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 8/2/2021 to 8/29/2021

(NAME)
200 Cottontail Lane, Suit A112

5. Public Agency Awarding Contract Twp. of Washington

Date of Award 10/5/2020

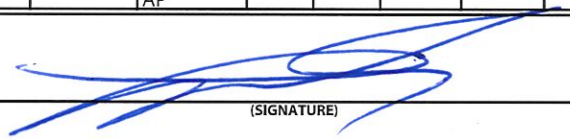
(ADDRESS)
Somerset NJ 08873
(CITY) (STATE) (ZIP CODE)

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	96%	Mason	J	2	0	0	0	0	0	2	160	0	0	0	0	160	0	0	0	0
			AP																	
R Build LLC	85%	Carpent	J	3	0	0	0	0	0	3	248	0	0	0	0	248	0	0	0	0
			AP																	
Taj Mahal ELectri	40%	Electri	J	3	0	0	0	3	0	3	64	0	0	0	0	64	0	0	0	0
			AP																	
GOP Ironworks	55%	Ironwor	J	2	0	0	0	0	0	2	16	0	0	0	0	16	0	0	0	0
			AP																	
Peter Hywel Plumb	45%	Plumber	J	4	0	0	0	0	0	4	86.5	0	0	0	0	86.5	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.)
9/3/2021 (DATE)

FORM AA-202
REVISED 11/11

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:
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 8/2/2021 to 8/29/2021

(NAME)
200 Cottontail Lane, Suit A112

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
Phoenix HVAC LLC	65%	HVAC ME	J	1	0	0	0	0	0	1	6	0	0	0	0	6	0	0	0	0
			AP																	
Phoenix HVAC LLC	65%	SHEET M	J	2	0	0	0	0	0	2	18	0	0	0	0	18	0	0	0	0
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			AP																	

17. COMPLETED BY (PRINT OR TYPE)

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

848 (AREA CODE) 2,163,452 (TELEPHONE NUMBER) (EXT.) 9/3/2021 (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)

200 COTTONTAIL LANE SUITE A112W
(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	2								8/2/2021	8/8/2021
3. CARPENTER	3								8/2/2021	8/8/2021
4. ELECTRICIAN	2								8/2/2021	8/8/2021
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER										
11. ROOFER										
12. SHEET METAL WORKER										
13. SPRINKLER FITTER										
14. STEAMFITTER										
15. SURVEYOR										
16. TILER										
17. TRUCK DRIVER										
18. LABORER										
19. OTHER										
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)**

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

8/13/2021 **(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	SUBMIT form by
TAJ MAHAL ELECTRICAL CONTRACTO F.E.I.N. 27-7960860	2606 WILDBERRY COURT EDISON, NJ 08817	EMERGENCY SERVICE COMPLEX Contract I.D. or Project I.D. 18053	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. 5 Date Wages Due & Paid (mm/dd/yyyy) 08/09/2021 Week Ending Date 08/07/2021 or ☐ Final Certification	Project Location EMERGENCY SERVICE COMPLEX 350 HUDSON AVENUE , WASHINGTON, NJ	**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 1	MO 2	TU 3	WE 4	TH 5	FR 6	SA 7	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
SALMAN SYED 401 NEW DOVER RD, EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S					6.00			6.00	94.73	568.38	$568.38	43.48	$ 56.84	10.80	5.40	0.06	$ 116.57	$ 451.81	$ 36.08
					O																			
KABIR AHMAD 41 READING RD-A EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S					6.00			6.00	94.73	568.38	$ 568.38	43.48	$ 28.42	10.80	5.40	0.06	$ 88.16	$ 480.22	$ 36.08
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KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ 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) 08/01/21, and ending on (date) 08/07/21, 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): 08/09/21

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.
	656 Washington Avenue	18053
	Township of Washington, NJ 07676	**Contractor Registration #**
		693151

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
13	08/13/2021	08/08/2021 or ☐ Final Certification

