

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

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

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

1. Name and address of Prime Contractor
Tekcon Construction, Inc
(NAME)
285 Davidson Avenue, Suite 201
(ADDRESS)
Somerset NJ 08873
(CITY) (STATE) (ZIP CODE)

3. F ID or SS Number
20-5070584

2. Contractor ID Number
668730

4. Reporting Period
12/06/2021-1/02/2022

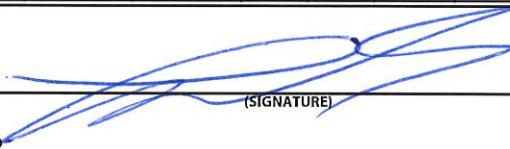
5. Public Agency Awarding Contract
Twp. of Washington
Date of Award
10/5/2020

6. Name and Location of Project
Emergency Services Bergen
County

7. Project ID Number
18053

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H			
				A.	B.	C.	D.	E.	F.		TOTAL WORK HOURS	A.	B.	A.	B.	TOTAL WORK HOURS	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES			MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H	
Phoenix HVAC	75%	Sheet M	J	4	0	0	0	0	0	4	106	0	0	0	0	106	0	0	0	0
			AP																	
Newark Fire Sprin																				
	75%	Sprinkl	J	5	0	0	0	0	0	5	88	0	0	0	0	88	0	0	0	0
			AP																	
Susan Jenkins Ent	60%	Insulat	J	1	0	0	0	0	0	1	8	0	0	0	0	8	0	0	0	0
			AP																	
Phoenix HVAC																				
	75%	Insulat	J	2	0	0	0	0	0	2	32	0	0	0	0	32	0	0	0	0
			AP																	
Phoenix HVAC	75%	Pipe Fi	J	3	0	0	0	0	0	3	36	0	0	0	0	36	0	0	0	0
			AP																	

17. COMPLETED BY (PRINT OR TYPE)
Eric Dziadyk
(NAME)
848
(AREA CODE)


(SIGNATURE)
2,163,452
(TELEPHONE NUMBER)

President
(TITLE)
1/07/2022
(DATE)

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

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_contract_compliance/pdf/aa202ins.pdf		3. FID or SS Number 20-5070584
1. Name and address of Prime Contractor Tekcon Construction, Inc	2. Contractor ID Number 668730	4. Reporting Period 12/06/2021-1/02/2022
(NAME) 285 Davidson Avenue, Suite 201		5. Public Agency Awarding Contract Twp. of Washington Date of Award 10/5/2020
(ADDRESS) Somerset NJ 08873		6. Name and Location of Project Emergency Services Bergen County 7. Project ID Number 18053
(CITY)	(STATE)	(ZIP CODE)

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF MIN. EMP.	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H			
				A.	B.	C.	D.	E.	F.		TOTAL WORK HOURS	A.	B.	A. % OF MIN. W/H	B. % OF FEMALE W/H	TOTAL WORK HOURS	A.	B.	A. % OF MIN. W/H	B. % OF FEM. W/H
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES			MIN. W/H	FEMALE W/H				MIN. HOURS	FEMALE HOURS		
Marcal Constructi	97%	Mason	J	2	0	0	0	0	0	2	240	0	0	0	0	240	0	0	0	0
			AP																	
R Build, LLC																				
	92%	Carpent	J	2	0	0	0	0	0	2	160	0	0	0	0	160	0	0	0	0
			AP																	
Taj Mahal Electri																				
	75%	Electri	J	3	0	0	0	3	0	3	104	0	0	0	0	104	0	0	0	0
			AP																	
GOP Ironworks																				
	92%	Ironwor	J	2	0	0	0	0	0	2	21	0	0	0	0	21	0	0	0	0
			AP																	
Peter Hywel Plumb																				
	80%	Plumber	J	3	0	0	0	0	0	3	43	0	0	0	0	43	0	0	0	0
			AP																	

17. COMPLETED BY (PRINT OR TYPE)			
Eric Dziadyk		President	
(NAME)	(SIGNATURE)	(TITLE)	
848	2,163,452	1/07/2022	
(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)	(DATE)

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

Official Use Only

Assignment

Code

FORM AA-201

Revised 11/17

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

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

1. FID NUMBER		2. CONTRACTOR ID NUMBER		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT				8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X			
20-507084		668730		Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676							
3. NAME AND ADDRESS OF PRIME CONTRACTOR				6. NAME AND ADDRESS OF PROJECT		CONTRACT NUMBER		DATE OF AWARD		DOLLAR AMOUNT OF AWARD	
TEKCON CONSTRUCTION INC				Name: New Emergency Services Complex Address: Washington, NJ 07676		18053		10-5-2020		\$5,328,183.00	
(Name)				COUNTY		BERGEN				7. PROJECT NUMBER	
285 DAVIDSON AVENUE SUITE 201										18053	
(Street Address)											
(City)		(State)		(Zip Code)							
SOMERSET		NJ		08873							
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []											
9. TRADE OR CRAFT											
PROJECTED TOTAL EMPLOYEES											
MALE											
J AP J AP											
PROJECTED MINORITY EMPLOYEES											
MALE											
J AP J AP											
FEMALE											
J AP J AP											
PROJECTED PHASE - IN DATE											
PROJECTED COMPLETION DATE											
1. ASBESTOS WORKER											
2. BRICKLAYER OR MASON											
3. CARPENTER											
4. ELECTRICIAN											
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 Insulator											
20. OTHER											

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

(Signature)

ERIC DZIADYK

PRESIDENT

(Title)

848 216-3452

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

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

Other (specify)

[illegible]

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

☐ Check if additional sheets used

(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) 12/05/21, and
ending on (date) 12/11/21, 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.

