A MEETING OF THE
INGHAM COUNTY BUILDING AUTHORITY
WILL BE HELD ON
Friday, March 1, 2019 at 3:00 p.m.

Hilliard Building
Conference Room A
121 E. Maple Rd.
Mason, Michigan

AGENDA

Call to Order
Approval of the February 15, 2019 Minutes
Additions to the Agenda
Limited Public Comment

1. Community Mental Health
   a. Lansing Tile and Mosaic Agreement
   b. DC Byers Invoice
   c. Phase II Change Orders 1-4

2. Animal Control Shelter
   a. Granger Application for Payment
   b. Change Order 038
   c. Building Security Alarm Cost (handout)
   d. Electronic Door Access Control Cost (handout)

3. Justice Complex – Owners Representative Contract

   Announcements
   Public Comment
   Adjournment

Next meeting to be determined
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Members Present: Eric Schertzing, County Treasurer, Matt Nordfjord, County Corporation Counsel, Tim Dolehanty, County Administrator

Members Absent: None.

Others Present: Facilities Director Rick Terrill, IT Representative Jake Willett, Granger Construction Representative Ben LeBlanc, Animal Control Director Jodi LeBombard, DLZ Representative Manoj Sethi, DLZ Representative Eric Beaulieu, CMH Representative John Peiffer

Call to Order: The Ingham County Building Authority meeting was called to order by Matt Nordfjord at 3:00 p.m., Friday, February 15, 2019 in Conference Room A of the Hilliard Building, 121 E. Maple Rd., Mason, Michigan

Approval of the February 1, 2019 Minutes: MR. SCHERTZING MOVED TO APPROVE THE FEBRUARY 1, 2019 MEETING MINUTES. MR. DOLEHANTY SUPPORTED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

Additions to the Agenda: Without objection, agenda item 2d 3rd Party Testing PSI Invoice was added to the agenda.

Limited Public Comment: Mr. Manoj Sethi, DLZ President, and Eric Beaulieu, lead architect, for the Justice Complex project introduced themselves and their company to the Building Authority.

1a. DBI Invoice 68169-0

Mr. Terrill stated that this invoice was for Phase II of the CMH Renovation and approval was recommended.

MR. SCHERTZING MOVED TO APPROVE PAYMENT OF DBI INVOICE 68169-0 IN THE AMOUNT OF $1,609.00. MR. DOLEHANTY SUPPORTED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

1b. DBI Proposal 2004119-0

Mr. Terrill explained that this proposal was for design services of the evacuation plans and maps for the CMH facility. Approval was recommended.

MR. SCHERTZING MOVED TO APPROVE PAYMENT OF DBI PROPOSAL 2004119-0 IN THE AMOUNT OF $1,044.00. MR. DOLEHANTY SUPPORTED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.
2a. **Granger Change Order 032**

Mr. Terrill explained that this Change Order was for ADA changes. In the scope of work they had to fur out a wall for better ADA compliance clearance.

MR. SCHERTZING MOVED TO APPROVE PAYMENT OF GRANGER CHANGE ORDER 032 IN THE AMOUNT OF $817.00. MR. DOLEHANTY SUPPORTED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

2b. **Granger Change Order 035**

Mr. Terrill explained that this Change Order replaced 3 light fixtures for emergency egress lighting in order to be in compliance.

MR. SCHERTZING MOVED TO APPROVE PAYMENT OF GRANGER CHANGE ORDER 035 IN THE AMOUNT OF $1,294.22. MR. DOLEHANTY SUPPORTED THE MOTION.

2c. **Granger Change Order 037**

Mr. Terrill stated that this Change Order was for the design, creation, and installation of the light fixture mount and is a requirement based on the surgery light determined necessary by the operations needed in the area.

MR. DOLEHANTY MOVED TO APPROVE PAYMENT OF GRANGER CHANGE ORDER 037 IN THE AMOUNT ON $2,890.10. MR SCHERTZNIG SUPPORTED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

2d. **3rd Party Testing PSI Invoice**

Mr. Terrill stated approval for this invoice was recommended as it is consistent with the PO previously approved by the Building Authority and will leave a balance of $8,106 in the PO.

