 177 Banta Ave., Garfield, NJ 07026 ss: 7860	Journeyman	Carpenter	M		S	0	0	0	0	8			8.00	82.01	656.08	$ 656.08	40.67	$ 8.00	22.02	9.52		$ 80.21	$ 575.87	$ 30.12
					O								0.00											
					S								0.00									$ 0.00		
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KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Rbuild LLC
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 03/07/22, and ending on (date) 03/13/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Risto Trajanoski

Title Managing Member Date (mm/dd/yy) 03/25/22

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

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

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

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 TAJ MAHAL ELECTRICAL CONTRACTO F.E.I.N. 27-3960860	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.
Payroll No. 36 | Date Wages Due & Paid (mm/dd/yyyy) 03/13/2022 | Week Ending Date 03/12/2022 or ☐ Final Certification	Project Location 350 HUDSON AVENUE WASHINGTON, NJ	Contract I.D. or Project I.D. 18053 **Contractor Registration #** 683924	

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 6	4. MO 7	4. TU 8	4. WE 9	4. TH 10	4. FR 11	4. SA 12	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned This Project	7. Gross Amt. Earned This Week	8. Deductions FICA	8. Federal Tax	8. State Tax	8. Other (specify)	8. Other (specify)	8. Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
SALMAN SYED 401 NEW DOVER RD COLONIA, NJ 07067	JOURNEYMAN	ELECTRICIAN	S	A	S			6					6.00	94.73	568.38	$568.38	43.48	$ 56.84	10.80	5.40	0.06	$ 116.57	$ 36.08	
					O																			
AHMAD KABIR 41 READING RD-A EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S			6					6.00	94.73	568.38	$ 568.38	43.48	$ 28.42	10.80	5.40	0.06	$ 88.16	$ 480.22	$ 36.08
					O																			
MUHAMMAD ASIF 2606 WILDBERRY CT EDISON, NJ 08817	FOREMAN	ELECTRICIAN	M	A	S			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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Hours worked each day

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

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by TAJ MAHAL ELECTRICAL CONTRACTO
(Contractor or Subcontractor)
on the EMERGENCY SERVICE COMPLEX
(Project Name & Location)
that during the payroll period beginning on (date) 03/06/22, and ending on (date) 03/12/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name MUHAMMAD ASIF

Title PRESIDENT Date (mm/dd/yy) 03/13/22

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

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

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

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
Phoenix H V A C LLC
F.E.I.N.: 11-3828651

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.

Payroll No.	Date Wages Due and Paid	Week Ending Date
449	03/18/2022	3/13/2022 or ☐ Final Certification

1. Employee Name and Address	2. Work: Job Title (e.g. apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex M-Male F-Female X-Non-Binary	3. Demographics: Race See Key	Straight Time or Overtime	4. Day and Date: Mar 7 Mon	Mar 8 Tue	Mar 9 Wed	Mar 10 Thu	Mar 11 Fri	Mar 12 Sat	Mar 13 Sun	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amount Earned: This Project	7. Gross Amount Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
						Hours worked each day																		
Barrera, Anthony 120 Main Street Sussex NJ 07461		Sheetmetal Foreman	M	W	O										602.82	3,044.70	232.93	602.10	173.51	0.00	0.00	1,008.54	2,014.70	0.00
					S			6.00					6.00	100.4700										
Gensinger, Stephen 14 Overlook Avenue NORTH HALEDON NJ 07508		Sheetmetal Foreman	M	W	O										602.82	3,044.70	232.92	602.10	173.51	0.00	0.00	1,008.53	2,014.69	0.00
					S			6.00					6.00	100.4700										
Ieiwat, Khaled A 528 Succasunna Road Landing NJ 07850		Sheetmetal Foreman	M	W	O										602.82	3,044.70	210.44	290.62	121.78	0.00	294.00	916.84	2,106.40	0.00
					S			6.00					6.00	100.4700										
Mena, Marlon D 211 S Greaseheimer Street Manville NJ 08835		Sheetmetal Journeyman	M	H	O										581.82	2,939.70	224.89	576.90	166.16	0.00	0.00	967.95	1,951.04	0.00
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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

