

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

1. Name and address of Prime Contractor Tekcon Construction, Inc		2. Contractor ID Number 668730		3. FID or SS Number 20-5070584	
(NAME) 200 Cottontail Lane, Suit A112		(ADDRESS) Somerset		4. Reporting Period 10/4/2021 to 10/31/2021	
(CITY) Somerset		(STATE) NJ		5. Public Agency Awarding Contract Twp. of Washington	
(ZIP CODE) 08873		6. Name and Location of Project Emergency Services Bergen		7. Project ID Number 18053	
				Date of Award 10/5/2020	

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. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	A. MIN. W/H		B. FEMALE W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	A. % OF MIN. W/H	B. % OF FEMALE W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	A. % OF MIN. W/H	B. % OF FEM. W/H	
Marcal Constructi	97%	Mason	J	2	0	0	0	0	0	0	2	304	0	0	0	304	0	0	0	0	0		
			AP																				
R Build LLC	87%	Carpent	J	2	0	0	0	0	0	0	2	72	0	0	0	72	0	0	0	0	0		
			AP																				
Taj Mahal Electri	65%	Electri	J	3	0	0	0	3	0	0	3	111	0	0	0	111	0	0	0	0	0		
			AP																				
Phoenix HVAC	60%	Sheet M	J	5	0	0	0	0	0	0	5	348	0	0	0	348	0	0	0	0	0		
			AP																				
Phoenix HVAC	60%	H/F Ins	J	1	0	0	0	0	0	0	1	36	0	0	0	36	0	0	0	0	0		
			AP																				

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk

President

(NAME)

(SIGNATURE)

(TITLE)

848

2,163,452

11/5/2021

(AREA CODE)

(TELEPHONE NUMBER)

(EXT.)

(DATE)

State Of New Jersey

Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

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		2. Contractor ID Number 668730		3. F ID or SS Number 20-5070584		4. Reporting Period 10/4/2021 to 10/31/2021	
(NAME) 200 Cottontail Lane, Suit A112		(ADDRESS) NJ 08873		(CITY) Somerset		(STATE) NJ	
(ZIP CODE) 08873		5. Public Agency Awarding Contract Twp. of Washington		Date of Award 10/5/2020		7. Project ID Number 18053	
6. Name and Location of Project Emergency Services		County Bergen					

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. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES	A. MIN. W/H	B. FEMALE W/H	A. MIN. HOURS	B. FEMALE HOURS	A. % OF MIN. W/H	B. % OF FEM. W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	A. % OF MIN. W/H	B. % OF FEM. W/H
Newark Fire Sprin	55%	Sprinkl	J	5	0	0	0	0	0	0	0	88	0	0	0	88	0	0	0	0
			AP																	
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			AP																	

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk

President

(NAME)

(SIGNATURE)

(TITLE)

848

2,163,452

11/5/2021

(AREA CODE)

(TELEPHONE NUMBER)

(EXT.)

(DATE)

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

FORM AA-201

Revised 11/11

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

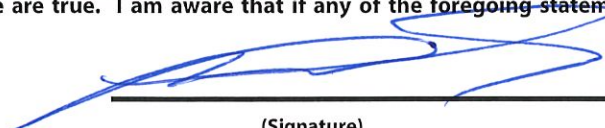
Assignment

Code

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

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

10/15/2021

(Area Code)

(Telephone Number)

(Ext.)

(Date)

(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) 10/23/2019, and
ending on (date) 11/23/2019, 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.

- (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 applicable on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) at right.