MR. SCHERTZING MOVED TO APPROVE PAYMENT OF THE PSI INVOICE IN THE AMOUNT OF $406.50. MR. DOLEHANTY SUPPORTED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

**Announcements:** Mr. Terrill announced that there would be a meeting with Hobbs + Black, Granger Construction, the Board of Commissioners, and Operations at the Animal Control and Shelter to discuss the opening of the new Animal Control and Shelter.

**Public Comment:** Mr. Peiffer stated that Phase II of the CMH Renovation is doing well and that the demo process has been completed. Everything is running smoothly.

The February 15, 2019 Building Authority meeting adjourned at 3:13 p.m.
February 20, 2019

Richard Terrill, Director
Ingham County Facilities Department
121 E. Maple Street
P.O. Box 319
Mason, Michigan 48854

Re: Flooring Replacement Services Agreement for Second Floor Renovation Project at Community Mental Health Authority Building

Dear Mr. Terrill:

Attached is an Agreement to be entered into between the Building Authority and Lansing Tile & Mosaic, Inc. (Contractor). Under this Agreement, the Contractor, as part of the Building Authority’s renovation project of the second floor of the Community Mental Health Authority’s building on Jolly Road, shall remove and replace the carpet flooring on the second floor including rooms 200-223. The total compensation to be paid the Contractor upon completion of all work is $19,270.00. The term of the Agreement has been set to commence on the 26th day of February, 2019 with all work, including all items on the final punch list, to be completed by July 1, 2019.

If the attached Agreement is satisfactory with and approved by the Building Authority, you may after printing off copies thereof, proceed to obtain the signatures necessary for their execution. While obtaining the necessary signatures, ensure that the parties signing insert the date in the space provided therefore on the signature pages. Please e-mail a fully signed copy of the attached Agreement to my assistant Nicole Moles at nmoles@estmlaw.com for insertion into our electronic file.

In compliance with Resolution No. 18-194 passed May 8, 2018, all Agreements must be executed in accordance with the County’s Contract Procedures. A copy of the Contract Procedures are attached.

If you have any questions with regards to the attached Agreement, do not hesitate to contact me.

Very Truly Yours,

COHL, STOKER & TOSKEY, P.C.

[Signature]

Robert D. Townsend

RDT/nam
Enclosure
cc: Lindsey Lubahn, Ingham County Facilities Secretary
N:\Client\Ingham\Building_Authority\Correspondence\Terrill\Ltr re Agr w Lansing Tile & Mosaic for CMHA Project.doc
Introduced by the County Services Committee of the:

INGERHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO REVISE THE INGERHAM COUNTY CONTRACTS PROCEDURE

RESOLUTION #18 – 194

WHEREAS, Ingham County enters into hundreds of agreements each year with federal, state, and local governments, vendors, and agencies; and

WHEREAS, it is advisable to evaluate established procedures and guidelines for the execution and processing of contracts so that a standardized practice may be used by each department; and

WHEREAS, MCL 46.5 requires that agreements entered into by the Ingham County Board of Commissioners be deposited with the Ingham County Clerk.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby approves the attached Contracts Procedure as revised.

BE IT FURTHER RESOLVED, that the County Clerk shall provide a copy of this resolution and the revised Contracts Procedure to all elected officials and department heads once adopted.

COUNTY SERVICES: Yeas: Nolan, Sebolt, Grebner, Celentino, Hope, Maiville, Naeyaert
Nays: None  Absent: None  Approved 05/01/2018
Contract Procedures

MCL 46.5 requires that executed contracts be deposited with the County Clerk. To assure that appropriate contractual documents are prepared, executed and recorded, the following procedures shall be implemented:

Execution of Contracts

After approval by the Board of Commissioners, resolutions and contract authorization forms are submitted to the County Attorney’s Office at which time a contract is prepared. The contract is approved as to form by the County Attorney and forwarded to the department requesting the agreement. The contract authorization form can be used for agreements $5,000 and under.