☐ Check if additional sheets used

MW-562 (9/19)

the undersigned, do hereby state and certify:

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

hoenix H V A C LLC

Contractor or Subcontractor)

n the Emergency Services Complex at 656 Washington Ave, Washington wp, NJ 07676

Project Name & Location)

iat during the payroll period beginning on (date) 03/07/2022, and

nding on (date) 03/13/2022, all persons employed on said project

ave been paid the full weekly wages earned, that no rebates have been or ill be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any erson and that no deductions have been made either directly or indirectly om the full wages earned by any person, other than permissible deductions s defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et eq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, I.J.S.A. 34:11-4.1 et seq.

2) That any payrolls otherwise under this contract required to be submitted or the above period are correct and complete; that the wage rates for aborers or mechanics contained therein are not less than the applicable vage rates contained in any wage determination incorporated into the ontract; 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 vith 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 KHALED MUSTAFA

Title PRESIDENT Date (mm/dd/yy) 03/18/2022

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

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

FORM AA-201
Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

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

3. NAME AND ADDRESS OF PRIME CONTRACTOR

TEKCON CONSTRUCTION INC
(Name)

285 DAVIDSON AVENUE SUITE 201
(Street Address)

SOMERSET NJ 08873
(City) (State) (Zip Code)

4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]

5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT

Name: Township of Washington
Address: 350 Hudson Avenue, Washington, NJ 07676

CONTRACT NUMBER	DATE OF AWARD	DOLLAR AMOUNT OF AWARD
18053	10-5-2020	$5,328,183.00

6. NAME AND ADDRESS OF PROJECT

Name: New Emergency Services Complex
Address: 656 Washington Avenue, Washington, NJ 07676

7. PROJECT NUMBER 18053

COUNTY BERGEN

8. IS THIS PROJECT COVERED BY A PROJEC LABOR AGREEMENT (PLA)? YES X

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

10. ERIC DZIADYK (Please Print Your Name)

PRESIDENT (Title)

848 (Area Code) 216-3452 (Telephone Number) (Ext.)

3/25/2022 (Date)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor	Business Address	Project Name
Charleys Painting, LLC F.E.I.N. 820627186	146 Ave C, Suite 1 Bayonne NJ 07002	Washington Emergency FD Contract I.D. or Project I.D.
Payroll No. 2 / Date Wages Due & Paid (mm/dd/yyyy) 03/28/2022 / Week Ending Date 03/19/2022 or ☐ Final Certification	Project Location 656 Washington St Washington NJ 07676	**Contractor Registration #** 696882

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

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

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 13/dd	MO 14/dd	TU 15/dd	WE 16/dd	TH 17/dd	FR 18/dd	SA 19/dd	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Carlos Quinones # 9908 146 Ave C Bayonne NJ 07002	Foreman	Painter	M	H	S					8	8		16.00	78.68		$1,258.88	96.30		376.51				$ 1,073.78	
					O																			
Migdalia Quinones # 0935 29 Powhatatan Way Hackettstown NJ 07840	Journey	Painter	W	H	S					8	8		16.00	69.26		$ 1,108.16	84.77		69.64				$ 953.75	
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Hours worked each day

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

☐ Check if additional sheets used

, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Charleys Painting, LLC (Contractor or Subcontractor) on the Washington Emergency FD (Project Name & Location) that during the payroll period beginning on (date) 03/13/22, and ending on (date) 03/19/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Charles Quinones

Title Managing Member Date (mm/dd/yy) 03/28/22

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

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

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

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

Phoenix H V A C LLC

F.E.I.N.: 11-3828651

Payroll No.: **450**

Date Wages Due and Paid: **03/25/2022**

Week Ending Date: **3/20/2022** or ☐ Final Certification

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.