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

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

Name	Luis Ferreira	Date	10/15/21
Title	Owner		

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. 12:50 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		Business Address		Project Name		SUBMIT form by email: equalpayact@dol.nj.gov																													
Phoenix H V A C LLC		7 Orono Street Clifton, NJ 07013		Emergency Services Complex		IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.																													
F.E.I.N.: 11-3828651		Project Location 656 Washington Ave, Hillside, NJ 07076		Contract I.D. or Project I.D. 2030																															
Payroll No. 409		Date Wages Due and Paid 10/15/2021		Week Ending Date 10/10/2021 or ☐ Final Certification																															
1. Employees Name and Address		2. Work		3. Demographics		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		Straight Overtime		Oct 4		Oct 5		Oct 6		Oct 7		Oct 8		Oct 9		Oct 10											
												Mon		Tue		Wed		Thu		Fri		Sat		Sun											
Garrera, Anthony		Sheetmetal Foreman		Sheetmetal Foreman		M		W		O																									
120 Main Street Sussex NJ 07461										S		6.00		6.00		6.00		6.00																	
Gensinger, Stephen		Sheetmetal Foreman		Sheetmetal Foreman		M		W		O																									
14 Overlook Avenue NORTH HALEDON NJ 07508										S		6.00		6.00		6.00		6.00																	
Cisneros, Silvano		Sheetmetal Foreman-Shop		Sheetmetal Foreman-Shop		M		H		O																									
195 23rd Avenue PATERSON NJ 07513										S		6.00		6.00																					
Romero Picado, Kevin		H/F Instrl Frmn SHOP		H/F Instrl Frmn SHOP		M				O																									
222 Gilbert Street Ridgewood NJ 07850										S		6.00		6.00																					
Ileiwat, Khaled A		Sheetmetal Foreman		Sheetmetal Foreman		M		W		O																									
328 Succasunna Road Landing NJ 07850										S		6.00		6.00		6.00		6.00																	
										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

MW-562 (9/19)

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

Phoenix HVAC LLC

Contractor or Subcontractor)

on the Emergency Services Complex at 656 Washington Ave, Hillside, NJ
07076

Project Name & Location)

that during the payroll period beginning on (date) 10/04/2021, and

ending on (date) 10/10/2021, 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. 12:80 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.

Jame KHALED MUSTAFA

Title PRESIDENT Date (mm/dd/yy) 10/15/2021

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. 12:60 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		Business Address		Project Name	
Rbuild LLC		164 Outwater Lane, Garfield, NJ 07026		New Emergency Services Complex	
F.E.I.N. 45-5632605		Project Location		Contract I.D. or Project I.D.	
Payroll No. 21		656 Washington Avenue Township of Washington, NJ 07676		18053	
Date Wages Due & Paid (mm/dd/yyyy) 10/15/2021		Week Ending Date 10/10/2021		Contractor Registration # 693151	
or ☐ Final Certification					

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

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

1.		2. Work		3. Demographics		Straight Time or Overtime	4. Day and Date							5.		6.		7.		8.				9.	10.
Employee Name and Address	Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>Male Female X=Non-Binary</i>	Race <i>See Key</i>	Hours worked each day							Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	FICA	Federal Tax	Deductions		Total Deductions	Net Wages paid for Week	Total Fringe Benefit Cost/Hour			
					MO 10/04	TU 10/05	WE 10/06	TH 10/07	FR 10/08	SA 10/09	SU 10/10														
Nikola Kozeski, 156 Wessington Ave., Garfield, NJ 07026 SS: 5677	Journeyman	Carpenter	M	W	S	0	0	0	8	8		16.00	82.01	1,312.16	\$3,280.40	203.38	\$434.00	204.22	47.56	\$ 889.16	\$ 2,391.24	\$ 30.12			
Tane Naumoski, 12 Bloomingdale Ave., Garfield NJ 07026 SS: 9216	Journeyman	Carpenter	M	W	S	0	0	0	8	0		8.00	82.01	656.08	\$ 3,280.40	203.39	\$ 416.00	202.88	47.57	\$ 889.84	\$ 2,410.56	\$ 30.12			
					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) 1004121
that during the payroll period beginning on (date) _____, and
ending on (date) 10/1/21, 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.
12:50 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:

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

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(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.

Risto Trajanoski

Title Managing Member Date (mm/dd/yy) 10/15/21

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

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]

(1) That I pay or supervise the payment of the persons employed by Marcal Construction Group,
(Contractor or Subcontractor)
on the New-Emergency Services
(Project Name & Location)
that during the payroll period beginning on (date) 10/04/21, and
ending on (date) 10/10/21, all persons employed on said project
have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of the
aforenamed Contractor or Subcontractor from the full weekly wages
earned by any person and that no deductions have been made either
directly or indirectly from the full wages earned by any person, other
than permissible deductions as defined in the New Jersey Prevailing
Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C.
12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et
seq.

