

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	
(NAME)		(NAME)		(NAME)	
285 Davidson Avenue, Suite 201		668730		11/01/2021 - 12/05/2021	
(ADDRESS)		(ADDRESS)		Date of Award 10/5/2020	
Somerset	NJ	08873	6. Name and Location of Project Emergency Services		County Bergen
(CITY)	(STATE)	(ZIP CODE)	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. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. FEMALES		TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	TOTAL WORK HOURS	A. % OF MIN. W/H	B. % OF FEM. W/H			
Marcal Constructi	97%	Mason	J	2	0	0	0	0	0	2	384	0	0	0	0	384	0	0	0	0		
R Build, LLC	90%	Carpent	J	2	0	0	0	0	0	2	128	0	0	0	0	128	0	0	0	0		
Taj Mahal Electri	70%	Electri	J	3	0	0	0	3	0	3	53	0	0	0	0	53	0	0	0	0		
GOP Ironworks	90%	Ironwor	J	4	0	0	0	0	0	4	72	0	0	0	0	72	0	0	0	0		
Lombardy Door Sal	100%	Ironwor	J	4	0	0	0	0	0	4	128	0	0	0	0	128	0	0	0	0		

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk

President

(NAME)

(SIGNATURE)

(TITLE)

848

2,163,452

(AREA CODE)

(TELEPHONE NUMBER)

12/10/2022

(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_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) 285 Davidson Avenue, Suite 201		(ADDRESS) NJ 08873		(STATE) (ZIP CODE)	
Somerset		County Bergen		7. Project ID Number 18053	
5. Public Agency Awarding Contract Twp. of Washington		Date of Award 10/5/2020		4. Reporting Period 11/01/2021 - 12/05/2021	

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		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	NO. OF MIN. EMP.	TOTAL WORK HOURS	A. MIN. W/H	B. FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H					
Peter Hywel Plumb	75%	Plumber	J	2	0	0	0	0	0	2	98	0	0	0	0	98	0	0	0	0	0				
				AP																					
Phoenix HVAC	70%	Sheet M	J	4	0	0	0	0	0	4	288	0	0	0	0	288	0	0	0	0	0				
				AP																					
Phoenix HVAC	70%	Pipe Fi	J	5	0	0	0	0	0	5	91	0	0	0	0	91	0	0	0	0	0				
				AP																					
Phoenix HVAC	70%	Insulat	J	2	0	0	0	0	0	2	80	0	0	0	0	80	0	0	0	0	0				
				AP																					
				J																					
				AP																					

17. COMPLETED BY (PRINT OR TYPE)

Eric Dziadyk

President

(NAME)

(SIGNATURE)

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848

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12/10/2022

(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

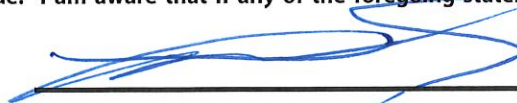
Assignment

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) 285 DAVIDSON AVENUE SUITE 201 (Street Address)				CONTRACT NUMBER 18053				DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00	
SOMERSET NJ 08873 (City) (State) (Zip Code)				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	
		MALE		FEMALE		MALE		FEMALE		PROJECTED COMPLETION DATE	
		J	AP	J	AP	J	AP	J	AP		
1. ASBESTOS WORKER											
2. BRICKLAYER OR MASON		2								11/01/2021	11/07/2021
3. CARPENTER											
4. ELECTRICIAN		2								11/01/2021	11/07/2021
5. GLAZIER											
6. HVAC MECHANIC											
7. IRONWORKER											
8. OPERATING ENGINEER											
9. PAINTER											
10. PLUMBER		2								11/01/2021	11/07/2021
11. ROOFER											
12. SHEET METAL WORKER		2								11/01/2021	11/07/2021
13. SPRINKLER FITTER											
14. STEAMFITTER											
15. SURVEYOR											
16. TILER											
17. TRUCK DRIVER											
18. LABORER											
19. OTHER Pipe Fitter		5								11/01/2021	11/07/2021
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

11/12/2021

(Area Code)

(Telephone Number)

(Ext.)

(Date)

NJ Department of Labor & Workforce Development

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

Other (Specify)

Name of ☐ Contractor or ☒ Subcontractor Peter Hywel Plumbing & Heating FE.I.N. 223541355		Business Address 51 Woodland Rd Ringwood NJ 07456		Project Name WASHINGTON TWP EMERG SVCS Contract I.D. or Project I.D.	
Payroll No. 16		Date Wages Due & Paid (mm/dd/yyyy) 11/09/2021		Week Ending Date 11/09/2021 or ☐ Final Certification	
Project Location 656 WASHINGTON AVE TWP OF WASHINGTON NJ		Contractor Registration #			

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		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	
			Sex Male Female X=Non-Binary	Race See Key		Hours worked each day									This Project	This Week	FICA	Federal Tax	Deductions				Total Deductions
						SU	MO	TU	WE	TH	FR	SA							State Tax	Other (specify)			
ADAN EHRENFELS 686 LAFAYETTE AVE WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S	8	7.5	8	8	8		37.50	\$4.51	3,927.44	\$4,335.44	331.66	\$911.08	300.49	260.13	\$1,803.36	\$2,532.08		
					O	1		1	1			3.00	140.27										
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S	8	7.5			8													
					O																		
NICK ABBRUZZESE 84 REGIS COURT PARAMUS NJ	JOURNEYMAN	PLUMBER	M	W	S	8	7.5			8		23.50	\$3.51	2,197.49	\$2,431.49	186.01	\$410.65	154.16		\$750.82	\$1,686.67		
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KEY W= White; B= Black or African American;
 A= Asian; N= American Indian or Native Alaskan;
 I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

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
Peter Hywel Plumbing & Heating

(Contractor or Subcontractor)
on the WASHINGTON IMP. EMERG. TWP OF WASHINGTON
(Project Name & Location)
that during the payroll period beginning on (date) 11/03/21
ending on (date) 11/09/21, 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
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,
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

☐ 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.