1. Employee Name and Address	2.Work: Job Title (e.g, apprentice, journeyman, foreman)	2.Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex M-Male F-Female X-Non-Binary	3. Demographics: Race See Key	Straight Time or Overtime	4. Day and Date: Mar 14 Mon	Mar 15 Tue	Mar 16 Wed	Mar 17 Thu	Mar 18 Fri	Mar 19 Sat	Mar 20 Sun	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amount Earned: This Project	7. Gross Amount Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.
						Hours worked each day																		
Hidalgo Garcia, Pedro Emmanual 277 N. 10th Street Prospect Park NJ 07508		Pipe Fitter Journeyman	M	H	O										1,122.12	1,674.12	128.06	247.42	72.57	0.00	0.00	448.05	1,214.25	0.00
					S				6.00	6.00			12.00	93.5100										
Borja, Sebastian B 148 Haledon Avenue Prospect Park NJ 07508		Pipe Fitter Journeyman	M	W	O										1,122.12	1,674.12	128.07	265.61	72.57	0.00	0.00	466.25	1,196.07	0.00
					S				6.00	6.00			12.00	93.5100										
Romero Picado, Kevin 322 Gilbert Street Ridgewood NJ 07450		Heating/Frost Insulator Foreman	M	W	O										1,103.28	1,655.28	126.62	261.47	71.25	0.00	0.00	459.34	1,184.26	0.00
					S				6.00	6.00			12.00	91.9400										
Hidalgo Garcia, Paolo 227 N 10 Street Prospect Park NJ 07508		Pipe Fitter Foreman	M	H	O										1,167.96	2,127.96	154.12	219.64	71.15	0.00	113.35	558.26	1,554.69	0.00
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☐ Check if additional sheets used

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

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

Phoenix H V A C LLC

(Contractor or Subcontractor)

on the Emergency Services Complex at 656 Washington Ave, Washington Twp, NJ 07676

(Project Name & Location)

that during the payroll period beginning on (date) 03/14/2022, and

ending on (date) 03/20/2022, 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 aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name KHALED MUSTAFA

Title PRESIDENT Date (mm/dd/yy) 03/25/2022

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

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.

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
Rbuild LLC

F.E.I.N. 45-5632605

Payroll No. 36

Date Wages Due & Paid (mm/dd/yyyy) 04/01/2022

Week Ending Date 03/20/2022 or ☐ Final Certification

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. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. MO 03/14	TU 03/15	WE 03/16	TH 03/17	FR 03/18	SA 03/19	SU 03/20	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Medicare		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Nikola Kozeski, 156 Wessington Ave. Garfield NJ 07026 ss: 1247	Journeyman	Carpenter	M		S	8	8	0	0	0	0		16.00	82.01	1,312.16	$1,312.16	81.35	$ 80.00	52.96	19.03		$ 233.34	$ 1,078.82	$ 30.12
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KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Rbuild LLC
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 03/14/22, and ending on (date) 03/20/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Risto Trajanoski

Title Managing Member Date (mm/dd/yy) 04/01/22

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

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

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

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 MARCAL CONSTRUCTION GROUP INC F.E.I.N. N/A	Business Address 364 KEENE STREET, PERTH AMBOY, NJ 08861	Project Name NEW EMERGENCY SERVICES COMPLEX Contract I.D. or Project I.D. #18053
Payroll No. 64 / Date Wages Due & Paid (mm/dd/yyyy) 03/25/2022 / Week Ending Date 03/20/2022 or ☐ Final Certification	Project Location 656 WASHINGTON AVENUE, TWP. OF WASHINGTON, NJ 07676	**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: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 3/13	MO 3/14	TU 3/15	WE 3/16	TH 3/17	FR 3/18	SA 3/19	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned This Project	7. Gross Amt. Earned This Week	8. Deductions FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
San Martin, Jose #5193 26 Wilson Ave. South River, NJ 08882	Foreman	Mason Foreman	M	W	S	0	8	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	
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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	239.22	$ 428.02	140.36	11.96	1.33	$ 820.89	$ 2,306.31	
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