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

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(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) of the contract.

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

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

Name	Manuel Marcal
Title	President
Date (mm/dd/yy)	10/15/21

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION.
— N.J.S.A. 34:11-55,25 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 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.

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

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

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

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

10/22/2021

(Area Code)

(Telephone Number)

(Ext.)

(Date)

Name of ☐ Contractor or ☐ Subcontractor Phoenix H V A C LLC F.E.I.N.: 11-3828651 Payroll No. 411		Business Address 7 Orono Street Clifton, NJ 07013 Project Location 656 Washington Ave. Hillside, NJ 07676		Project Name Emergency Services Complex Contract I.D. or Project I.D. 2030 Contractor Registration #		SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.																																											
Date Wages Due and Paid 10/22/2021		Week Ending Date 10/17/2021 or ☐ Final Certification																																															
1.		2. Work		3. Demographics		4. Day and Date		5.		6.		7.		8.		9.		10.																															
Employee Name and Address		Job Title (e.g., apprentice, journeyman, foreman)		Work Classification/Category (e.g., carpenter, mason, plumber)		Sex M=Male F=Female X=Non-Binary		Race See Key		Straight Time or Overtime		Oct 11 Mon		Oct 12 Tue		Oct 13 Wed		Oct 14 Thu		Oct 15 Fri		Oct 16 Sat		Oct 17 Sun		Hours worked each day		Total Hours		Hourly Rate of Pay		Gross Amount Earned		FICA		Federal Tax		State Tax		Other (specify)		Total Deductions		Net Wages Paid for Week		Total Fringe Benefit Cost/Hr.			
Garrera, Anthony 120 Main Street Sussex NJ 07461		Sheetmetal Foreman		M		W		O		S		7.00		7.00		7.00		7.00		7.00		7.00		21.00		100.4700		2,109.87		3,516.45		269.01		742.24		206.54		0.00		1,217.79		2,272.29		0.00					
Gensinger, Stephen 14 Overlook Avenue NORTH HALEDON NJ 07508		Sheetmetal Journeyman		M		W		O		S		7.00		7.00		7.00		7.00		7.00		7.00		21.00		96.9700		2,036.37		3,393.95		259.53		703.04		197.96		0.00		1,160.63		2,207.87		0.00					
Cisneros, Silvano 195 23rd Avenue PATERSON NJ 07513		Sheetmetal Foreman-Shop		M		H		O		S		6.00												6.00		100.4700		602.82		1,757.64		134.46		296.62		83.42		0.00		516.50		1,227.96		0.00					
Borja, Sebastian B 148 Haledon Avenue Prospect Park NJ 07508		Sheetmetal Foreman		M		W		O		S		6.00		6.00		6.00		6.00		6.00		6.00		18.00		100.4700		1,808.46		2,158.46		165.12		384.82		106.48		0.00		656.42		1,476.88		0.00					
Romero Picado, Kevin 322 Gilbert Street Ridgewood NJ 07450		H/F Insitr Frmn SHOP		M				O		S		6.00												6.00		91.9400		551.64		1,552.98		118.80		243.18		64.09		0.00		426.07		1,108.66		0.00					
Ileiwat, Khaled A 628 Succasunna Road Landing NJ 07850		Sheetmetal Foreman		M		W		O		S		6.00		6.00		6.00		6.00		6.00		6.00		18.00		100.4700		1,809.46		3,014.10		209.20		295.51		119.64		0.00		279.51		903.86		2,087.63		0.00			
								O		S																																							
								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

MW-562 (9/19)

4(c) **Example 1** will illustrate the calculation of the benefit cost per year per employee. To calculate the cost per hour, divide 2,000 hours into the benefit cost per year per employee.

To calculate the cost per hour divide 3,000 hours into the benefit cost per year per employee.