(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.

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

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

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

Title Manager Date (mm/dd/yy) 12/11/21

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

[illegible]

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

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor

Susan Jenkins Enterprises, Inc

F.E.I.N. 222846940

Business Address

PO Box 2592, Oak Ridge, NJ 07438

Project Location

Project Name

WASHINGTON TWP EMERGENCY

Contract I.D. or Project I.D.

Contractor Registration #

605763

Payroll No.

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

Week Ending Date

☒ 12 11 21
or ☐ Final Certification

SUBMIT form by

email: equalpayact@dol.nj.gov

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour	
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key											Gross Amt. Earned		Deductions								
						SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions				
						Hours worked each day																			
DATO, GREGORY 12 BARBARA CT WARETOWN NJ 08758	FOREMAN	INSULATION	M	W	S					8			8.00	59.97		479.76			104.95				567.96		
					O												1421.04							853.08	
					S														108.71			354.30			34.97
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				

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

☐ Check if additional sheets used

I, the undersigned, do hereby state and certify:

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

(Contractor or Subcontractor)

on the Washington Twp. Emergency
(Project Name & Location) 12-05-2021

that during the payroll period beginning on (date) 12-03-2021
and ending on (date) 12-11-2021, 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 employees, as noted in Section 4(c) at right.

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

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

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

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

Name Joanne Krieger

Title Secretary Date (mm/dd/yy) 12-15-2021

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. 12:20 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

4(c) Benefit Program Information in AMOUNT CONTRIBUTED PER HOUR (Must be completed if 4(a) is checked)

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor

Peter Hywel Plumbing & Heating

F.E.I.N. 223541355

Payroll No.

19

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

12/14/2021

Week Ending Date

12/14/2021

or ☐ Final Certification

Business Address

51 Woodland Rd Ringwood NJ 07456

Project Location

656 WASHINGTON AVE
TWP OF WASHINGTON NJ

Project Name

WASHINGTON TWP EMERG SVCS

Contract I.D. or Project I.D.

Contractor Registration #

SUBMIT form by

email: equalpayact@dol.nj.gov

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned		8. Deductions					9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour	
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions			
						12/12	12/13	12/14	12/8	12/9	12/10	12/11			Hours worked each day									
ADAM EHRENFELS 686 LAFAYETTE AVE WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S				1	8	8		17.00	93.51										
					O					1	.5		0.50	140.27	1,800.07	\$3,347.07	48.53	\$ 621.89	196.71	200.82	\$ 1,067.95	\$ 2,279.12		
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S				1	8	8													
					O																			
NICK ABBRUZZESE 84 REGIS COURT PARAMUS NJ	JOURNEYMAN	PLUMBER	M	W	S				1	8	8		17.00	93.51	1,589.67	\$ 2,003.67	153.28	\$ 307.98	119.18		\$ 580.44	\$ 1,423.23		
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

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

☐ Check if additional sheets used

MW-562 (9/19)

(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) 12/08/21, and
ending on (date) 12/14/21, 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 sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall 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.

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

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor

Peter Hywel Plumbing & Heating

F.E.I.N. 223541355

Payroll No.

18

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

12/07/2021

Week Ending Date

12/07/2021

or ☐ Final Certification

Business Address

51 Woodland Rd Ringwood NJ 07456

Project Location

656 WASHINGTON AVE
TWP OF WASHINGTON NJ

Project Name

WASHINGTON TWP EMERG SVCS

Contract I.D. or Project I.D.

Contractor Registration #

SUBMIT form by

email: equalpayact@dol.nj.gov

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.							9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	Deductions					Total Deductions			
						12/5	12/6	12/7	12/1	12/2	12/3	12/4					State Tax	Other (specify)	Total Deductions						
						Hours worked each day																			
ADAM EHRENFELS 686 LAFAYETTE AVE WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S		7	8					15.00	93.51	1,472.78	\$3,143.16	45.58	\$ 575.89	182.01	188.59		\$ 992.07	\$ 5,151.09		
					O		.5							0.50											140.27
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S		6	6																	
					O																				
NICK ABBRUZZESE 84 REGIS COURT PARAMUS NJ	JOURNEYMAN	PLUMBER	M	W	S		6	8					14.00	93.51	1,309.14	\$ 1,354.14	103.59	\$ 163.06	66.89			\$ 333.54	\$ 1,020.60		
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				

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

☐ Check if additional sheets used

(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) 12/01/21, and
ending on (date) 12/01/21, 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 sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall 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.

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11- 56,25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4,1 ET SEQ.