MW-562 (9/19)

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by
MARCAL CONSTRUCTION GROUP INC
(Contractor or Subcontractor)
on the NEW EMERGENCY
(Project Name & Location)
that during the payroll period beginning on (date) 03/14/22, and ending on (date) 03/20/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Manuel Marcal

Title PRESIDENT Date (mm/dd/yy) 03/25/22

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

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

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

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

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

3. NAME AND ADDRESS OF PRIME CONTRACTOR

TEKCON CONSTRUCTION INC
(Name)

285 DAVIDSON AVENUE SUITE 201
(Street Address)

SOMERSET NJ 08873
(City) (State) (Zip Code)

4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]

5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT

Name: Township of Washington
Address: 350 Hudson Avenue, Washington, NJ 07676

CONTRACT NUMBER	DATE OF AWARD	DOLLAR AMOUNT OF AWARD
18053	10-5-2020	$5,328,183.00

6. NAME AND ADDRESS OF PROJECT

Name: New Emergency Services Complex
Address: 656 Washington Avenue, Washington, NJ 07676

7. PROJECT NUMBER 18053

COUNTY BERGEN

8. IS THIS PROJECT COVERED BY A PROJEC 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			
	J	AP	J	AP	J	AP	J	AP		
1. ASBESTOS WORKER										
2. BRICKLAYER OR MASON	2								3/21/2022	3/27/2022
3. CARPENTER	1								3/21/2022	3/27/2022
4. ELECTRICIAN										
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER	2								3/21/2022	3/27/2022
10. PLUMBER	4				1				3/21/2022	3/27/2022
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)

10. ERIC DZIADYK (Please Print Your Name)

PRESIDENT (Title)

848 (Area Code) 216-3452 (Telephone Number) (Ext.)

4/01/2022 (Date)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor	Business Address	Project Name
Peter Hywel Plumbing & Heating F.E.I.N. 223541355	51 Woodland Rd Ringwood NJ 07456 Project Location 656 WASHINGTON AVE TWP OF WASHINGTON NJ	WASHINGTON TWP EMERG SVCS Contract I.D. or Project I.D. **Contractor Registration #**

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
26	03/22/2022	03/22/2022 or ☐ Final Certification

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

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

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 3/20	MO 3/21	TU 3/22	WE 3/16	TH 3/17	FR 3/18	SA 3/19	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other (specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						Hours worked each day																	
ADAM EHRENFELS 686 LAFAYETTE AV WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S			2					2.00	93.51	187.02	$3,405.53	260.52	$ 629.66	224.94	204.33	$ 1,319.45	$ 2,086.08	
					O																		
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S			3					3.00										
					O																		
NICH BAEZ 674 VAN EMBURGH AVE TWP WASHINGTON NJ	JOURNEYMAN	PLUMBER	M	H	S			3					3.00	93.51	280.53	$ 1,889.60	143.92	$ 274.79	100.88	8.40	$ 528.09	$ 1,361.51	
					O																		
KEVIN KOROGLU 127 PINE ST CLIFFSIDE PK NJ	JOURNEYMAN	PLUMBER	M	W	S			3					3.00	93.51	280.53	$ 1,410.58	107.91	$ 171.25	64.36		$ 343.52	$ 1,067.06	
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KEY **W**= White; **B**= Black or African American;
A= Asian; **N**= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; **M**= 2 or More

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Peter Hywel Plumbing & Heating (Contractor or Subcontractor) on the ~~WASHINGTON TWP EMERG~~ TWP OF WASHINGTON (Project Name & Location) that during the payroll period beginning on (date) 03/16/22, and ending on (date) 03/22/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Peter Hywel