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

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

1.	2. Work		3. Demographics			4. Day and Date								5.	6.	7.		8.						9.	10.
Employee Name and Address	Job Title *e.g., apprentice, journeyman, foreman*	Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	Sex *M=Male F=Female X=Non-Binary*	Race *See Key*	Straight Time or Overtime	MO	TU	WE	TH	FR	SA	SU	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	FICA	Federal Tax	State Tax	Medicare		Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
						08/02	08/03	08/04	08/05	08/06	08/07	08/08	Hours worked each day												
					S								0.00									$ 0.00		
					O								0.00											
					S								0.00									$ 0.00		
					O								0.00											
Toni Suleski, 206 Stone St., Maywood Nj 07607 ss: 6179	Foreman	Carpenter	M	W	S	0	8	8	8	8			32.00	94.23	3,015.36	$ 3,015.36	186.95	$ 571.00	187.72	43.72		$ 989.39	$ 2,025.97	$ 34.56
					O								0.00											
Dimitar Shokoski, 177 Banta Ave, Garfield, NJ 07026 ss: 7860	Journeyman	Carpenter	M	W	S	0	8	0	0	0			8.00	82.01	656.08	$ 656.08	40.68	$ 9.00	14.58	9.52		$ 73.78	$ 582.30	$ 30.12
					O								0.00											
Zoran Kozeski, 156 Wessington Ave, Garfield, NJ 07026 ss: 5677	Journeyman	Carpenter	M	W	S	0	8	8	8	8			32.00	82.01	2,624.32	$ 2,624.32	162.71	$ 308.00	165.89	38.05		$ 674.65	$ 1,949.67	$ 30.12
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					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

, 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) 08/02/21, and ending on (date) 08/08/21, 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) 08/13/21

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

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
38	08/13/2021	08/08/2021 or ☐ Final Certification

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

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 8/1	MO 8/2	TU 8/3	WE 8/4	TH 8/5	FR 8/6	SA 8/7	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	0	8	8	8	0	0	24.00	89.32	2,143.68	$2,143.68	163.99	$ 381.27	121.52	0.00	0.00	$ 666.78	$ 1,476.90	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave. Newark, NJ 07104	Journeyman	Mason	M	W	S	0	0	8	8	8	0	0	24.00	78.18	1,876.32	$ 1,876.32	143.55	$ 169.50	67.53	0.00	0.00	$ 380.58	$ 1,495.74	
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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) 08/02/21, and ending on (date) 08/08/21, 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:

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☐ 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) 08/13/21

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

Official Use Only

Assignment

Code

FORM AA-201
Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

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

1. FID NUMBER 20-507084

2. CONTRACTOR ID NUMBER 668730

3. NAME AND ADDRESS OF PRIME CONTRACTOR

TEKCON CONSTRUCTION INC
(Name)

200 COTTONTAIL LANE SUITE A112W
(Street Address)

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

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	2								8/9/2021	8/15/2021
3. CARPENTER	1								8/9/2021	8/15/2021
4. ELECTRICIAN	2								8/9/2021	8/15/2021
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER	1								8/9/2021	8/15/2021
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER	1								8/9/2021	8/15/2021
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)**

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

8/20/2021 **(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	WASHINGTON TWP EMERG SVCS 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. 8 / Date Wages Due & Paid (mm/dd/yyyy) 08/17/2021 / Week Ending Date 08/17/2021 or ☐ Final Certification	656 WASHINGTON AVE TWP OF WASHINGTON NJ	**Contractor Registration #**	

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 8/15	MO 8/16	TU 8/17	WE 8/11	TH 8/12	FR 8/13	SA 8/14	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
ADAM EHRENFELS 686 LAFAYETTE AVENUE WESTWOOD NJ 07675	JOURNEYMAN	PLUMBER	M	W	S					4			4.00	93.51	374.04	$3,614.92	276.54	$ 694.35	243.13	216.90		$ 1,430.92	$ 2,184.00	
					O																			
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

, 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) 08/11/21, and ending on (date) 08/17/21, 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) 08/17/21

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.
	656 Washington Avenue	18053
	Township of Washington, NJ 07676	**Contractor Registration #**
		693151