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor

Rbuild LLC

F.E.I.N. 45-5632605

Payroll No.

26

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

12/17/2021

Week Ending Date

12/12/2021

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		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key											Gross Amt. Earned		Deductions							
						MO 12/06	TU 12/07	WE 12/08	TH 12/09	FR 12/10	SA 12/11	SU 12/12			This Project	This Week	FICA	Federal Tax	State Tax	Medicare	Total Deductions			
Toni Suleski, 206 Stone St., Maywood NJ 07607 ss: 6179	Foreman	Carpenter	M		S	8	0	8	8	8		32.00	94.23	3,015.36	\$3,015.36	188.95	\$ 571.00	187.73	43.73		\$ 989.41	\$ 2,025.95	\$ 34.56	
Blagoj Shterjov, 57 East 7th St., Clifton NJ 07011 ss: 8787	Journeyman	Carpenter	M		S	8	0	8	8	8		32.00	82.01	2,624.32	\$ 2,624.32	182.71	\$ 362.00	158.77	38.05		\$ 721.53	\$ 1,902.79	\$ 30.12	
					S							0.00									\$ 0.00			
					O							0.00									\$ 0.00			
					S							0.00									\$ 0.00			
					O							0.00									\$ 0.00			
					S							0.00									\$ 0.00			
					O							0.00									\$ 0.00			
					S							0.00									\$ 0.00			
					O							0.00									\$ 0.00			
					S							0.00									\$ 0.00			
					O							0.00									\$ 0.00			
					S							0.00									\$ 0.00			
					O							0.00									\$ 0.00			

KEY W= White; B= Black or African American;

A= Asian; N= American Indian or Native Alaskan;

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by
Rbuild LLC
 (Contractor or Subcontractor)
 on the New Emergency Services
 (Project Name & Location)
 that during the payroll period beginning on (date) 12/06/21, and
 ending on (date) 12/12/21, 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
 aforementioned Contractor or Subcontractor from the full weekly wages
 earned by any person and that no deductions have been made either
 directly or indirectly from the full wages earned by any person, other
 than permissible deductions as defined in the New Jersey Prevailing
 Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
 seq.

(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.

(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.

☒ 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) 12/17/21

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.

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor
Taj Mahal Electrical Contracto
F.E.I.N. 27-3960860

Payroll No.
23

Date Wages Due & Paid (mm/dd/yyyy)
12/12/2021

Week Ending Date
12/11/2021
or ☐ Final Certification

Business Address
2606 Wildberry Ct., Edison, NJ 08817

Project Location
350 Hudson Avenue, Washington, NJ

Project Name
Emergency Service Complex
Contract I.D. or Project I.D.
18053
Contractor Registration #
683924

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

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.							9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour		
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race <i>See Key</i>		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions					Total Deductions					
						5	6	7	8	9	10	11			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)							
						Hours worked each day																					
Salman Syed 401 New Dover Rd Colonia, NJ 07067	Journeyman	Electrician	S	A	S						6		6.00	94.73			568.38	\$568.38	43.48	\$ 56.84	10.80	5.40	0.06	\$ 116.57	\$ 451.81	\$ 36.08	
Muhammad Asif 2606 Wildberry Ct Edison, NJ 08817	Foreman	Electrician	M	A	S						4		4.00	104.19			416.76	\$ 416.76	31.88	\$ 20.84	7.92	3.96	0.04	\$ 64.64	\$ 352.12	\$ 39.68	
					O																						
Ahmad Kabir 41 Reading Rd#A Edison, NJ 08817	Journeyman	Electrician	M	A	S						6		6.00	94.73			568.38	\$ 568.38	43.48	\$ 28.42	10.80	5.40	0.06	\$ 88.16	\$ 480.22	\$ 36.08	
					O																						
					S																						
					O																						
					S																						
					O																						
					S																						
					O																						
					S																						
					O																						
					S																						
					O																						
					S																						
					O																						

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by
Taj Mahal Electrical Contractor
(Contractor or Subcontractor)
on the Emergency Service Complex
(Project Name & Location)
that during the payroll period beginning on (date) 12/05/21, and
ending on (date) 12/11/21, 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 aforementioned Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

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

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

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
FUNDS OR PROGRAMS
☐ In addition to the basic hourly wage rates paid to each laborer
or mechanic listed in the above-referenced payroll, payments of
fringe benefits have been or will be made when due to appropriate
programs for the benefit of such employ-ees, as noted in Section
4(c) at right.

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

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

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

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.

Health/ Welfare
Vacation/Holiday
Apprenticeship/
Training

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Marcal Construction Group			Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Name New Emergency Services Complex	
F.E.I.N. N/A			Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Contract I.D. or Project I.D. 18053	
Payroll No. 52	Date Wages Due & Paid (mm/dd/yyyy) 12/17/2021	Week Ending Date 12/12/2021 or ☐ Final Certification			Contractor Registration # 727261	

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

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions				Total Deductions			
						12/5/d	12/6/d	12/7/d	12/8/d	12/9/d	12/10	12/11			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)				
						Hours worked each day																		
San Martin, Jose #5193 26 Wilson Ave., South River, NJ 07104	Foreman	Mason Foreman	M	W	S	0	8	8	8	8	8	0	40.00	89.32	3,572.80	\$3,572.80	133.47	\$ 750.28	205.48	0.00	0.00	\$ 1,089.23	\$ 2,483.57	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave., Newark, NJ 07104	Journeyman	Mason	M	W	S	0	8	8	8	8	8	0	40.00	78.18	3,127.20	\$ 3,127.20	239.23	\$ 436.46	155.06	0.00	0.00	\$ 830.75	\$ 2,296.45	
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by Marcac Construction Group
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 12/06/21, and
ending on (date) 12/12/21, 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 sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall 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.