Title President Date (mm/dd/yy) 03/22/22

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

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

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

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 MARCAL CONSTRUCTION GROUP INC F.E.I.N. N/A	Business Address 364 KEENE STREET, PERTH AMBOY, NJ 08861 Project Location 656 WASHINGTON AVENUE, TWP. OF WASHINGTON, NJ 07676	Project Name NEW EMERGENCY SERVICES COMPLEX Contract I.D. or Project I.D. #18053 **Contractor Registration #** 727261
Payroll No. 65 | Date Wages Due & Paid (mm/dd/yyyy) 04/01/2022 | Week Ending Date 03/27/2022 or ☐ Final Certification		

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

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

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 3/20	MO 3/21	TU 3/22	WE 3/23	TH 3/24	FR 3/25	SA 3/26	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned This Project	7. Gross Amt. Earned This Week	8. Deductions FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
San Martin, Jose #5193 26 Wilson Ave. South River, NJ 08882	Foreman	Mason Foreman	M	W	S	0	8	8	8	8	8	0	40.00	89.32	3,572.80	$3,572.80	273.31	$ 736.36	215.48	1.91	0.21	$ 1,227.27	$ 2,345.53	
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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	239.24	$ 428.02	140.36	11.96	1.33	$ 820.91	$ 2,306.29	
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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 MARCAL CONSTRUCTION GROUP INC
(Contractor or Subcontractor)
on the NEW EMERGENCY
(Project Name & Location)
that during the payroll period beginning on (date) 03/21/22, and ending on (date) 03/27/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Manuel Marcal

Title PRESIDENT Date (mm/dd/yy) 04/01/22

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

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

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

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
Rbuild LLC

F.E.I.N. 45-5632605

Payroll No. 37

Date Wages Due & Paid (mm/dd/yyyy) 04/08/2022

Week Ending Date 03/27/2022 or ☐ Final Certification

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. Employee Name and Address	2. Work: Job Title e.g., apprentice, journeyman, foreman	2. Work: Work Classification/ Occupational Category e.g., carpenter, mason, plumber	3. Demographics: Sex M=Male F=Female X=Non-Binary	3. Demographics: Race See Key	Straight Time or Overtime	4. MO 03/21	TU 03/22	WE 03/23	TH 03/24	FR 03/25	SA 03/26	SU 03/27	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Medicare		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Zoran Kozeski, 156 Wessington Ave. Garfield NJ 07026 ss: 5677	Journeyman	Carpenter	M		S	8	0	0	0	0	0		8.00	82.01	656.08	$1,438.64	89.19	$ 105.00	62.75	20.86		$ 277.80	$ 1,160.84	$ 30.12
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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

, the undersigned, do hereby state and certify:

(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) 03/21/22, and ending on (date) 03/27/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Risto Trajanoski

Title Managing Member Date (mm/dd/yy) 04/08/22

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

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

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

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 Charleys Painting, LLC F.E.I.N. 820627186	Business Address 146 Ave C, Suite 1 Bayonne NJ 07002	Project Name Washington Emergency FD Contract I.D. or Project I.D.
Payroll No. 3 | Date Wages Due & Paid (mm/dd/yyyy) 03/28/2022 | Week Ending Date 03/26/2022 or ☐ Final Certification	Project Location 656 Washington St Washington NJ 07676	**Contractor Registration #** 696882

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

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

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 20	MO 21	TU 22	WE 23	TH 24	FR 25	SA 26	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Carlos Quinones # 9908 146 Ave C Bayonne NJ 07002	Foreman	Painter	M	H	S		8	8	8	8	8		40.00	78.68		$3,147.20	240.77		376.51				$ 2,529.92	
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Migdalia Quinones # 0935 29 Powhatatan Way Hackettstown NJ 07840	Journey	Painter	W	H	S		8	8	8	8	8		40.00	69.26		$ 2,770.40	211.94		313.26				$ 2,245.20	
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Hours worked each day

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

☐ Check if additional sheets used

, **the undersigned, do hereby state and certify:**

(1) That I pay or supervise the payment of the persons employed by Charleys Painting, LLC (Contractor or Subcontractor) on the ~~Washington Emergency FD~~ (Project Name & Location) that during the payroll period beginning on (date) 03/20/22, and ending on (date) 03/26/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Charles Quinones