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
14	08/20/2021	08/15/2021 or ☐ Final Certification

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

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

1.	2. Work		3. Demographics			4. Day and Date								5.	6.	7.		8.						9.	10.
Employee Name and Address	Job Title *e.g., apprentice, journeyman, foreman*	Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	Sex *M=Male F=Female X=Non-Binary*	Race *See Key*	Straight Time or Overtime	MO	TU	WE	TH	FR	SA	SU	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	Deductions FICA	Deductions Federal Tax	Deductions State Tax	Deductions Medicare	Deductions	Deductions Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
						08/09	08/10	08/11	08/12	08/13	08/14	08/15													
						Hours worked each day																			
					S								0.00									$ 0.00		
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					S								0.00									$ 0.00		
					O								0.00											
Zoran Kozeski, 156 Wessington Ave, Garfield, NJ 07026 ss: 5677	Journeyman	Carpenter	M	W	S	8	8	8	8	8			40.00	82.01	3,280.40	$ 3,280.40	203.38	$ 452.00	219.49	47.57		$ 922.44	$ 2,357.96	$ 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)

, 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) 08/09/21, and ending on (date) 08/15/21, 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) 08/20/21

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 GOP IRONWORKS, LLC F.E.I.N. 40-0609449	Business Address 637 WYCKOFF AVE STE 340., NJ, WYCKOFF 07481	Project Name WASHINGTON TWP FIREHOUSE Contract I.D. or Project I.D.
Payroll No. 2 | Date Wages Due & Paid (mm/dd/yyyy) 08/19/2021 | Week Ending Date 08/14/2021 or ☐ Final Certification	Project Location WASHINGTON TWP FIREHOUSE WASHIGNTON TWP FIREHOUSE	**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)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	3. Demographics: Sex (M=Male F=Female X=Non-Binary)	Race (See Key)	Straight Time or Overtime	4. Day and Date: SU 08/08	MO 08/09	TU 08/10	WE 08/11	TH 08/12	FR 08/13	SA 08/14	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	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
HERNAN CORREA 386 MONROE ST APT 1 PASSAIC, NJ 07055	Ironworker Journeyman	5057 struct/misc steel	M	W	S	0	0	0	0	0	8	0	8.00	93.56	748.48	$3,805.16	291.09	$ 771.71	248.93	0.00	0.00	$ 1,311.73	$ 2,493.43	$ 48.12
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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)

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

(1) That I pay or supervise the payment of the persons employed by GOP IRONWORKS, LLC
(Contractor or Subcontractor)
on the WASHINGTON TWP
(Project Name & Location)
that during the payroll period beginning on (date) 08/08/21, and ending on (date) 08/14/21, 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 Sheri Quattrocchi *Sheri Quattrocchi*

Title Manager Date (mm/dd/yy) 08/14/21

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. 27-7960860

Payroll No. 6

Date Wages Due & Paid (mm/dd/yyyy) 08/16/2021

Week Ending Date 08/14/2021 or ☐ Final Certification

Business Address
2606 WILDBERRY COURT
EDISON, NJ 08817

Project Location
EMERGENCY SERVICE COMPLEX
350 HUDSON AVENUE , WASHINGTON, NJ

Project Name
EMERGENCY SERVICE COMPLEX

Contract I.D. or Project I.D.
18053

Contractor Registration #
683924

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

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

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 8	MO 9	TU 10	WE 11	TH 12	FR 13	SA 14	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
SALMAN SYED 401 NEW DOVER RD, EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S					4.00			4.00	94.73	378.92	$378.92	28.99	$ 28.99	7.20	3.60	0.04	$ 77.72	$ 301.20	$ 36.08
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KABIR AHMAD 41 READING RD-A EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S					4.00			4.00	94.73	378.92	$ 378.92	28.99	$ 18.95	7.20	3.60	0.04	$ 58.77	$ 320.15	$ 36.08
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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