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

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

[illegible]

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/11

Official Use Only

Assignment

Code

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

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

1. FID NUMBER		2. CONTRACTOR ID NUMBER		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT			
20-507084		668730		Name: Township of Washington 350 Hudson Avenue, Address: Washington, NJ 07676			
3. NAME AND ADDRESS OF PRIME CONTRACTOR				CONTRACT NUMBER		DATE OF AWARD	DOLLAR AMOUNT OF AWARD
TEKCON CONSTRUCTION INC				18053		10-5-2020	\$5,328,183.00
(Name)				6. NAME AND ADDRESS OF PROJECT		7. PROJECT NUMBER	
285 DAVIDSON AVENUE SUITE 201				Name: New Emergency Services Complex 656 Washington Avenue, Address: Washington, NJ 07676		18053	
(Street Address)							
SOMERSET		NJ		08873			
(City)		(State)		(Zip Code)			
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []							
9. TRADE OR CRAFT		PROJECTED TOTAL EMPLOYEES		PROJECTED MINORITY EMPLOYEES		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X	
		MALE		FEMALE			
		J	AP	J	AP	J	AP
1. ASBESTOS WORKER							
2. BRICKLAYER OR MASON		2				12/13/2021	12/19/2021
3. CARPENTER		2				12/13/2021	12/19/2021
4. ELECTRICIAN		3				12/13/2021	12/19/2021
5. GLAZIER							
6. HVAC MECHANIC							
7. IRONWORKER							
8. OPERATING ENGINEER							
9. PAINTER							
10. PLUMBER		2				12/13/2021	12/19/2021
11. ROOFER							
12. SHEET METAL WORKER		4				12/13/2021	12/19/2021
13. SPRINKLER FITTER		5				12/13/2021	12/19/2021
14. STEAMFITTER							
15. SURVEYOR							
16. TILER							
17. TRUCK DRIVER							
18. LABORER							
19. OTHER <i>Insulator</i>		2				12/13/2021	12/19/2021
20. OTHER							

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



(Signature)

ERIC DZIADYK		PRESIDENT	
10. (Please Print Your Name)		(Title)	
848	216-3452	12/23/2021	
(Area Code)	(Telephone Number)	(Ext.) (Date)	

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify)

[illegible]

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

~~☐ Check if additional sheets used~~

(1) That I pay or supervise the payment of the persons employed by NEWARK FIRE SPRINKLER CORP
(Contractor or Subcontractor)
on the Emergency Service Complex
(Project Name & Location)
that during the payroll period beginning on (date) 12/22/2019, and
ending on (date) 12/30/2019, 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.

(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.

(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.

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

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

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor
Rbuild LLC
F.E.I.N. 45-5632605

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

Payroll No.
27

Date Wages Due & Paid (mm/dd/yyyy)
12/24/2021

Week Ending Date
12/19/2021
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		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.							9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour	
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		MO	TU	WE	TH	FR	SA	SU			Gross Amt. Earned	This Project	This Week	FICA	Federal Tax	Deductions						Total Deductions
						12/13	12/14	12/15	12/16	12/17	12/18	12/19								State Tax	Medicare					
						Hours worked each day																				
Toni Suleski, 206 Stone St., Maywood Nj 07607 ss: 6179	Foreman	Carpenter	M		S	8	8	8	8	8			40.00	94.23	3,769.20	\$ 3,769.20	233.69	\$ 787.00	246.15	54.65		\$ 1,321.49	\$ 2,447.71	\$ 34.56		
					O								0.00													
Blagoj Shterjov, 57 East 7th St., Clifton NJ 07011 ss: 8787	Journeyman	Carpenter	M		S	8	8	8	8	8			40.00	82.01	3,280.40	\$ 3,280.40	203.38	\$ 507.00	209.61	47.57		\$ 967.56	\$ 2,312.84	\$ 30.12		
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													
					S								0.00									\$ 0.00				
					O								0.00													

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by Rbuild LLC
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 12/13/21, and
ending on (date) 12/19/21, 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.

(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.

(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.

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

Title Managing Member Date (mm/dd/yy) 12/24/21

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.