3

© 2000 Blackwell Science Ltd

Health					
Vaccination					
Antibiotic Treatment					
Parasite					

[illegible]

[illegible][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		Business Address		Project Name	
Rbuild LLC		164 Outwater Lane, Garfield, NJ 07026		New Emergency Services Complex	
F.E.I.N. 45-5632605		Project Location		Contract I.D. or Project I.D.	
Payroll No. 22		656 Washington Avenue Township of Washington, NJ 07676		18053	
Date Wages Due & Paid (mm/dd/yyyy) 10/22/2021		Week Ending Date 10/17/2021		Contractor Registration # 693151	
or ☐ Final Certification					

SUBMIT form by
email: equalpayact@dol.nj.gov**IMPORTANT:** For purposes of law,
you must also submit this form to
the appropriate public body or lessor.

1.		2. Work		3. Demographics		4. Day and Date														5.		6.		7.		8.				9.	10.
Employee Name and Address	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex Male Female X=Non-Binary	Race See Key	Straight Time or Overtime	MO	TU	WE	TH	FR	SA	SU	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	This Week	FICA	Federal Tax	State Tax	Medicare	Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour								
						10/11	10/12	10/13	10/14	10/15	10/16	10/17																			
Isaias D. Malecio Chali, 8 Edward Cl. Lodi, NJ 07644 SS: 6454	Journeyman	Carpenter	M		S	8	0	0	0	0			8.00	82.01	656.08	\$656.08	40.68	\$26.00	18.14	9.52	\$94.34	\$581.74	\$30.12								
					O							0.00																			
Fabian Romero, 2 Sunset Drive Woodland Park, NJ 07424 SS: 4818	Journeyman	Carpenter	M		S	8	0	0	0	0			8.00	82.01	656.08	\$656.08	40.68	\$26.00	17.37	9.51	\$93.56	\$582.52	\$30.12								
					O							0.00																			
					S								0.00																		
					O								0.00																		
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					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

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]

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.

(1) That I pay or supervise the payment of the persons employed by
TAJ MAHAL ELECTRICAL CONTRACTO
 (Contractor or Subcontractor)
 on the EMERGENCY SERVICE

- (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.

☒ 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.

(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.

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

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

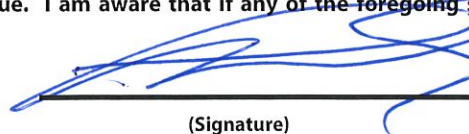
Assignment

Code

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

1. FID NUMBER 20-507084		2. CONTRACTOR ID NUMBER 668730		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676					
3. NAME AND ADDRESS OF PRIME CONTRACTOR TEKCON CONSTRUCTION INC (Name) 200 COTTONTAIL LANE SUITE A112W (Street Address) SOMERSET NJ 08873 (City) (State) (Zip Code)				CONTRACT NUMBER 18053		DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00	
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []				6. NAME AND ADDRESS OF PROJECT Name: New Emergency Services Complex Address: 656 Washington Avenue, Washington, NJ 07676		7. PROJECT NUMBER 18053		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X	
9. TRADE OR CRAFT		PROJECTED TOTAL EMPLOYEES		PROJECTED MINORITY EMPLOYEES		PROJECTED PHASE - IN DATE		PROJECTED COMPLETION DATE	
		MALE FEMALE		MALE FEMALE					
		J AP J AP		J AP J AP					
1. ASBESTOS WORKER									
2. BRICKLAYER OR MASON		2				10/18/2021		10/24/2021	
3. CARPENTER		2				10/18/2021		10/24/2021	
4. ELECTRICIAN		3		3		10/18/2021		10/24/2021	
5. GLAZIER									
6. HVAC MECHANIC									
7. IRONWORKER									
8. OPERATING ENGINEER									
9. PAINTER									
10. PLUMBER									
11. ROOFER									
12. SHEET METAL WORKER		4				10/18/2021		10/24/2021	
13. SPRINKLER FITTER									
14. STEAMFITTER									
15. SURVEYOR									
16. TILER									
17. TRUCK DRIVER									
18. LABORER									
19. OTHER H/E Installer		1				10/18/2021		10/24/2021	
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
10. (Please Print Your Name)
848 216-3452