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
TAJ MAHAL ELECTRICAL CONTRACTO
(Contractor or Subcontractor)
on the EMERGENCY SERVICE COMPLEX
(Project Name & Location)
that during the payroll period beginning on (date) 08/08/21, and ending on (date) 08/14/21, 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) 08/16/21

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

Payroll No. 39

Date Wages Due & Paid (mm/dd/yyyy) 08/20/2021

Week Ending Date 08/15/2021 or ☐ Final Certification

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

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 8/8	MO 8/9	TU 8/10	WE 8/11	TH 8/12	FR 8/13	SA 8/14	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
San Martin, Jose #5193 26 Wilson Ave. South River, NJ 08882	Foreman	Mason Foreman	M	W	S	0	0	0	0	8	0	0	8.00	89.32	714.56	$714.56	54.66	$ 72.80	18.52	0.00	0.00	$ 145.98	$ 568.58	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave. Newark, NJ 07104	Journeyman	Mason	M	W	S	0	0	0	0	8	0	0	8.00	78.18	625.44	$ 625.44	47.84	$ 22.54	14.51	0.00	0.00	$ 84.89	$ 540.55	
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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 MARCAL CONSTRUCTION GROUP INC
(Contractor or Subcontractor)
on the NEW EMERGENCY
(Project Name & Location)
that during the payroll period beginning on (date) 08/09/21, and ending on (date) 08/15/21, 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) 08/20/21

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

Official Use Only

Assignment

Code

FORM AA-201
Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

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

1. FID NUMBER 20-507084

2. CONTRACTOR ID NUMBER 668730

3. NAME AND ADDRESS OF PRIME CONTRACTOR

TEKCON CONSTRUCTION INC
(Name)

200 COTTONTAIL LANE SUITE A112W
(Street Address)

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

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								8/16/2021	8/22/2021
3. CARPENTER	3								8/16/2021	8/22/2021
4. ELECTRICIAN										
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER	4								8/16/2021	8/22/2021
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)**

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

8/27/2021 **(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
19	08/24/2021	08/24/2021 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 8/22	MO 8/23	TU 8/24	WE 8/18	TH 8/19	FR 8/20	SA 8/21	5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned: This Project	7. Gross Amt. Earned: This Week	8. Deductions: FICA	8. Deductions: Federal Tax	8. Deductions: State Tax	8. Deductions: Other (specify)	8. Deductions: Total Deductions	9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
ADAM EHRENFELS 686 LAFAYETTE AVENUE WESTWOOD NJ 07675	JOURNEYMAN	PLUMBER	M	W	S		8	8		8	8		32.00	93.51	4,465.10	$5,342.81	408.73	$ 1,241.56	380.67	320.57	$ 2,351.63	$ 2,991.18	
					O		1	.5		.5	.5	8	10.50	140.27									
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S			8		8													
					O							8											
DEREK LOMBARDI 33 FAIRWAY AVE BELLEVILLE NJ	JOURNEYMAN	PLUMBER	M	W	S			8		8	8		24.00	93.51	1,870.20	$ 3,709.69	283.79	$ 741.16	254.62		$ 1,279.57	$ 2,430.12	
					O																		
DAVID HAYES 2486 CLEVELAND AVE TWP OF WASHINGTON, NJ	JOURNEYMAN	PLUMBER	M	W	S						8		8.00	93.51	1,870.20	$ 2,875.20	219.95	$ 508.53	184.25	201.26	$ 1,113.99	$ 1,961.21	
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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

, 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) 08/18/21, and ending on (date) 08/24/21, 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) 08/24/21

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

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
40	08/27/2021	08/22/2021 or ☐ Final Certification

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

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 8/15	MO 8/16	TU 8/17	WE 8/18	TH 8/19	FR 8/20	SA 8/21	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	0	8	8	0	8	0	24.00	89.32	2,143.68	$2,143.68	164.00	$ 381.27	121.52	0.00	0.00	$ 666.79	$ 1,476.89	
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Guadalupe, Manuel Mesias #3227 483 Summer Ave. Newark, NJ 07104	Journeyman	Mason	M	W	S	0	0	8	8	0	8	0	24.00	78.18	1,876.32	$ 1,876.32	143.54	$ 169.50	67.53	0.00	0.00	$ 380.57	$ 1,495.75	
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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