James Peter Hwwe

Title President Date (mm/dd/yy) 11/09/21

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:11-59.25 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]

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

Other (specify) _____

Name of ☐ Contractor or ☒ Subcontractor			Business Address		Project Name																	
Peter Hywel Plumbing & Heating F.E.I.N. 223541355			51 Woodland Rd Ringwood NJ 07456		WASHINGTON TWP EMERG SVCS Contract I.D. or Project I.D.																	
Payroll No.	Date Wages Due & Paid (mm/dd/yyyy)	Week Ending Date 11/02/2021 or ☐ Final Certification	Project Location		Contractor Registration #																	
15			656 WASHINGTON AVE TWP OF WASHINGTON NJ																			
1.		2. Work		3. Demographics		4. Day and Date				5.		6.		7.		8.			9.		10.	
Employee Name and Address	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key	Straight Time or Overtime							Total Hours	Hourly Rate of Pay	Gross Amt. Earned		FICA	Federal Tax	Deductions		Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Week
					SU 10/31	MO 11/1	TU 11/2	WE 11/3	TH 11/4	FR 11/5	SA 11/6											
ADAN EHRENFELS 686 LAFAYETTE AVE WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S							8										
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	O							.5										
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KEY W= White; B= Black or African American;
A= Asian; N= American Indian or Native Alaskan;
I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

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

Name of ☐ Contractor or ☐ Subcontractor		Business Address		Project Name		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.																						
Phoenix H V A C LLC F.E.I.N.: 11-3828651		7 Orono Street Clifton, NJ 07013 Project Location 656 Washington Ave, Twp of Washington, NJ 07676		Emergency Services Complex Contract I.D. or Project I.D. 2030 Contractor Registration #																								
Payroll No.	Date Wages Due and Paid	Week Ending Date	3. Demographics		4. Day and Date		5.		6.		7.		8.		9.		10.											
414	11/12/2021	11/7/2021 or ☐ Final Certification	1.	2. Work	Sex M=Male F=Female X=Non- Binary	Race See Key	Hours worked each day							Gross Amount Earned		Deductions		Net Wages Paid for Week		Total Fringe Benefit Cost/Hr.								
Employee Name and Address	Job Title (e.g., apprentice, journeyman, foreman)	Work Classification/ Occupational Category (e.g., carpenter, mason, plumber)	Strait Time or Overtime	Nov 1	Nov 2	Nov 3	Nov 4	Nov 5	Nov 6	Nov 7	Mon	Tue	Wed	Thu	Fri	Sat	Sun	This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions				
1. Carrera, Anthony 20 Main Street Sussex NJ 07461	Sheetmetal Foreman	M	W															1,205.64	2,621.28	200.52	505.90	143.87	0.00	850.29	1,751.33	0.00		
2. Mensinger, Stephen 4 Overlook Avenue ORTH HALEDON NJ 7508	Sheetmetal Journeyman	M	W															1,163.64	3,059.12	234.01	610.98	174.52	0.00	1,019.51	2,016.66	0.00		
3. Hidalgo Garcia, Pedro Immigrant 77 N. 10th Street Prospect Park NJ 07508	Pipe Fitter Foreman	M	H															583.98	2,430.90	185.97	430.36	125.55	0.00	741.88	1,679.79	0.00		
4. Morja, Sebastian B 48 Haledon Avenue Prospect Park NJ 07508	Pipe Fitter Journeyman	M	W															561.06	1,760.58	134.69	289.33	78.63	0.00	502.65	1,244.72	0.00		
5. Romero Picado, Kevin 22 Gilbert Street Edgewood NJ 07450	Pipe Fitter Journeyman	M																561.06	1,760.58	134.68	289.33	78.63	0.00	502.64	1,237.25	0.00		
6. Lina, Marlon D Jefferson Ave UNELLEN NJ 08812	Pipe Fitter Journeyman	M	H															1,683.18	2,846.82	217.78	560.03	159.66	0.00	937.47	1,888.00	0.00		
7. Hidalgo Garcia, Paolo 27 N 10 Street Prospect Park NJ 07508	Pipe Fitter Foreman	M	H															583.98	2,716.68	200.22	360.66	107.06	0.00	767.35	1,928.96	0.00		
☐ Check if additional sheets used KEY: W= White; B= Black or African American; A= Asian; H= Hispanic or Latino; N= American Indian or Native Alaskan; = Native Hawaiian or Pacific Islander; M= 2 or More																												

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

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

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
Marcal Construction Group

(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)

that during the payroll period beginning on (date) 11/01/21, and ending on (date) 11/10/21, 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 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

☐ 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.

☒ 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.

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

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. 34:11-41; ET SEQ.

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
Tai Mahal Electrical Contracto

(Contractor or Subcontractor)
on the _____ Service Complex
(Project Name & Location)

(Plaintiff's Name & Location)
and that during the payroll period beginning on (date) 10/30/21, and ending on (date) 11/06/21, 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

☐ 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.

☒ 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.