PRESIDENT
(Title)

10/29/2021

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

(Date)

Name of ☐ Contractor or ☐ Subcontractor Phoenix H V A C LLC F.E.I.N.: 11-3828651 Payroll No. 412		Business Address 7 Orono Street Clifton, NJ 07013 Project Location 656 Washington Ave. Hillside, NJ 07676		Project Name Emergency Services Complex Contract I.D. or Project I.D. 2030 Contractor Registration #		SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.																																							
Dates Wages Due and Paid 10/29/2021		Week Ending Date 10/24/2021		or ☐ Final Certification																																									
1. Employee Name and Address		2. Work		3. Demographics		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/Category (e.g., mason, plumber)		Sex Male Female X-None Binary		Race See Key		Straight Time or Overtime		Hours worked each day		This Project		This Week		FICA		Federal Tax		State Tax		Other		Total Deductions																					
Barrera, Anthony		Sheetmetal Foreman		M		W		O		Mon		Tue		Wed		Thu		Fri		Sat		Sun		1,808.45		2,722.89		208.30		530.28		150.99		0.00		889.57		1,812.89		0.00					
120 Main Street Sussex NJ 07461								S		6.00		6.00		6.00										18.00		100.4700																			
Sensinger, Stephen		Sheetmetal Journeyman		M		W		O																18.00		96.9700		1,745.46		2,628.39		201.07		507.60		144.37		0.00		853.04		1,755.64		0.00	
14 Overlook Avenue NORTH HALEDON NJ 07508								S		6.00		6.00		6.00										18.00		96.9700		1,205.64		1,673.64		128.03		279.73		77.54		0.00		485.30		1,175.78		0.00	
Cisneros, Silvano		Sheetmetal Foreman-Shop		M		H		O																12.00		100.4700		1,745.46		2,812.13		215.13		541.70		152.23		0.00		909.06		1,881.27		0.00	
195 23rd Avenue PATERSON NJ 07513								S		6.00		6.00		6.00										18.00		96.9700		1,745.46		2,812.13		215.13		541.70		152.23		0.00		909.06		1,881.27		0.00	
Borja, Sebastian B		Sheetmetal Journeyman		M		W		O																18.00		96.9700		1,745.46		2,812.13		215.13		541.70		152.23		0.00		909.06		1,881.27		0.00	
148 Haledon Avenue Prospect Park NJ 07508								S		6.00		6.00		6.00										18.00		96.9700		1,745.46		2,812.13		215.13		541.70		152.23		0.00		909.06		1,881.27		0.00	
Romero Picado, Kevin		H/F Insltr Frmn SHOP		M				O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
322 Gilbert Street Ridgewood NJ 07450								S		6.00		6.00		6.00										12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								S																12.00		91.9400		1,103.28		1,517.28		116.07		235.33		61.59		0.00		412.99		1,086.46		0.00	
								O																12.00		91.9400		1,103.28		1,517.28		116.07													

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

To calculate the cost per hour, divide equipment hours by total hours.

10

Month

Tr	
Vacc	

[illegible]

[illegible]

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[illegible]

10

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[illegible][illegible]

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.

- (Contractor or Subcontractor)

**on the New Emergency Services
(Contractor or Subcontractor)**

**on the New Emergency Services
(Project Name & Location)**

10/18/21

that during the payroll period beginning on (date) 10/18/21 and ending on (date) 10/24/21, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the 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.

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

FUNDING 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.

Risto Traianoski

Title	Managing Member	Date (mm/dd/yy)	10/29/21
-------	-----------------	-----------------	----------

Date (mm/dd/yy) 10/29/21

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.