Title Managing Member Date (mm/dd/yy) 03/28/22

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

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

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

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

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

3. NAME AND ADDRESS OF PRIME CONTRACTOR

TEKCON CONSTRUCTION INC
(Name)

285 DAVIDSON AVENUE SUITE 201
(Street Address)

SOMERSET NJ 08873
(City) (State) (Zip Code)

4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]

5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT

Name: Township of Washington
Address: 350 Hudson Avenue, Washington, NJ 07676

CONTRACT NUMBER	DATE OF AWARD	DOLLAR AMOUNT OF AWARD
18053	10-5-2020	$5,328,183.00

6. NAME AND ADDRESS OF PROJECT

Name: New Emergency Services Complex
Address: 656 Washington Avenue, Washington, NJ 07676

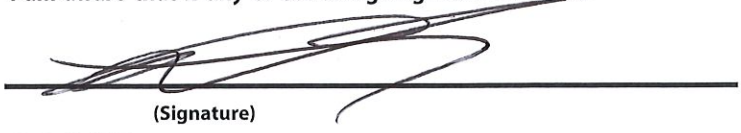
7. PROJECT NUMBER 18053

COUNTY BERGEN

8. IS THIS PROJECT COVERED BY A PROJEC LABOR AGREEMENT (PLA)? YES ☒ X

9. TRADE OR CRAFT	PROJECTED TOTAL EMPLOYEES MALE J	PROJECTED TOTAL EMPLOYEES MALE AP	PROJECTED TOTAL EMPLOYEES FEMALE J	PROJECTED TOTAL EMPLOYEES FEMALE AP	PROJECTED MINORITY EMPLOYEES MALE J	PROJECTED MINORITY EMPLOYEES MALE AP	PROJECTED MINORITY EMPLOYEES FEMALE J	PROJECTED MINORITY EMPLOYEES FEMALE AP	PROJECTED PHASE - IN DATE	PROJECTED COMPLETION DATE
1. ASBESTOS WORKER										
2. BRICKLAYER OR MASON	2								3/28/2022	4/03/2022
3. CARPENTER	2								3/28/2022	4/03/2022
4. ELECTRICIAN										
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER	1								3/28/2022	4/03/2022
11. ROOFER										
12. SHEET METAL WORKER										
13. SPRINKLER FITTER										
14. STEAMFITTER										
15. SURVEYOR										
16. TILER										
17. TRUCK DRIVER										
18. LABORER	2								3/28/2022	4/03/2022
19. OTHER Carpet Layer	1								3/28/2022	4/03/2022
20. OTHER Epoxy Foreman	1								3/28/2022	4/03/2022

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)

10. ERIC DZIADYK
(Please Print Your Name)

PRESIDENT
(Title)

848 216-3452
(Area Code) (Telephone Number) (Ext.)

4/08/2022
(Date)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

Name of ☐ Contractor or ■ Subcontractor MARCAL CONSTRUCTION GROUP INC F.E.I.N. N/A	Business Address 364 KEENE STREET, PERTH AMBOY, NJ 08861	Project Name NEW EMERGENCY SERVICES COMPLEX Contract I.D. or Project I.D. #18053
Payroll No. 66	Date Wages Due & Paid (mm/dd/yyyy) 04/08/2022	Week Ending Date 04/03/2022 or ☐ Final Certification
Project Location 656 WASHINGTON AVENUE, TWP. OF WASHINGTON, NJ 07676	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: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	SU 3/27	MO 3/28	TU 3/29	WE 3/30	TH 3/31	FR 4/01	SA 4/02	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned This Project	7. Gross Amt. Earned This Week	8. Deductions FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
San Martin, Jose #5193 26 Wilson Ave. South River, NJ 08882	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	0.00	0.00	$ 1,225.16	$ 2,347.64	
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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	8.70	0.97	$ 817.28	$ 2,309.92	
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Hours worked each day

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

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by MARCAL CONSTRUCTION GROUP INC (Contractor or Subcontractor) on the NEW EMERGENCY (Project Name & Location) that during the payroll period beginning on (date) 03/28/22, and ending on (date) 04/03/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Manuel Marcal

Title PRESIDENT Date (mm/dd/yy) 04/08/22

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

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

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

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
Peter Hywel Plumbing & Heating

F.E.I.N. 223541355

Business Address
51 Woodland Rd Ringwood NJ 07456

Project Name
WASHINGTON TWP EMERG SVCS

Contract I.D. or Project I.D.