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) 08/16/21, and ending on (date) 08/22/21, 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) 08/27/21

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. 15

Date Wages Due & Paid (mm/dd/yyyy) 08/27/2021

Week Ending Date 08/22/2021 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. Day and Date: MO 08/16	TU 08/17	WE 08/18	TH 08/19	FR 08/20	SA 08/21	SU 08/22	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
Toni Suleski, 206 Stone St., Maywood, NJ 07607 ss: 6179	Foreman	Carpenter	M	W	S	0	8	8	0	0			16.00	94.23	1,507.68	$1,507.68	93.48	$ 215.00	70.89	21.86		$ 401.23	$ 1,106.45	$ 34.56
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Tane Naumoski, 12 Bloomingdale Ave., Garfield NJ 07026 ss: 9216	Journeyman	Carpenter	M	W	S	0	0	0	8	8			16.00	82.01	1,312.16	$ 1,312.16	81.35	$ 72.00	52.39	19.03		$ 224.77	$ 1,087.39	$ 30.12
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Zoran Kozeski, 156 Wessington Ave., Garfield, NJ 07026 ss: 5677	Journeyman	Carpenter	M	W	S	8	8	8	8	8			40.00	82.01	3,280.40	$ 3,280.40	203.39	$ 452.00	206.18	47.56		$ 909.13	$ 2,371.27	$ 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)

, **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) 08/16/21, and ending on (date) 08/22/21, 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) 08/27/21

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)

200 COTTONTAIL LANE SUITE A112W
(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

COUNTY BERGEN

7. PROJECT NUMBER 18053

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

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								8/23/2021	8/29/2021
3. CARPENTER	3								8/23/2021	8/29/2021
4. ELECTRICIAN	3								8/23/2021	8/29/2021
5. GLAZIER										
6. HVAC MECHANIC	1								8/23/2021	8/29/2021
7. IRONWORKER	2								8/23/2021	8/29/2021
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER	3								8/23/2021	8/29/2021
11. ROOFER										
12. SHEET METAL WORKER	2								8/23/2021	8/29/2021
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.)

9/3/2021 (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
Phoenix H V A C LLC
F.E.I.N.: 11-3828651

Payroll No.: **400**
Date Wages Due and Paid: **09/03/2021**
Week Ending Date: **8/29/2021** or ☐ Final Certification

Business Address: **7 Orono StreetClifton, NJ 07013**
Project Location: **656 Washington Ave, Hillside, 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: Aug 23 Mon	Aug 24 Tue	Aug 25 Wed	Aug 26 Thu	Aug 27 Fri	Aug 28 Sat	Aug 29 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																		
isneros, Silvano 95 23rd Avenue ATERSON NJ 07513		Sheetmetal Foreman-Shop	M	H	O										1,205.64	1,751.64	134.00	297.18	83.00	0.00	0.00	514.18	1,224.33	0.00
					S				6.00	6.00			12.00	100.4700										
orja, Sebastian B 18 Haledon Avenue rospect Park NJ 07508		H/F Insltr Frmn SHOP	M	W	O										551.64	2,774.88	212.27	532.76	149.63	0.00	0.00	894.66	1,847.62	0.00
					S				6.00				6.00	91.9400										
omero Picado, Kevin 22 Gilbert Street idgewood NJ 07450		Sheetmetal Jrnyman - Shop	M		O										581.82	941.82	72.04	108.73	25.82	0.00	0.00	206.59	724.18	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, Hillside, NJ 7676

Project Name & Location)

iat during the payroll period beginning on (date) 08/23/2021, and

nding on (date) 08/29/2021, 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 age rates contained in any wage determination incorporated into the ontract; that the classifications set forth therein for each laborer or mechanic onform with the work he performed.