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor
Taj Mahal Electrical Contracto

F.E.I.N. 27-3960860

Payroll No.
24

Date Wages Due & Paid (mm/dd/yyyy)
12/19/2021

Week Ending Date
12/18/2021
or ☐ Final Certification

Business Address
2606 Wildberry Ct., Edison, NJ 08817

Project Location
350 Hudson Avenue, Washington, NJ

Project Name
Emergency Service Complex
Contract I.D. or Project I.D.
18053

Contractor Registration #
683924

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

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions							
						12- <i>o/d/d</i>	13- <i>y/d/d</i>	14- <i>y/d/d</i>	15- <i>y/d/d</i>	16- <i>o/d/d</i>	17- <i>o/d/d</i>	18- <i>y/d/d</i>			This Project	This Week	FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions		
						Hours worked each day																		
Salman Syed 401 New Dover Rd Colonia, NJ 07067	Journeyman	Electrician	S	A	S			7	7				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
					O																			
Muhammad Asif 2606 Wildberry Ct Edison, NJ 08817	Foreman	Electrician	M	A	S			2					2.00	104.19	208.38	\$ 15.94	10.42	\$ 3.96	1.98	0.02	0.02	\$ 32.32	\$ 176.00	\$ 39.68
					O	2																		
Ahmad Kabir 41 Reading Rd#A Edison, NJ 08817	Journeyman	Electrician	M	A	S			6	6				12.00	94.73	1,136.76	\$ 1,136.76	86.96	\$ 56.84	21.60	10.80	0.11	\$ 176.31	\$ 960.45	\$ 36.08
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

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

☐ Check if additional sheets used

(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) 12/12/21, and
ending on (date) 12/18/21, 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 sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.

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

(4) That:

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

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

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

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

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

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

[illegible]

Name of ☐ Contractor or ☐ Subcontractor Phoenix H V A C LLC F.E.I.N.: 11-3828651			Business Address 7 Orono StreetClifton, NJ 07013 Project Location 656 Washington Ave, Washington Twp, NJ 07676			Project Name Emergency Services Complex Contract I.D. or Project I.D. 2030 Contractor Registration #			SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.																
Payroll No. 421	Date Wages Due and Paid 12/23/2021	Week Ending Date 12/19/2021 or ☐ Final Certification																							
1. Employee Name and Address	2.Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7. Gross Amount Earned		8. Deductions						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.	
	Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	Sex M-Male F-Female X-Non- Binary	Race See Key		Dec 13	Dec 14	Dec 15	Dec 16	Dec 17	Dec 18	Dec 19			This Project	This Week	FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions			
						Mon	Tue	Wed	Thu	Fri	Sat	Sun													
Hours worked each day																									
Garrera, Anthony 120 Main Street Sussex NJ 07461		Sheetmetal Foreman	M	W	O											1,205.64	3,029.40	43.92	603.84	172.44	0.00	0.00	820.20	2,209.20	0.00
					S	6.00				6.00					12.00	100.4700									
Gensinger, Stephen 14 Overlook Avenue NORTH HALEDON NJ 07508		Sheetmetal Journeyman	M	W	O											1,163.64	2,924.40	223.73	578.64	165.09	0.00	0.00	967.46	1,935.00	0.00
					S	6.00				6.00					12.00	98.9700									
Cisneros, Silvano 195 23rd Avenue PATERSON NJ 07513		Sheetmetal Foreman- Shop	M	H	O											703.29	2,126.43	162.67	387.13	109.23	0.00	0.00	659.03	1,451.46	0.00
					S			7.00							7.00	100.4700									
Ileiwat, Khaled A 328 Succasunna Road Landing NJ 07850		Sheetmetal Foreman	M	W	O											602.82	2,726.58	35.49	232.26	101.80	0.00	279.51	649.06	2,077.52	0.00
					S	6.00									6.00	100.4700									
Mena, Marlon D 4 Jefferson Ave DUNELLEN NJ 08812		Heating/Fro st Insulator Foreman	M	H	O											1,103.28	2,758.20	211.01	538.76	153.46	0.00	0.00	903.23	1,854.97	0.00
					S	6.00				6.00					12.00	91.9400									
Mustafa, Omar 42 Upper High Crest Drive West Milford NJ 07480		H/F Insltr Frmn SHOP	M	W	O											1,287.16	2,330.74	178.30	436.17	123.54	0.00	0.00	738.01	1,575.25	0.00
					S			7.00		7.00					14.00	91.9400									
					O																				
					S																				
					O																				
					S																				

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

Phoenix HVAC LLC

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

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

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.

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

b) WHERE FRINGE BENEFITS ARE PAID IN CASH

5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works 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.

Title PRESIDENT Date (mm/dd/yy) 12/23/2021

[illegible]

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.

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

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

[illegible]

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

MW-562 (9/19)

(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) 12/15/21, and
ending on (date) 12/21/21, 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 sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.

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

(4) That:

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

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

(5) N.J.S.A. 12:60-2.1 and 5.1 – The Public Works employers shall 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.