Title President Date (mm/dd/yy) 11/08/21

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— 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) 285 DAVIDSON AVENUE SUITE 201 (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											
2. BRICKLAYER OR MASON		2								11/8/2021	11/14/2021
3. CARPENTER											
4. ELECTRICIAN		2								11/8/2021	11/14/2021
5. GLAZIER											
6. HVAC MECHANIC											
7. IRONWORKER											
8. OPERATING ENGINEER											
9. PAINTER											
10. PLUMBER		2								11/8/2021	11/14/2021
11. ROOFER											
12. SHEET METAL WORKER		3								11/8/2021	11/14/2021
13. SPRINKLER FITTER											
14. STEAMFITTER											
15. SURVEYOR											
16. TILER											
17. TRUCK DRIVER											
18. LABORER											
19. OTHER Pipe Fitter		3								11/8/2021	11/14/2021
20. OTHER Insulator		1								11/8/2021	11/14/2021

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

(Signature)

PRESIDENT

(Title)

ERIC DZIADYK

10. (Please Print Your Name)

848 216-3452

(Area Code)

(Telephone Number)

(Ext.)

11/19/2021

(Date)

NJ Department of Labor & Workforce Development

Payroll Certification for Public Works Projects

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Peter Hywel Plumbing & Heating FEIN: 223541355		Business Address 51 Woodland Rd Ringwood NJ 07456		Project Name WASHINGTON TWP EMERG SVCS Contract I.D. or Project I.D.	
Payroll No. 17	Date Wages Due & Paid (mm/dd/yyyy) 11/16/2021	Project Location 656 WASHINGTON AVE TWP OF WASHINGTON NJ		Contractor Registration #	
				Week Ending Date 11/16/2021 or ☐ Final Certification	

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

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

[illegible]

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

☐ Check if additional sheets used

MMW-562 (9/19)

(1) That I pay or supervise the payment of the persons employed by Peter Hywel Plumbing & Heating

on the WASHINGTON TWP-EMERG TWP OF WASHINGTON
(Project Name & Location)

that during the payroll period beginning on (date) 11/10/21, and ending on (date) 11/17/21, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the 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. 34:1-56.25 et seq. and Regulation N.J.A.C. 17:260 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(2) That any avertissement 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 night.

(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.

Peter Hywel James

Title President Date (mm/dd/yy) 11/16/21

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4, 1 ET SEQ.

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

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

[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 Peter Hywel Plumbing & Heating FE.I.N. 223541355		Business Address 51 Woodland Rd Ringwood NJ 07456		Project Name WASHINGTON TWP EMERG SVCS Contract I.D. or Project I.D.	
Payroll No. 16		Date Wages Due & Paid (mm/dd/yyyy) 11/09/2021		Week Ending Date 11/09/2021 or ☐ Final Certification	
Project Location 656 WASHINGTON AVE TWP OF WASHINGTON NJ		Contractor Registration #			

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		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			
			Sex Male 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		
																								Hours worked each day	Hours
ADAN EHRENFELS 686 LAFAYETTE AVE WESTWOOD NJ	JOURNEYMAN	PLUMBER	M	W	S		8	7.5		8	8	6		37.50	93.51	3,927.44	\$4,335.44	331.66	\$911.08	300.49	260.13		\$1,823.36	\$2,552.08	
Peter Hywel 51 WOODLAND RD RINGWOOD NJ	Foreman/Owner	PLUMBER	M	W	S		8	7.5		8															
NICK ABBRUZZESE 84 REGIS COURT PARAMUS NJ	JOURNEYMAN	PLUMBER	M	W	S		8	7.5		8				23.50	93.51	2,197.49	\$2,491.49	186.01	\$410.65	154.16			\$750.82	\$1,680.67	
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KEY W= White; B= Black or African American;
 A= Asian; N= American Indian or Native Alaskan;
 I = Native Hawaiian or Pacific Islander; M= 2 or More

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 Peter Hywel Plumbing & Heating

on the ~~WASHINGTON TWP EMERG~~ TWP OF WASHINGTON
(Project Name & Location)

that during the pay period beginning on (date) 11/03/21, and ending on (date) 11/09/21, 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. 34-1.56-65 et seq. and Regulation N.J.A.C. 12-60 et seq. and the Payment of Wages Law, N.J.S.A. 34-1.4, 1 et seq.

(2) That anayrolis 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.

Title President Date (mm/dd/yy) 11/09/21

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4, 1 ET SEQ.

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

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) _____

Name of ☐ Contractor or ☐ Subcontractor Marcal Construction Group FEIN. N/A		Business Address 364 Keene Street, Perth Amboy, NJ 08861 Project Location	Project Name New Emergency Services Complex Contract I.D. or Project I.D. #18053 Contractor Registration # 72761
Payroll No. 48	Date Wages Due & Paid (mm/dd/yyyy) 11/19/2021	Week Ending Date 11/14/2021 or ☐ Final Certification	

SUBMIT form by
email: equat@pacr@dca.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 <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex M=Male F=female X=other/dnry	Race See Key	Straight Time or Overtime	SU	MO	TU	WE	TH	FR	SA	Total Hours	Hourly Rate	Gross Amt. Earned This Project	This Week	FICA	Federal Tax	Deductions		Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour			
						11/7/11	11/8	11/9	11/10	11/11	11/12	11/13							Hours worked each day	Other (specify)						
San Martin, Jose #5193 26 Wilson Ave., South River, NJ 08862	Foreman	Mason Foreman	M	W	S	0	0	8	8	8	8	0	32.00	88.32	2,858.24	\$2,858.24	218.65	\$ 552.77	175.89	0.00	0.00	\$ 946.32	\$ 1,598.92			
					O																					
					S	0	0	8	8	8	8	0	32.00	78.18	2,501.76	\$ 2,501.76	191.40	\$ 258.87	110.37	0.00	0.00	\$ 600.64	\$ 1,901.12			
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KEY W= White; B= Black or African American;

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

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by
Marcel Construction Group
 (Contractor or Subcontractor)