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

4) That:

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

] In addition to the basic hourly wage rates paid to each laborer or echanic listed in the above-referenced payroll, payments of fringe benefits ave been or will be made when due to appropriate programs for the benefit f 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 aid as indicated on the payroll, an amount not less than the sum of the pplicable basic hourly wage rate plus the amount of the required fringe enefits 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 he public body or lessor a certified payroll record each pay period within 10 ays of the payment of wages.

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

lame KHALED MUSTAFA

itle PRESIDENT Date (mm/dd/yy) 09/03/2021

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
MARCAL CONSTRUCTION GROUP INC

F.E.I.N. N/A

Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date
41	09/03/2021	08/29/2021 or ☐ Final Certification

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

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 8/22	MO 8/23	TU 8/24	WE 8/25	TH 8/26	FR 8/27	SA 8/28	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
San Martin, Jose #5193 26 Wilson Ave. South River, NJ 08882	Foreman	Mason Foreman	M	W	S	0	8	8	0	0	8	0	24.00	89.32	2,143.68	$2,143.68	163.99	$ 381.27	121.52	0.00	0.00	$ 666.78	$ 1,476.90	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave. Newark, NJ 07104	Journeyman	Mason	M	W	S	0	8	8	0	0	8	0	24.00	78.18	1,876.32	$ 1,876.32	143.54	$ 169.50	67.53	0.00	0.00	$ 380.57	$ 1,495.75	
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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

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) 08/23/21, and ending on (date) 08/29/21, 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) 09/03/21

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. 16 / Date Wages Due & Paid (mm/dd/yyyy) 09/03/2021 / Week Ending Date 08/29/2021 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 08/23	TU 08/24	WE 08/25	TH 08/26	FR 08/27	SA 08/28	SU 08/29	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
Toni Suleski, 206 Stone St., Maywood, NJ 07607 ss: 6179	Foreman	Carpenter	M	W	S	0	8	8	8	0			24.00	94.23	2,261.52	$2,261.52	140.21	$ 390.00	129.30	32.79		$ 692.30	$ 1,569.22	$ 34.56
					O								0.00											
Tane Naumoski, 12 Bloomingdale Ave., Garfield NJ 07026 ss: 9216	Journeyman	Carpenter	M	W	S	0	0	8	0	0			8.00	82.01	656.08	$ 656.08	40.68	$ 1.00	14.19	9.51		$ 65.38	$ 590.70	$ 30.12
					O								0.00											
Zoran Kozeski, 156 Wessington Ave., Garfield, NJ 07026 ss: 5677	Journeyman	Carpenter	M	W	S	8	8	8	8	0			32.00	82.01	2,624.32	$ 2,624.32	162.71	$ 308.00	154.74	38.06		$ 663.51	$ 1,960.81	$ 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

MW-562 (9/19)

, 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) 08/23/21, and ending on (date) 08/29/21, 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) 09/03/21

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
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
19	08/24/2021	08/24/2021 or ☐ Final Certification

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

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

1.	2. Work		3. Demographics			4. Day and Date								5.	6.	7.		8. Deductions						9.	10.
Employee Name and Address	Job Title *e.g., apprentice, journeyman, foreman*	Work Classification/ Occupational Category *e.g., carpenter, mason, plumber*	Sex *M=Male F=Female X=Non-Binary*	Race *See Key*	Straight Time or Overtime	SU	MO	TU	WE	TH	FR	SA	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	FICA	Federal Tax	State Tax	Other (specify)		Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
						8/22	8/23	8/24	8/18	8/19	8/20	8/21												
						Hours worked each day																			
ADAM EHRENFELS 686 LAFAYETTE AVENUE WESTWOOD NJ 07675	JOURNEYMAN	PLUMBER	M	W	S		8	8		8	8		32.00	93.51	4,465.10	$5,342.81	408.73	$ 1,241.56	380.67	320.57		$ 2,351.63	$ 2,991.18	
					O		1	.5		.5	.5	8	10.50	140.27										
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S			8		8														
					O							8												
DEREK LOMBARDI 33 FAIRWAY AVE BELLEVILLE NJ	JOURNEYMAN	PLUMBER	M	W	S			8		8	8		24.00	93.51	1,870.20	$ 3,709.69	283.79	$ 741.16	254.62			$ 1,279.57	$ 2,430.12	
					O																			
DAVID HAYES 2486 CLEVELAND AVE TWP OF WASHINGTON, NJ	JOURNEYMAN	PLUMBER	M	W	S						8		8.00	93.51	1,870.20	$ 2,875.20	219.95	$ 508.53	184.25	201.26		$ 1,113.99	$ 1,961.21	
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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