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

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Marcal Construction Group			Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Name New Emergency Services Complex		SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.
F.E.I.N. N/A			Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Contract I.D. or Project I.D. 18053		
Payroll No. 53	Date Wages Due & Paid (mm/dd/yyyy) 12/23/2021	Week Ending Date 12/19/2021 or ☐ Final Certification			Contractor Registration # 727261		

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions					Total Deductions		
						12/12	12/13	12/14	12/15	12/16	12/17	12/18			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)				
						Hours worked each day																		
San Martin, Jose #5193 26 Wilson Ave., South River, NJ 07104	Foreman	Mason Foreman	M	W	S	0	8	8	8	8	8	0	40.00	89.32	3,572.80	\$3,572.80	51.81	\$ 750.28	205.48	0.00	0.00	\$ 1,007.57	\$ 2,565.23	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave., Newark, NJ 07104	Journeyman	Mason	M	W	S	0	8	8	8	8	8	0	40.00	78.18	3,127.20	\$ 3,127.20	239.23	\$ 436.46	155.06	0.00	0.00	\$ 830.75	\$ 2,296.45	
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

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

☐ Check if additional sheets used

(1) I pay or supervise the payment of the persons employed by Marcal Construction Group
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 12/13/21, and
ending on (date) 12/19/21, 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 sub-
mitted for the above period are correct and complete; that the wage
rates for laborers or mechanics contained therein are not less than
the applicable wage rates contained in any wage determination in-
corporated into the contract; that the classifications set forth therein
for each laborer or mechanic conform with the work he performed.

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

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

[illegible]

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/11

Official Use Only

Assignment

Code

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

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

1. FID NUMBER 20-507084		2. CONTRACTOR ID NUMBER 668730		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT Name: Township of Washington 350 Hudson Avenue, Address: Washington, NJ 07676													
3. NAME AND ADDRESS OF PRIME CONTRACTOR TEKCON CONSTRUCTION INC (Name)				285 DAVIDSON AVENUE SUITE 201 (Street Address)		NJ 08873		(State)		(Zip Code)		CONTRACT NUMBER 18053		DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00	
SOMERSET				NJ		08873						6. NAME AND ADDRESS OF PROJECT Name: New Emergency Services Complex Address: Washington, NJ 07676		7. PROJECT NUMBER 18053			
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []												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			
1. ASBESTOS WORKER																	
2. BRICKLAYER OR MASON																	
3. CARPENTER																	
4. ELECTRICIAN				3								12/20/2021		12/26/2021			
5. GLAZIER																	
6. HVAC MECHANIC																	
7. IRONWORKER																	
8. OPERATING ENGINEER																	
9. PAINTER																	
10. PLUMBER																	
11. ROOFER																	
12. SHEET METAL WORKER				4								12/20/2021		12/26/2021			
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)

ERIC DZIADYK

PRESIDENT

10. (Please Print Your Name)

(Title)

848

216-3452

12/31/2021

(Area Code)

(Telephone Number)

(Ext.)

(Date)

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

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

Contractor or Subcontractor)

Project Name & Location)

that during the payroll period beginning on (date) 12/20/2021, and

ending on (date) 12/26/2021, all persons employed on said project

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

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name KHALED MUSTAFA

Title PRESIDENT Date (mm/dd/yy) 12/30/2021

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

[illegible]

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

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Taj Mahal Electrical Contracto			Business Address 2606 Wildberry Ct., Edison, NJ 08817		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.	
FE.I.N. 27-3960860	Project Location 350 Hudson Avenue, Washington, NJ							
Payroll No. 25	Date Wages Due & Paid (mm/dd/yyyy) 12/26/2021	Week Ending Date 12/25/2021 or ☐ Final Certification						

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.							9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions				
						19	20	21	22	23	24	25													
						Hours worked each day																			
Salman Syed 401 New Dover Rd Colonia, NJ 07067	Journeyman	Electrician	S	A	S	7			7			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		
					O																				
Muhammad Asif 2606 Wildberry Ct Edison, NJ 08817	Foreman	Electrician	M	A	S	2			2			4.00	104.19	416.76	\$ 416.76	31.88	\$ 20.84	7.92	3.96	0.04	\$ 64.64	\$ 352.12	\$ 39.68		
					O																				
Ahmad Kabir 41 Reading Rd#A Edison, NJ 08817	Journeyman	Electrician	M	A	S	6			6			12.00	94.73	1,136.76	\$ 1,136.76	86.96	\$ 56.84	21.60	10.80	0.11	\$ 176.31	\$ 960.45	\$ 36.08		
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				
					O																				

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

☐ Check if additional sheets used

(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) 12/19/21, and
 ending on (date) 12/25/21, 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
 aforementioned Contractor or Subcontractor from the full weekly wages
 earned by any person and that no deductions have been made either
 directly or indirectly from the full wages earned by any person, other
 than permissible deductions as defined in the New Jersey Prevailing
 Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
 seq.

(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.

☐ 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.

(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.

Name Muhammad Asif

Title President Date (mm/dd/yy) 12/26/21

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.