(Project Name & Location) _____, and
that during the payroll period beginning on (date) 11/08/21, and
ending on (date) 11/14/21, 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 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 employee-as noted in Section 4(a) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name Manuel Marcal

Title **President** Date (mm/dd/yy) **11/19/21**

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. 17:26 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

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

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

Name of ☐ Contractor or ☒ Subcontractor Taj Mahal Electrical Contracto FE.I.N. 27-3960860		Business Address 2606 Wildberry Ct., Edison, NJ 08817		Project Name Emergency Service Complex Contract I.D. or Project I.D. 18053 Contractor Registration # 683924	
Payroll No. 20	Date Wages Due & Paid (mm/dd/yyyy) 11/15/2021	Week Ending Date 11/13/2021 or ☐ Final Certification			

SUBMIT form by
email: equalpay/act@dol.nj.gov

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

[illegible]

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

Taj Mahal Electrical Contrato

(Contractor or Subcontractor)

(Project Name & Location)

that during the payroll period beginning on (date) 11/07/21, and ending on (date) 11/13/21, all persons employed on said project have been paid the full weekly wages earned, that no treaties 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. 17:250 et seq. and the Payment of Wages Law, N.J.S.A. 34:1-4,1 et seq.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wages 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	Date (mm/dd/yy)	11/15/21
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THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:41-1-56, 25 ET SEQ. AND N.J.A.C. 12:80 ET SEQ. AND N.J.S.A. 34:41-4, 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]

Development

Payroll Certification for public works projects
for Contractor and Subcontractor's Weekly and Final Certification

Other (Specify)

Name of ☐ Contractor or ☐ Subcontractor

Phoenix H V A C LLC

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

Business Address
7 Orono Street Clifton, NJ 07013Project Location
656 Washington Ave,Payroll No. 415
Date Wages Due and Paid 11/19/2021
or ☐ Final CertificationProject Location
656 Washington Ave,
Twp of Washington, N.J. 07676Project Name
Emergency Services Complex
Contract I.D. or Project I.D.
2030
Contractor Registration #

SUBMIT form by
email: equalpayact@dolnj.gov

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

1. Employee Name and Address	2. Work		3. Demographics		4. Day and Date							5. Total Hours	6. Hourly Rate of Pay	7.		8.					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 Male Female X-Non- Binary	Race See Key	Straight Time or Overtime									This Project	This Week	FICA	Federal Tax	State Tax	Other	(Specify)			Total Deductions	
						Nov 8	Nov 9	Nov 10	Nov 11	Nov 12	Nov 13													Nov 14
						Mon	Tue	Wed	Thu	Fri	Sat													Sun
Hours worked each day																								

Barra, Anthony 20 Main Street Mussex NJ 07461	Sheetmetal Foreman	M	W	O											24.00	100.4700	2,411.28	3,014.10	230.58	600.17	171.37	0.00	0.00	1,002.12	2,007.12	0.00	
				S		6.00	6.00	6.00	6.00																		
ensinger, Stephen 4 Overlook Avenue ORT H Haledon NJ 7508	Sheetmetal Foreman	M	W	O											24.00	100.4700	2,411.28	3,014.10	230.59	600.17	171.37	0.00	0.00	1,002.13	1,999.36	0.00	
				S		6.00	6.00	6.00	6.00																		
idalgo Garcia, Pedro mmamual	Pipe Fitter Journeyman	M	H	O													1,683.18	1,887.18	144.36	299.87	87.49	0.00	0.00	531.72	1,341.30	0.00	
				S		6.00	6.00	6.00																			
Orja, Sebastian B 18 Haledon Avenue ospect Park NJ 07508	Pipe Fitter Journeyman	M	W	O											18.00	93.5100	1,683.18	1,983.18	151.71	342.75	94.21	0.00	0.00	588.67	1,379.63	0.00	
				S		6.00	6.00	6.00																			
omero Picado, Kevin 22 Gilbert Street dgemwood NJ 07450	Heating/Frost Insulator Foreman	M		O											30.00	91.9400	2,758.20	2,758.20	211.00	528.76	148.46	0.00	0.00	888.22	1,837.57	0.00	
				S		6.00	6.00	6.00	6.00																		
ena, Marlon D Jefferson Ave JNELLEN NJ 08612	Sheetmetal Journeyman	M	H	O													2,327.28	2,909.10	222.55	574.97	164.02	0.00	0.00	961.54	1,925.75	0.00	
				S		6.00	6.00	6.00	6.00																		
dalgo Garcia, Paolo 7 N 10 Street ospect Park NJ 07508	Pipe Fitter Foreman	M	H	O													583.98	2,007.96	146.00	204.75	63.83	0.00	99.41	513.99	1,478.90	0.00	
				S		6.00																					

KEY: W= White; B= Black or African American; A= Asian;

H= Hispanic or Latino; N= American Indian or Native Alaskan;