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) 08/18/21, and ending on (date) 08/24/21, 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) 08/24/21

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
GOP IRONWORKS, LLC
F.E.I.N. 40-0609449

Business Address
637 WYCKOFF AVE STE 340., NJ, WYCKOFF 07481

Project Name
WASHINGTON TWP FIREHOUSE
Contract I.D. or Project I.D.

Payroll No.
3

Date Wages Due & Paid (mm/dd/yyyy)
09/02/2021

Week Ending Date
08/28/2021
or ☐ Final Certification

Project Location
WASHINGTON TWP FIREHOUSE WASHIGNTON TWP FIREHOUSE

Contractor Registration #
72427

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 08/22	MO 08/23	TU 08/24	WE 08/25	TH 08/26	FR 08/27	SA 08/28	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
HERNAN CORREA 386 MONROE ST APT 1 PASSAIC, NJ 07055	Ironworker Journeyman	5057 struct/misc steel	M	W	S	0	0	0	4	0	0	0	4.00	93.56	374.24	$982.24	75.14	$ 85.08	34.48	0.00	0.00	$ 194.70	$ 787.54	$ 48.12
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LEONARDO GONZALES 52 MT PLEASANT AVE BELLEVILLE, NJ 07109	Ironworker Journeyman	5057 struct/misc steel	M	W	S	0	0	0	0	4	0	0	4.00	93.56	374.24	$ 1,236.72	94.62	$ 210.36	57.16	0.00	0.00	$ 362.14	$ 874.58	$ 48.12
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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 GOP IRONWORKS, LLC (Contractor or Subcontractor) on the WASHINGTON TWP (Project Name & Location) that during the payroll period beginning on (date) 08/22/21, and ending on (date) 08/28/21, 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 Sheri QUattrocchi *Sheri Quattrocchi*

Title Manager Date (mm/dd/yy) 08/28/21

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. 27-7960860

Payroll No. **7**

Date Wages Due & Paid (mm/dd/yyyy) 08/30/2021

Week Ending Date 08/28/2021 or ☐ Final Certification

Business Address
2606 WILDBERRY COURT
EDISON, NJ 08817

Project Location
EMERGENCY SERVICE COMPLEX
350 HUDSON AVENUE , WASHINGTON, NJ

Project Name
EMERGENCY SERVICE COMPLEX

Contract I.D. or Project I.D.
18053

Contractor Registration #
683924

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

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

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 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	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
SALMAN SYED 401 NEW DOVER RD, EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S		6.00			8.00			14.00	94.73	1,326.22	$1,326.22	101.46	$ 132.62	25.20	12.60	0.13	$ 272.01	$ 1,054.21	$ 36.08
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KABIR AHMAD 41 READING RD-A EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	M	A	S		6.00			8.00	6.00		20.00	94.73	1,894.60	$ 1,894.60	144.94	$ 94.73	36.00	18.00	0.19	$ 293.85	$ 1,600.75	$ 36.08
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MUHAMMAD ASIF 2606 WILDBERRY CT EDISON, NJ 08817	FOREMAN	ELECTRICIAN	M	A	S		6.00			4.00			10.00	104.19	1,041.90	$ 1,041.90	79.71	$ 52.10	19.80	9.90	0.10	$ 161.60	$ 880.30	$ 39.68
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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 TAJ MAHAL ELECTRICAL CONTRACTO
(Contractor or Subcontractor)
on the EMERGENCY SERVICE COMPLEX
(Project Name & Location)
that during the payroll period beginning on (date) 08/22/21, and ending on (date) 08/28/21, 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) 08/30/21

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