[illegible]

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

for Contractor and Subcontractor's Weekly and Final Certification

Other (specify) _____

Name of ☐ Contractor or ☐ Subcontractor 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. 45	Date Wages Due & Paid (mm/dd/yyyy) 10/29/2021	Week Ending Date 10/24/2021 or ☐ Final Certification					

1. Employee Name and Address	2. Work Job Title e.g., apprentice, journeyman, foreman	3. Demographics Sex M=Male F=Female X=Non-Binary Race See Key	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/Week		
			Hours worked each day									This Project Week	This Week	Federal Tax	State Tax	Other Deductions			Total Deductions	
			SU 10/17	MO 10/18	TU 10/19	WE 10/20	TH 10/21	FR 10/22	SA 10/23											
San Martin, Jose #5193 26 Wilson Ave. South River, NJ 08882	Foreman	M W	S	0	8	8	8	8	8	0	40.00	88.32	3,572.80	3,572.80	273.32	\$750.28	232.27	0.00	\$1,255.87	\$2,316.93
Guadalupe, Manuel Mesias #3227 483 Summer Ave. Newark, NJ 07104	Journeyman	M W	S	0	8	8	8	8	8	0	40.00	78.16	3,127.20	3,127.20	239.22	\$436.46	155.06	0.00	\$830.74	\$2,296.46
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☐ Check if additional sheets used

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

Other (specify) _____

[illegible]

(1) That I pay or supervise the payment of the persons employed by
TAJ MAHAL ELECTRICAL CONTRACTO
 (Contractor or Subcontractor)
 on the EMERGENCY SERVICE

- (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.

☒ 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.

(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.

Date (mm/dd/yy) 10/25/21

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

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

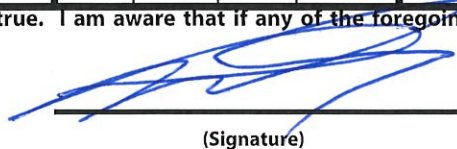
Assignment

Code

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

1. FID NUMBER 20-507084		2. CONTRACTOR ID NUMBER 668730		5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676					
3. NAME AND ADDRESS OF PRIME CONTRACTOR TEKCON CONSTRUCTION INC (Name) 200 COTTONTAIL LANE SUITE A112W (Street Address) SOMERSET NJ 08873 (City) (State) (Zip Code)				CONTRACT NUMBER 18053		DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00	
4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []				6. NAME AND ADDRESS OF PROJECT Name: New Emergency Services Complex Address: 656 Washington Avenue, Washington, NJ 07676				7. PROJECT NUMBER 18053	
9. TRADE OR CRAFT				COUNTY BERGEN				8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ X	
		PROJECTED TOTAL EMPLOYEES		PROJECTED MINORITY EMPLOYEES				PROJECTED PHASE - IN DATE	
		MALE FEMALE		MALE FEMALE				COMPLETION DATE	
		J AP J AP		J AP J AP					
1. ASBESTOS WORKER									
2. BRICKLAYER OR MASON		2						10/25/2021 10/31/2021	
3. CARPENTER									
4. ELECTRICIAN		3		3				10/25/2021 10/31/2021	
5. GLAZIER									
6. HVAC MECHANIC									
7. IRONWORKER									
8. OPERATING ENGINEER									
9. PAINTER									
10. PLUMBER									
11. ROOFER									
12. SHEET METAL WORKER		5						10/25/2021 10/31/2021	
13. SPRINKLER FITTER									
14. STEAMFITTER									
15. SURVEYOR									
16. TILER									
17. TRUCK DRIVER									
18. LABORER									
19. OTHER H/F Installer		1						10/25/2021 10/31/2021	
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
10. (Please Print Your Name)
848 216-3452

PRESIDENT
(Title)

11/5/2021

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

(Date)