= 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

Program Title, Classification Title
or Individual WorkersHealth/Welfare
Voc

Apprenticeship
Training
Pension

Other Benefit Type and Amount

Name & Address of Fringe Benefit Fund, Plan, or Program Administrator

USDOJ Benefit Plan	Third-Party Trustee
Filing Number/EIN	&/or Contract Person

100

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

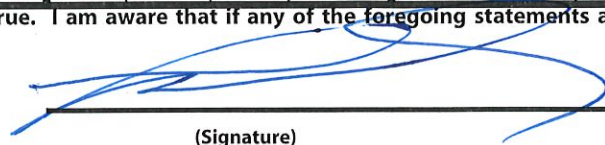
Assignment

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) 285 DAVIDSON AVENUE SUITE 201 (Street Address)				CONTRACT NUMBER 18053		DATE OF AWARD 10-5-2020		DOLLAR AMOUNT OF AWARD \$5,328,183.00	
SOMERSET NJ 08873 (City) (State) (Zip Code)				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	
		MALE FEMALE		MALE FEMALE				COMPLETION DATE	
		J AP J AP		J AP J AP					
1. ASBESTOS WORKER									
2. BRICKLAYER OR MASON		2						11/15/2021 11/21/2021	
3. CARPENTER									
4. ELECTRICIAN		2						11/15/2021 11/21/2021	
5. GLAZIER									
6. HVAC MECHANIC									
7. IRONWORKER									
8. OPERATING ENGINEER									
9. PAINTER									
10. PLUMBER		2						11/15/2021 11/21/2021	
11. ROOFER									
12. SHEET METAL WORKER		4						11/15/2021 11/21/2021	
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

11/26/2021

(Area Code)

(Telephone Number)

(Ext.)

(Date)

Payroll Certification for Public Works Projects

Name of ☐ Contractor or ☒ Subcontractor Peter Hywel Plumbing & Heating F.E.I.N. 223541385		Business Address 51 Woodland Rd Ringwood NJ 07456	Project Name WASHINGTON TWP EMERG SVCS Contract I.D. or Project I.D.
Payroll No. 17	Date Wages Due & Paid (mm/dd/yyyy) 11/16/2021	Week Ending Date 11/16/2021 or ☐ Final Certification	Project Location 666 WASHINGTON AVE TWP OF WASHINGTON NJ

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

☐ Check if additional sheets used

(1) That I pay or supervise the payment of the persons employed by Peter Hywel Plumbing & Heating

on the ~~WASHINGTON TWP EMERG~~ TWP OF WASHINGTON
(Project Name & Location)

that during the payroll period beginning on (date) 11/10/21, and ending on (date) 11/16/21, 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. 17:26 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.

(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.

Peter Hywel James

The President	Date (mm/dd/yy)
	11/16/21

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:11-56.26 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.

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

[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		Business Address 364 Keene Street, Perth Amboy, NJ 08861		Project Name New Emergency Services Complex	
F.E.I.N. _____		Project Location 656 Washington Avenue, Township of Washington, NJ 07676		Contract I.D. or Project I.D. #18053	
Payroll No. 49	Date Wages Due & Paid (mm/dd/yyyy) 11/26/2021	Week Ending Date 11/21/2021	Contractor Registration # 72761		

SUBMIT form by
email: equel/paj/act@dcl.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 <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	Sex <i>Male-Female-X=Other</i>	Race <i>See Key</i>	Straight Time or Overtime	SU	MO	TU	WE	TH	FR	SA	Total Hours	Hourly Rate of Pay	Gross Amt. Earned This Project	Gross Amt. Earned This Week	FICA	Federal Tax	Deductions			Net Wages Paid for Week	Total Fringe Benefit Cost/Hour	
						Hours worked each day													Total Deductions	Other (Specify)	Total Deductions			
						11/14	11/15	11/16	11/17	11/18	11/19	11/20												
San Martin, Jose #5193 26 Wilson Ave., South River, NJ 07104	Foreman	Mason Foreman	M	W	S 0 O		8	8	8	8	8	0	40.00	89.32	3,572.80	\$3,572.80	273.32	\$ 750.28	232.27	0.00	0.00	\$ 1,255.87	\$ 2,316.93	
Guadalupe, Manuel Mesias #3227 483 Summer Ave., Newark, NJ 07104	Journeyman	Mason	M	W	S 0 O		8	8	8	8	8	0	40.00	78.18	3,127.20	\$ 3,127.20	229.22	\$ 436.46	155.06	0.00	0.00	\$ 830.74	\$ 2,296.46	
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KEY: W= White; B= Black or African American; A= Asian; N= American Indian or Native Alaskan; I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

MM-562 (9/19)

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

(Project Name & Location) _____, and that during the payroll period beginning on (date) 11/15/21, and ending on (date) 11/21/21, all persons employed on said project have been paid the full weekly wages earned, that no relatives 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. 34:11-56.22 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:1-4, 1 et seq.

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

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

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name Manuel Marcal

Title President Date (mm/dd/yy) 11/26/21

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. 34:1-4, 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]

loenix hvac llc

Contractor or Subcontractor)

Project Name & Location)

at during the payroll period beginning on (date) 1/1/15/2021, and
 yding on (date) 11/21/2021, 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. 34:1-4.1 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 borers 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 in the United States Department of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

) That:
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INDS OR PROGRAMS

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(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.