Project Location
656 WASHINGTON AVE
TWP OF WASHINGTON NJ

Contractor Registration #

Payroll No.
27

Date Wages Due & Paid (mm/dd/yyyy)
03/29/2022

Week Ending Date
03/29/2022
or ☐ Final Certification

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

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

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 3/27	MO 3/28	TU 3/29	WE 3/23	TH 3/24	FR 3/25	SA 3/26	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
ADAM EHRENFELS 686 LAFAYETTE AV WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S		1.5						1.50	93.51	140.27	$4,391.05	335.92	$ 913.90	302.94	263.46		$ 1,618.22	$ 2,574.83	
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Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	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

☐ Check if additional sheets used

MW-562 (9/19)

, the undersigned, do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by Peter Hywel Plumbing & Heating (Contractor or Subcontractor) on the WASHINGTON TWP EMERG TWP OF WASHINGTON (Project Name & Location) that during the payroll period beginning on (date) 03/23/22, and ending on (date) 03/29/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Peter Hywel

Title President Date (mm/dd/yy) 03/29/22

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

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

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

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 TAH CONSTRUCTION LLC F.E.I.N. 46-3361360	Business Address 8 MCBRIDE RD MANALAPAN NJ 07726	Project Name New Emergency Services Complex
Payroll No. WT-001 / Date Wages Due & Paid (mm/dd/yyyy) 04/08/2022 / Week Ending Date 04/02/2022 or ☐ Final Certification	Project Location 656 Washington Avenue, Township of Washington, NJ 07676.	Contract I.D. or Project I.D. 18053 **Contractor Registration #** 698401

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

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

1. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. SU 03/27	MO 03/28	TU 03/29	WE 03/30	TH 03/31	FR 04/01	SA 04/02	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. This Week	8. Deductions: FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
JEAN R OLIVEIRA 399 MAPLE ST KEARNY NJ 07032	CARP JOURNEYMAN	CARPENTER	M		S		5	8	8	8	6	0	35.00	82.01	2,952.36	$2,952.36	219.58	$ 510.57	173.86			$ 904.01	$ 2,048.35	$ 30.12
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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

, **the undersigned, do hereby state and certify:**

(1) That I pay or supervise the payment of the persons employed by TAH CONSTRUCTION LLC (Contractor or Subcontractor) on the New Emergency Services 656 Washington Avenue, Townshi (Project Name & Location) that during the payroll period beginning on (date) 03/27/22, and ending on (date) 04/02/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name MOHAMAD WASEEM

Title PRESIDENT Date (mm/dd/yy) 04/11/22

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

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

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

NJ Department of Labor & Workforce Development

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

Other (specify)