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. <i>Two of Washington NJ 07016</i>		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. 113	Date Wages Due and Paid 11/05/2021	Week Ending Date 10/31/2021 or ☐ Final Certification																																	
1. Employee Name and Address			2. Work		3. Demographics		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		Straight Overtime or Hours worked each day							This Project		This Week		FICA		Federal Tax		State Tax		Other		(specify)		Total Deductions					
arrera, Anthony			Sheetmetal Foreman		M		W		O							3,014.10		3,014.10		230.59		600.17		171.37		0.00		1,002.13		1,989.37		0.00			
20 Main Street ussex NJ 07461									S							100.4700																			
ensing, Stephen			Sheetmetal Journeyman		M		W		O							96.9700		2,909.10		222.56		574.97		164.02		0.00		961.55		1,925.74		0.00			
4 Overlook Avenue ORTH HALEDON NJ 7508									S							30.00																			
isneros, Silvano			Sheetmetal Foreman-Shop		M		H		O							100.4700		1,205.64		126.04		279.73		77.54		0.00		485.31		1,175.78		0.00			
35 23rd Avenue ATERSON NJ 07513									S							12.00																			
siwat, Khaled A			Sheetmetal Foreman		M		W		O							18.00		1,808.46		209.19		295.51		119.64		0.00		903.85		2,087.64		0.00			
28 Succasunna Road anding NJ 07850									S																										
lena, Marlon D			Sheetmetal Journeyman		M		H		O							30.00		2,909.10		222.55		574.97		164.02		0.00		961.54		1,925.74		0.00			
Jefferson Ave UNELLEN NJ 08812									S							6.00																			
lustafa, Omar			H/F Insitr Frmn SHOP		M		W		O							6.00		551.64		147.28		338.81		95.14		0.00		581.23		1,329.42		0.00			
2 Upper High Crest Drive /est Milford NJ 07480									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

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

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

toenix H V A C LLC

Contractor or Subcontractor)

the Emergency Services Complex at 656 Washington Ave, Hillside, NJ
'676

Project Name & Location)

at during the payroll period beginning on (date) 10/25/2021, and

ending on (date) 10/31/2021, all persons employed on said project

have been paid the full weekly wages earned, that no rebates have been or
It 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,
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
inform 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:
) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS,
FUND 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.

) 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.

) 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) 11/05/2021

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. 12:60 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.

Marcal Construction Group

on the ~~New Emergency Services~~

(Project Name & Location)

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

(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.

FUNDING PROGRAMS

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name: Manuel Marcal

President

Date (mm/dd/yy) 11/05/21

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.

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

Other (specify)

1. Employee Name and Address		2. Work		3. Demographics		4. Day and Date							5.	6.	7.		8.			9.	10.					
Payroll No.	F.E.I.N. 27-3960860	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date 10/30/21 or Final Certification	Subcontractor TAJ MAHAL ELECTRICAL CONTRACTO	Business Address 2606 WILDBERRY COURT EDISON, NJ 08817	Project Location EMERGENCY SERVICE COMPLEX 350 HUDSON AVENUE WASHINGTON, NJ	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Job Title e.g., apprentice, journeyman, foreman	Straight Time or Overtime	Hours worked each day							Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	FICA	Federal Tax	State Tax	Other Deductions	Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
										SU 24-04	MO 25-04	TU 26-04	WE 27-04	TH 28-04	FR 29-04	SA 30-04										
SALMAN SYED 401 NEW DOVER RD COLONIA, NJ 07067	JOURNEYMAN	ELECTRICIAN	S	A	S	4.00	5.00	6.00	4.00	19.00	94.73	1799.87	1799.87	137.69	179.99	34.20	17.10	.18	359.15	1430.72	\$36.08					
KABIR AHMAD 41 READING RD # A EDISON, NJ 08817	JOURNEYMAN	ELECTRICIAN	S	A	S	4.00	5.00	6.00		15.00	94.73	1420.95	1420.95	108.70	71.05	27.00	13.50	.14	220.39	1200.56	\$36.08					
MUHAMMAD ASIF 2606 WILDBERRY CT EDISON, NJ 08817	FOREMAN	ELECTRICIAN	S	A	S	4.00	5.00			9.00	104.19	937.71	937.71	71.73	46.89	17.82	8.91	.09	146.44	792.27	\$39.68					
			S		S																					
			O		O																					
			S		S																					
			O		O																					
			S		S																					
			O		O																					
			S		S																					
			O		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)

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) That I pay or supervise the payment of the persons employed by
TAJ MAHAL ELECTRICAL CONTRACTO
 (Contractor or Subcontractor)
 on the EMERGENCY SERVICE

(Project Name & Location) _____ and that during the payroll period beginning on (date) 10/24/21 _____, and that ending on (date) 10/30/21 _____, 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 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 MUHAMMAD ASIF

Title PRESIDENT

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]