ame KHALED MUSTAFA

The PRESIDENT Date (mm/dd/yy) 11/26/2021

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:17-56.25 T SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:17-4.1 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		Business Address 2606 Wildberry Ct., Edison, NJ 08817		Project Name Emergency Service Complex	
FEI.N. 27-3960860		Date Wages Due & Paid (mm/dd/yyyy) 11/22/2021		Contract I.D. or Project I.D. 18053	
Payroll No. 21		Week Ending Date 11/20/2021 or ☐ Final Certification		Contractor Registration # 683924	
		Project Location 350 Hudson Avenue, Washington, NJ		SUBMIT form by email: equelpayact@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 Male Female Other-Binary	Race See Key	SU		MO	TU	WE	TH	FR	SA	Gross Amt. Earned This Project			This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions					
					14.000		15.000	16.000	17.000	18.000	19.000	20.000														
Salman Syed 401 New Dover Rd Colonie, NJ 07067	Journeyman	Electrician	S	A	S							7.00		94.73	663.11	\$663.11	50.73	\$66.31	12.60	6.30	0.06	\$ 136.00	\$ 527.11	\$ 96.08		
					O																					
Kabir Ahmad 41 Reading Rd#4 Edison, NJ 08817	Journeyman	Electrician	M	A	O							6.00		94.73	568.38	\$568.38	43.48	\$28.42	10.80	5.40	0.06	\$ 88.16	\$ 480.22	\$ 96.08		
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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													
2. BRICKLAYER OR MASON		2								11/22/2021		11/28/2021	
3. CARPENTER		2								11/22/2021		11/28/2021	
4. ELECTRICIAN													
5. GLAZIER													
6. HVAC MECHANIC													
7. IRONWORKER		4								11/22/2021		11/28/2021	
8. OPERATING ENGINEER													
9. PAINTER													
10. PLUMBER													
11. ROOFER													
12. SHEET METAL WORKER		4								11/22/2021		11/28/2021	
13. SPRINKLER FITTER													
14. STEAMFITTER													
15. SURVEYOR													
16. TILER													
17. TRUCK DRIVER													
18. LABORER													
19. OTHER Pipe Fitter		1								11/22/2021		11/28/2021	
20. OTHER Insulator		2								11/22/2021		11/28/2021	

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

12/03/2021

(Area Code)

(Telephone Number)

(Ext.)

(Date)

NJ Department of Labor & Workforce Development

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor 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. 24	Date Wages Due & Paid (mm/dd/yyyy) 12/03/2021	Week Ending Date 11/28/2021 or ☐ Final Certification	SUBMIT form by email: equalpayact@dol.nj.gov IMPORTANT: For purposes of law, you must also submit this form to the appropriate public body or lessor.		

1. Employee Name and Address	2. Work Job Title <i>e.g., apprentice, journeyman, foreman</i>	Work Classification/ Occupational Category <i>e.g., carpenter, mason, plumber</i>	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			
			Sex Male/Female X=Non-Binary	Race See Key		MO	TU	WE	TH	FR	SA	SU			Gross Amt. Earned This Project	Gross Amt. Earned This Week	FICA	Federal Tax	State Tax	Medicare			Total Deductions		
						11/22	11/23	11/24	11/25	11/26	11/27	11/28													
Risio Mocarosi, 164 Outwater Ln., Garfield, NJ 07026 ss: 3869	Journeyman	Carpenter	M		S	8	8	8	0	0			24.00	82.01	1,968.25	\$1,968.24	122.03	\$ 181.00	105.23	28.54	\$ 436.80	\$ 1,531.44	\$ 30.12		
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Risio Trajanoski, 45 N Spring St., Bloomfield, NJ 07003 ss: 5037	Foreman	Carpenter	M		S								0.00		2,261.52	\$ 2,261.52	140.21	\$ 282.00	130.65	32.80	\$ 565.66	\$ 1,675.86	\$ 34.56		
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KEY W= White; B= Black or African American;
 A= Asian; N= American Indian or Native Alaskan;
 I = Native Hawaiian or Pacific Islander; M= 2 or More

☐ Check if additional sheets used

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

(Project Name & Location)

that during the payroll period beginning on (date) 11/22/21, and ending on (date) 11/22/21, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the 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 (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.

Title	Managing Member
Date (mm/dd/yy)	12/03/21

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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]

NEW JERSEY DEPARTMENT OF
LWD
LABOR AND WORKFORCE DEVELOPMENT
n | . g o v | i s b o r t

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:1-1-56.25 ET SEQ. AND N.J.A.C. 17:60 ET SEQ. AND N.J.S.A. 34:1-1-4.1 ET SEQ.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
(for Contractor and Subcontractor's Use for Weekly and Final Certification)
(N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒		ADDRESS		DATE WAGES DUE		DATE WAGES PAID														
LOMBARDY DOOR SALES AND SERVICE CORP.		734 BELLEVILLE AVE. BELLEVILLE, NJ		11/25/2021		12/9/2021														
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION		CONTRACTOR REGISTRATION NUMBER																
1	11 / 24 / 21	☒ NEW EMERGENCY SERVICES COMPLEX TOWNSHIP OF WASHINGTON		607301																
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS				8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.		
		Overtime (OT) or Straight time (ST)									This Project Only	Total for Week	FICA	With- holding Tax	Medicare	NJ Income Tax			Other Taxes	Total Deductions
		S 21	M 22	T 23	W 24	TH 18	F 19	S 20												
JOHN TAYLOR	IRONWORKS	OT							8	93.56	748.48	N/A	46.41	54.01	10.85	13.05	8.79	133.11	615.37	48.12
TIM TAYLOR	IRONWORKS	OT							8	93.56	748.48	N/A	46.41	76.88	10.85	14.48	8.79	157.41	591.07	48.12
MARK HOGUND 504 FRANK E. RODERS BLVD. PATERSON, NJ	IRONWORKS	OT							8	93.56	748.48	2245.44	139.22	242.48	32.56	75.79	16.84	507.07	1738.37	48.12
JUAN HUITZIL 189 MILL STREET PATERSON, NJ	IRONWORKS	OT							8	93.56	748.48	2245.45	139.22	242.48	32.56	75.97	16.84	507.07	1738.37	48.12
		OT																		
		ST																		
		OT																		
		ST																		
		OT																		
		ST																		

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.
SUBMIT TO PUBLIC BODY OR LESSOR

NAME AND TITLE MICHAEL LOMBARDY PRESIDENT

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.

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

Other (specify)

Name of ☐ Contractor or ☐ Subcontractor

Phoenix H V A CLLC

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

Payroll No. 417

Date Wages Due and Paid 12/03/2021

Week Ending Date 11/28/2021 or ☐ Final Certification

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.