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

[illegible]

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201
Revised 11/11

Official Use Only

Assignment

Code

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

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

1. FID NUMBER		2. CONTRACTOR ID NUMBER		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARING CONTRACT			
20-507084		668730		Name: Township of Washington 350 Hudson Avenue, Address: Washington, NJ 07676			
3. NAME AND ADDRESS OF PRIME CONTRACTOR				CONTRACT NUMBER			
TEKCON CONSTRUCTION INC				18053			
(Name)				DATE OF AWARD			
200 COTTONTAIL LANE SUITE A112W				10-5-2020			
(Street Address)				DOLLAR AMOUNT OF AWARD			
SOMERSET NJ 08873				\$5,328,183.00			
(City) (State) (Zip Code)				7. PROJECT NUMBER			
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []				18053			
9. TRADE OR CRAFT				6. NAME AND ADDRESS OF PROJECT			
				Name: New Emergency Services Complex 656 Washington Avenue, Address: Washington, NJ 07676			
				COUNTY			
				BERGEN			
				8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X			
				PROJECTED MINORITY EMPLOYEES			
				MALE FEMALE			
				J AP J AP J AP			
				PROJECTED PHASE - IN DATE			
				PROJECTED COMPLETION DATE			
1. ASBESTOS WORKER							
2. BRICKLAYER OR MASON				12/27/2021 1/02/2022			
3. CARPENTER				12/27/2021 1/02/2022			
4. ELECTRICIAN				12/27/2021 1/02/2022			
5. GLAZIER							
6. HVAC MECHANIC							
7. IRONWORKER							
8. OPERATING ENGINEER							
9. PAINTER							
10. PLUMBER							
11. ROOFER							
12. SHEET METAL WORKER							
13. SPRINKLER FITTER							
14. STEAMFITTER							
15. SURVEYOR							
16. TILER							
17. TRUCK DRIVER							
18. LABORER							
19. OTHER Pipe Fitter				12/27/2021 1/02/2022			
20. OTHER Insulator				12/27/2021 1/02/2022			

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

ERIC DZIADYK (Signature)

PRESIDENT (Title)

1/07/2022 (Date)

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

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

Other (specify)

☐ Contractor or ☒ Subcontractor

Rbuild LLC

F.E.I.N. 45-5632605

Payroll No.

28

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

01/07/2022

Week Ending Date

01/02/2022

or ☐ Final Certification

Business Address

164 Outwater Lane, Garfield, NJ 07026

Project Location

656 Washington Avenue
Township of Washington, NJ 07676

Project Name

New Emergency Services Complex

Contract I.D. or Project I.D.

18053

Contractor Registration #

693151

SUBMIT form by

email: equalpayact@dol.nj.gov

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

1. Employee Name and Address	2. Work Job Title e.g., apprentice, journeyman, foreman 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							5. Total Hours	6. Hourly Rate of Pay	7. Gross Amt. Earned		8. Deductions FICA Federal Tax State Tax Medicare					9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
						MO	TU	WE	TH	FR	SA	SU											
						12/27	12/28	12/29	12/30	12/31	01/01	01/02											
						Hours worked each day																	
Zoran Kozeski, 156 Wessington Ave., Garfield, NJ 07026 ss: 5677	Journeyman	Carpenter	M		S	0	8	0	0	0			8.00	82.01	656.08	\$656.08	40.68	\$ 16.00	14.67	9.51	\$ 80.88	\$ 575.22	\$ 30.12
					O								0.00										
Dimitar Shokoski, 177 Banta Ave., Garfield, NJ 07026 ss: 7860	Journeyman	Carpenter	M		S	0	8	0	0	0			8.00	82.01	656.08	\$ 656.08	40.68	\$ 8.00	14.29	9.51	\$ 72.48	\$ 583.60	\$ 30.12
					O								0.00										
					S								0.00								\$ 0.00		
					O								0.00										
					S								0.00								\$ 0.00		
					O								0.00										
					S								0.00								\$ 0.00		
					O								0.00										
					S								0.00								\$ 0.00		
					O								0.00										
					S								0.00								\$ 0.00		
					O								0.00										

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)

(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) 12/27/21, and
 ending on (date) 01/02/22, all persons employed on said project
 have been paid the full weekly wages earned, that no rebates have
 been or will be made either directly or indirectly to or on behalf of the
 aforementioned Contractor or Subcontractor from the full weekly wages
 earned by any person and that no deductions have been made either
 directly or indirectly from the full wages earned by any person, other
 than permissible deductions as defined in the New Jersey Prevailing
 Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
 seq.

(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.

(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.

☒ 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) 01/07/22

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

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

[illegible]

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor
Taj Mahal Electrical Contracto

F.E.I.N. 27-3960860

Payroll No.
26

Date Wages Due & Paid (mm/dd/yyyy)
01/02/2022

Week Ending Date
01/01/2022
or ☐ Final Certification

Business Address
2606 Wildberry Ct., Edison, NJ 08817

Project Location
350 Hudson Avenue, Washington, NJ

Project Name
Emergency Service Complex
Contract I.D. or Project I.D.
18053

Contractor Registration #
683924

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

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

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>M=Male F=Female X=Non-Binary</i>	Race See Key		SU	MO	TU	WE	TH	FR	SA			This Project	This Week	FICA	Federal Tax	Deductions			Total Deductions		
						Hours worked each day													State Tax	Other	(specify)			
						26 <i>7/24</i>	27 <i>8/24</i>	28 <i>9/24</i>	29 <i>10/24</i>	30 <i>11/24</i>	31 <i>12/24</i>	1 <i>1/24</i>												
Salman Syed 401 New Dover Rd Colonia, NJ 07067	Journeyman	Electrician	S	A	S								0.00	94.73										
Muhammad Asif 2606 Wildberry Ct Edison, NJ 08817	Foreman	Electrician	M	A	S		4	4		4			12.00	104.19	1,250.28	\$ 1,250.28	95.65	\$ 62.51	23.76	11.88	0.13	\$ 193.92	\$ 1,056.36	\$ 39.68
Ahmad Kabir 41 Reading Rd#A Edison, NJ 08817	Journeyman	Electrician	M	A	S		6	6		6			18.00	94.73	1,705.14	\$ 1,705.14	130.44	\$ 85.28	32.40	16.20	0.17	\$ 264.47	\$ 1,440.67	\$ 36.08
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