Name of ☐ Contractor or ■ Subcontractor	Business Address	Project Name
Rbuild LLC	164 Outwater Lane, Garfield, NJ 07026	New Emergency Services Complex
F.E.I.N. 45-5632605	Project Location	Contract I.D. or Project I.D. 18053
Payroll No. 38 · Date Wages Due & Paid (mm/dd/yyyy) 04/18/2022 · Week Ending Date 04/03/2022 or ☐ Final Certification	656 Washington Avenue Township of Washington, NJ 07676	**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. Employee Name and Address	2. Work: Job Title (e.g., apprentice, journeyman, foreman)	2. Work: Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	3. Demographics: Race (See Key)	Straight Time or Overtime	4. MO 03/28	TU 03/29	WE 03/30	TH 03/31	FR 04/01	SA 04/02	SU 04/03	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. This Week	8. Deductions: FICA	Federal Tax	State Tax	Medicare		Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
Nikola Kozeski, 156 Wessington Ave. Garfield NJ 07026 ss: 1247	Journeyman	Carpenter	M		S	0	0	8	8	0			16.00	82.01	1,312.16	$2,624.32	162.71	$ 281.00	152.18	38.05		$ 633.94	$ 1,990.38	$ 30.12
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Dimitar Shokoski, 177 Banta Ave., Garfield, NJ 07026 ss: 7860	Journeyman	Carpenter	M		S	8	0	8	8	0			24.00	82.01	1,968.24	$ 1,968.24	122.03	$ 159.00	101.63	28.54		$ 411.20	$ 1,557.04	$ 30.12
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Hours worked each day

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

☐ Check if additional sheets used

, the undersigned, do hereby state and certify:

(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) 03/28/22, and ending on (date) 04/03/22, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the aforenamed Contractor or Subcontractor from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above-referenced payroll, payments of fringe benefits have been or will be made when due to appropriate programs for the benefit of such employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☑ Each laborer or mechanic listed in the above-referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name Risto Trajanoski

Title Managing Member Date (mm/dd/yy) 04/18/22

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

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

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

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

(for Contractor and Sub-Contractor's Use for Weekly and Final Certification)

(N.J.A.C. 12:60-2.1 and 6.1)

NJ Department of Labor & Workforce Development
Division of Wage and Hour Compliance
Public Contracts Section
P.O. Box 389
Trenton, New Jersey 08625-0389

Submit to Public Body or Lessor

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑	ADDRESS	DATE WAGES DUE AND PAID
Epoxy Flooring LLC	708-3 Old Shore Rd F.R, NJ 08734	4/8/22

PAYROLL NO.	WEEK ENDING	OR FINAL CERTIFICATION ☐	PROJECT NAME AND LOCATION	PROJECT OR E.D.A. OR U.D.C. NO.
1	4/1/22		Twp. of Washington Em. Serv. Complex	

1. NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	2. WORK CLASSIFICATION	OT. OR ST.	3. DAY AND DATE: SU	MO	TU	WE	TH	FR	SA	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED: THIS PROJECT	THIS WEEK	7. DEDUCTIONS: FICA	WITHHOLDING TAX	NJ	NJ UI/DI	NJ FLI	TOTAL DEDUCTIONS	8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.
Juan Ruiz 822 Elizabeth Ave Bayville, NJ 08721	Lab	O										953.28	953.28	72.93	107.03	36.58	5.38	1.33	213.19	740.09	30.02
		S		4	4	4	4			16	59.58										
Anthony Webster 1206 Taylor Lane Forked River, NJ 08731	Lab	O										953.28	953.28	72.96	107.03	36.58	5.38	1.33	213.19	740.09	30.02
		S		4	4	4	4			16	59.58										
Michael Webster 1206 Taylor Lane Forked River, NJ 08731	Sup.	O										1124.48	1124.48	80.07	144.69	36.90	6.32	1.58	275.42	849.06	30.02
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Date 4/7/22

I, E E Pres
(Name of signatory party) (Title)
do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by
Epoxy Flooring LLC on the Washington Fire & EMS ;
(Contractor or Subcontractor) (Building or Work)
that during the payroll period commencing on the 27 day of March 20 22 and ending the
2 day of April, 20 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 said
Epoxy Flooring LLC from the full
(Contractor or Subcontractor)
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. 34:11-5625 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 in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

(4) That:

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

☐ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above refereaced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ Each laborer or mechanic listed 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) below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS

PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*

1) Medical or hospital coverage	☐
2) Dental coverage	☐
3) Pension or Retirement	☐
4) Vacation, Holidays	☐
5) Sick days	☐
6) Life Insurance	☐
7) Other (Explain)	☐

* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employer shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Contractor Registration Number 0623KQ
NAME AND TITLE
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.