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.		8.						9. Net Wages Paid for Week.	10. Total Fringe Benefit Cost/Hr.	
																				This Project	This Week	FICA	Federal Tax	State Tax	Other	(specify)	Total Deductions			
						Nov 22	Nov 23	Nov 24	Nov 25	Nov 26	Nov 27	Nov 28	Hours worked each day																	
Mon	Tue	Wed	Thu	Fri	Sat	Sun																								
Barrera, Anthony 120 Main Street Sussex NJ 07461	Sheetmetal Foreman	M	W		O												14.00	100.4700	1,406.58	2,389.87	34.66	450.36	127.68	0.00	0.00	612.70	1,777.17	0.00		
					S																									
Sensinger, Stephen 14 Overlook Avenue NORTH HALEDON NJ 07508	Sheetmetal Foreman	M	W		O													1,406.58	2,309.87	176.71	431.16	122.08	0.00	0.00	729.95	1,562.59	0.00			
					S																									
Cisneros, Silvano 195 23rd Avenue PATERSON NJ 07513	H/F Insltr Frmn SHOP	M	H		O													919.40	1,439.40	110.11	228.20	61.17	0.00	0.00	399.48	1,029.12	0.00			
					S	6.00																								
Hubi, Ahmet 1675 Franks Rd Susquehanna PA 18847	Pipe Fitter Foreman	M	W		O													681.31	1,081.31	82.72	139.42	0.00	0.00	0.00	222.14	846.47	0.00			
					S																									
Ileiwat, Khaled A 328 Succasunna Road Landing NJ 07850	Sheetmetal Foreman	M	W		O													1,205.64	2,958.93	204.97	283.38	115.98	0.00	279.51	863.84	2,075.09	0.00			
					S																									
Mena, Marlon D 4 Jefferson Ave JUNELLEN NJ 08812	Sheetmetal Journeyman	M	H		O													1,357.58	2,236.37	171.09	413.52	116.93	0.00	0.00	701.54	1,518.06	0.00			
					S																									
Mustafa, Omar 42 Upper High Crest Drive West Milford NJ 07480	H/F Insltr Frmn SHOP	M	W		O													919.40	1,319.40	100.94	201.80	53.85	0.00	0.00	356.59	952.91	0.00			
					S	6.00																								

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 per employee:

Other Benefit Type and Amount (e.g., training, long-term disability or life ins.)	Name & Address of Fringe Benefit Fund, Plan, or Program Administrator	US

[illegible]

[illegible][illegible][illegible][illegible][illegible]

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

[illegible]

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 Moral Construction Group.

Matcal Construction Co.
(Contractor or Subcontractor)

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

(Type Name & Location)
that during the payroll period beginning on (date) 11/22/21, and ending on (date) 11/28/21, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of the 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. 34:1-1, -56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:1-1, et seq.

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name Manuel Marcal

Title President Date (mm/dd/yy) 12/03/21

THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. — N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 17:60 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]

STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

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

1. FID NUMBER		20-507084		2. CONTRACTOR ID NUMBER		668730	
3. NAME AND ADDRESS OF PRIME CONTRACTOR				TEKCON CONSTRUCTION INC			
(Name)				200 COTTONTAIL LANE SUITE A112W			
(Street Address)				SOMERSET NJ 08873			
(City)				(State)			
(Zip Code)				4. IS THIS COMPANY MINORITY OWNED [] OR WOMAN OWNED []			
COUNTY		BERGEN		8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES ☒ NO ☐			
5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT		Name: Township of Washington Address: 350 Hudson Avenue, Washington, NJ 07676		6. NAME AND ADDRESS OF PROJECT		Name: New Emergency Services Complex Address: 656 Washington Avenue, Washington, NJ 07676	
CONTRACT NUMBER		18053		DATE OF AWARD		10-5-2020	
DOLLAR AMOUNT OF AWARD		\$5,328,183.00		7. PROJECT NUMBER		18053	

[illegible]

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are

false, I am subject to punishment.

(Signature)

PRESIDENT

10. (Please Print Your Name)

(Title)

12/03/2021

(Area Code)	(Telephone Number)
-------------	--------------------

(Ext.)

(Date)

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

R-08-12-08

Date 12/10/2021

I, MICHAEL LOMBARDY

(Name of signatory party)

PRESIDENT

(Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by LOMBARDY DOOR SALES AND SERVICE CORP. on the NEW EMERGENCY SERVICES COMPLEX;

(Contractor or Subcontractor)

(Project Name and Location)

that during the payroll period beginning on 11/25/2021 and ending on 12/1/2021, all persons employed

(Date)

(Date)

on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said LOMBARDY DOOR SALES AND SERVICE CORP.

(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 as listed in the contract have been or will be made when due to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) ☒ WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage ☐
2) Dental coverage ☐
3) Pension or Retirement ☐
4) Vacation, Holidays ☐
5) Sick days ☐
6) Life Insurance ☐
7) Other (Explain) ☐
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works 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 AND TITLE	MICHAEL LOMBARDY, PRESIDENT
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.	