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

☐ Check if additional sheets used

(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) 12/26/21, and
ending on (date) 01/01/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of
the aforementioned Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

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

[illegible]

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.

Name of ☐ Contractor or ☐ Subcontractor Phoenix H V A C LLC F.E.I.N.: 11-3828651			Business Address 7 Orono Street Clifton, NJ 07013 Project Location 656 Washington Ave, Washington Twp, NJ 07676			Project Name Emergency Services Complex Contract I.D. or Project I.D. 2030 Contractor Registration #			SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.																
Payroll No. 139		Date Wages Due and Paid 01/07/2022		Week Ending Date 1/2/2022 or ☐ Final Certification																					
1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7. Gross Amount Earned		8. Deductions						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hr.	
	Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	Sex M-Male F-Female X-Non- Binary	Race See Key		Dec	Dec	Dec	Dec	Dec	Jan	Jan													
						27	28	29	30	31	1	2													
						Mon	Tue	Wed	Thu	Fri	Sat	Sun													
Hours worked each day																									
Idalgo Garcia, Pedro mmanual 77 N. 10th Street respect Park NJ 07508		Pipe Fitter Journeyman	M	H	O											1,122.12	1,530.12	117.06	215.74	62.49	0.00	0.00	395.29	1,124.05	0.00
					S	6.00			6.00					12.00	93.5100										
orja, Sebastian B 48 Haledon Avenue respect Park NJ 07508		Heating/Fro st Insulator Foreman	M	W	O											551.64	1,351.64	103.40	194.67	50.82	0.00	0.00	348.89	993.23	0.00
					S	6.00								6.00	91.9400										
omero Picado, Kevin 22 Gilbert Street idgewood NJ 07450		Pipe Fitter Journeyman	M		O											1,122.12	1,674.12	128.07	265.61	72.57	0.00	0.00	466.25	1,196.07	0.00
					S	6.00			6.00					12.00	93.5100										
idalgo Garcia, Paolo 27 N 10 Street respect Park NJ 07508		Pipe Fitter Foreman	M	H	O											1,167.96	2,007.96	146.00	196.30	63.83	0.00	99.41	505.54	1,488.27	0.00
					S	6.00			6.00					12.00	97.3300										
					O																				
					S																				
					O																				
					S																				
					O																				
					S																				

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

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

10enix H V A C LLC

Contractor or Subcontractor)

at the Emergency Services Complex at 656 Washington Ave, Washington
 Township, NJ 07676

roject Name & Location)

at during the payroll period beginning on (date) 12/27/2021, and

iding on (date) 01/02/2022, all persons employed on said project

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

) 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.

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.

.) That:

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

I 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

I 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.

j) 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.

1 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.

lame KHALED MUSTAFA

File PRESIDENT Date (mm/dd/yy) 01/07/2022

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

[illegible]

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

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Marcal Construction Group F.E.I.N. N/A			Business Address 364 Keene Street, Perth Amboy, NJ 08861 Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Project Name New Emergency Services Complex Contract I.D. or Project I.D. 18053 Contractor Registration # 727261		SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.	
Payroll No. 54	Date Wages Due & Paid (mm/dd/yyyy) 01/07/2022	Week Ending Date 01/02/2022 or ☐ Final Certification						

1. Employee Name and Address	2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.						9. Net Wages Paid for Week	10. Total Fringe Benefit Cost/Hour
	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key		SU	MO	TU	WE	TH	FR	SA			Gross Amt. Earned		Deductions					Total Deductions		
						12/26	12/27	12/28	12/29	12/30	12/31	1/1/d			This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)				
						Hours worked each day																		
San Martin, Jose #5193 26 Wilson Ave., South River, NJ 07104	Foreman	Mason Foreman	M	W	S	0	8	8	8	8	8	0	40.00	89.32	3,572.80	\$3,572.80	273.32	\$ 736.36	215.48	13.67	1.52	\$ 1,240.35	\$ 2,332.45	
					O																			
Guadalupe, Manuel Mesias #3227 483 Summer Ave., Newark, NJ 07104	Journeyman	Mason	M	W	S	0	8	8	8	8	8	0	40.00	78.18	3,127.20	\$ 3,127.20	239.23	\$ 428.02	140.36	11.96	1.33	\$ 820.90	\$ 2,306.30	
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			
					S																			
					O																			

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by Marcial Construction Group
(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 12/27/21, and
ending on (date) 01/02/22, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of the
aforenamed Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

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

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

[illegible]