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. 418	Date Wages Due and Paid 12/10/2021	Week Ending Date 12/5/2021 or ☐ Final Certification	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 Time or Overtime	Nov 29 Mon	Nov 30 Tue	Dec 1 Wed	Dec 2 Thu			Dec 3 Fri	Dec 4 Sat	Dec 5 Sun	This Project	This Week			Federal Tax	State Tax	Other (specify)	Total Deductions	
Garrera, Anthony 120 Main Street Sussex NJ 07461			M	W	O	6.00	6.00	6.00	6.00					24.00	100.4700	2,411.28	3,029.40	43.92	603.84	172.44	0.00	820.20	2,209.20	0.00	
Gensinger, Stephen 14 Overlook Avenue NORTH HALEDON NJ 07508			M	W	O	6.00	6.00	6.00	6.00					24.00	96.9700	2,327.28	2,924.40	223.72	578.64	165.09	0.00	967.45	1,935.03	0.00	
Cisneros, Silvano 195 23rd Avenue PATERSON NJ 07513			M	H	O	6.00								6.00	100.4700	602.82	1,740.94	133.19	294.61	82.25	0.00	510.05	1,217.83	0.00	
Ileiwat, Khaled A 328 Succasunna Road Landing NJ 07850			M	W	O	6.00	6.00	6.00	6.00	6.00				24.00	100.4700	2,411.28	2,861.28	197.51	261.89	110.02	0.00	279.51	848.93	2,012.35	0.00
Mena, Marlon D 4 Jefferson Ave DUNELLEN NJ 08812			M	H	O	6.00	6.00	6.00	6.00					24.00	91.9400	2,206.56	2,758.20	210.99	538.76	153.46	0.00	903.21	1,834.30	0.00	
Mustafa, Omar 42 Upper High Crest Drive West Milford NJ 07480			M	W	O	6.00								6.00	91.9400	551.64	2,326.56	177.97	435.16	123.24	0.00	736.37	1,572.74	0.00	

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
Rbuild LLC

(Contractor or Subcontractor)
on the New Emergency Services
(Project Name & Location)

(Project Name & Location) 11/29/2021

that during the payroll period beginning on (date) 12/05/21, all persons employed on said project ending on (date) 12/05/21, 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.

(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.

Risto Traianoski

Title	Managing Member	Date (mm/dd/yyyy)	12/10/21

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]

NJ Department of Labor & Workforce Development

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

Other (specify)

Name of ☐ Contractor or ☒ Subcontractor Taj Mahal Electrical Contracto		Business Address 2606 Wildberry Ct., Edison, NJ 08817		Project Name Emergency Service Complex Contract I.D. or Project I.D. 18053 Contractor Registration # 683924	
F.E.I.N. 27-3960860		Project Location 350 Hudson Avenue, Washington, NJ			
Payroll No.		Date Wages Due & Paid (mm/dd/yyyy) 12/05/2021		Week Ending Date 12/04/2021 or ☐ Final Certification	
1.		2. Work		3. Demographics	
Employee Name and Address	Job Title e.g., apprentice, journeyman, foreman	Work Classification/ Occupational Category e.g., carpenter, mason, plumber	Sex M=Male F=Female X=Non-Binary	Race See Key	Start Time or Overtime
Salman Syed 401 New Dover Rd Colonla, NJ 07067	Journeyman	Electrician	S	A	
Muhammad Asif 2606 Wildberry Ct Edison, NJ 08817	Foreman	Electrician	M	A	
Ahmad Kabir 41 Reading Rd#A Edison, NJ 08817	Journeyman	Electrician	M	A	

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

(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) 11/08/21
ending on (date) 12/04/21, 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
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,
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 employee-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name Muhammad Asif Date 12/05/21

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.

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) 11/29/21, and ending on (date) 12/05/21, 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 employ-ees, as noted in Section 4(c) at right.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

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

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

Name **Manuel Marcal**

Title	President	Date (mm/dd/yy)
		12/10/21

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

— N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

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

[illegible]

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																																	
GOP IRONWORKS, LLC F.E.I.N. 40-0609449		340 WYCKOFF AVE STE 349, NJ, WYCKOFF 07481		WASHINGTON TWP FIREHOUSE																																	
Payroll No. 7		Project Location WASHINGTON TWP FIREHOUSE WASHINGTON TWP FIREHOUSE		Contract I.D. or Project I.D. Contractor Registration # 72427																																	
1. Employee Name and Address		2. Work		3. Demographics							4. Day and Date							5. 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	Straight Time or Overtime							SU	MO	TU	WE	TH	FR	SA	11/28	11/29	11/30	12/01	12/02	12/03	12/04	Total Hours	Hourly Rate	This Project	This Week	FICA	Federal Tax	State Tax	Other (specify)	Total Deductions	Net Wages Paid for Week	Total Fringe Benefit Cost/Hour
JOSE AREVALO 1909 NEW YORK AVE UNION CITY, NJ 07087	Ironworker Journeyman	5057		M	W	S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8.00	94.60	756.88	\$2,656.77	203.25	\$464.72	154.56	0.00	\$822.53	\$1,834.24	\$48.17
JAIME BONOLA 507 VAN HOUTEN AVE APT 4 PASSAIC, NJ 07055	Ironworker Journeyman	5057		M	W	S	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.00	94.61	1,513.76	\$2,307.06	176.49	\$380.79	98.20	0.00	\$655.48	\$1,651.58	\$48.17
MIGUEL GONZALES RODRIGUEZ 52 MOUNT PLEASANT AVE BELLEVILLE, NJ 07109	Ironworker Journeyman	5057		M	W	S	0	0	0	8	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32.00	94.61	3,027.52	\$3,784.40	54.88	\$1,037.53	217.60	0.00	\$1,310.01	\$2,474.39	\$48.17
ANTONIO URGUILLA 1515 SUMMIT AVE UNION CITY, NJ 07087	Ironworker Journeyman	5057		M	W	S	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.00	94.61	1,513.76	\$2,881.12	220.41	\$516.56	178.67	0.00	\$917.64	\$1,963.48	\$48.17
						S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
						O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
						S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
						O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
						S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											
						O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0											

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

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

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

☐ Check if additional sheets used

MW-562 (9/19)

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