The department shall submit two hard copies of the agreement that were signed by the vendor and County Attorney, along with the resolution or signed contract authorization form authorizing the agreement, to the Board of Commissioners’ Office for County signatures. Two hard copies of the contracts must be submitted to the Board of Commissioners’ Office for signature. Signatures must be obtained through the Board of Commissioners’ Office.

The Board Chairperson is the only authorized signatory for the County of Ingham unless others are authorized to sign by Board resolution. The Vice-Chairperson is authorized to sign in the Board Chairperson’s absence.

The Board of Commissioners’ Office shall submit the two signed hard copies of the agreement, along with an equal number of copies of the resolution or signed contract authorization form authorizing the agreement, to the County Clerk’s Office.

The County Clerk’s Office shall assign a file number and append said information to the first page of the agreements. The County Clerk shall sign the agreements to acknowledge that an original agreement has been filed with County Clerk, the appropriate resolution or signed contract authorization form has been included with that original, and a file number has been assigned and appended to the agreement(s). The Chief Deputy County Clerk is authorized to sign in the absence of the County Clerk. This will be accomplished within 5 business days after receipt by the County Clerk’s Office.

Once the contract documents are completely executed, the County Clerk’s Office shall make sure any blank dates in the contract are filled in. The County Clerk’s Office shall file one original agreement and submit any additional originals or copies to the appropriate department. Upon receipt of copies from the Clerk’s Office, each department shall enter the file number into MUNIS.
Distribution of Contracts

The requesting department is responsible for duplicating and distributing the fully executed contracts, including all exhibits and attachments, along with the resolution or contract authorization form for distribution as follows:

Director of Financial Services (electronic copy)
County Attorney (electronic copy)

Regarding Agreements Signed Electronically

In the event a contract is signed electronically, for example with the State of Michigan, it is the responsibility of the department to submit to the County Clerk’s Office, in paper format, one fully executed agreement and one copy of the authorizing resolution or signed contract authorization form for filing.

The County Clerk’s Office shall otherwise take the same steps as outlined in Execution of Contracts above.

Contract Expiration

It is up to each department to monitor expiration dates of contracts that involve their departments to determine if the agreement needs to be renewed or if the services are no longer necessary. If the contract needs to be renewed, a resolution renewing the agreement should be scheduled before the appropriate Liaison Committee and the Board of Commissioners’ before the expiration of the agreement.
FLOORING REPLACEMENT SERVICES AGREEMENT

THIS AGREEMENT, made and entered into by and between the INGHAM COUNTY BUILDING AUTHORITY (hereinafter referred to as the “Building Authority”) and LANSING TILE & MOSAIC, INC., whose business offices are located at 2210 Apollo Drive, Lansing, MI 48906-2703 (hereinafter referred to as the “Contractor”).

RECITALS:

WHEREAS, the Building Authority is in need of flooring replacement services as part of Phase 2 - Renovations to the interior of the second (2nd) floor of the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties ("CMHA") building at 812 East Jolly Road, Lansing, MI 48910 (hereinafter referred to as the "Work Site"); and

WHEREAS, the new flooring to be installed involves the removal of the existing carpet and vct, minor floor preparation and furnish and install new floor covering in the Work Site’s 2nd floor, rooms 200-223 (hereinafter referred to as the "Project"); and

WHEREAS, the Contractor has submitted a proposal to the County to provide the flooring services the Building Authority requires for the Project; and

WHEREAS, the County accepts the Contractor’s proposal subject to the terms and conditions of this Agreement.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, IT IS HEREBY AGREED as follows:

I. AGREEMENT PERIOD. This Agreement shall commence on the 26th day of February, 2019, and unless terminated as authorized in the third paragraph of this Section, shall be completed, including all items on the final punch list, by no later than the 1st day of July, 2019.

It is understood and agreed by the parties hereto that all obligations of the Contractor set forth in this Agreement which extend to beyond the completion date of the work shall survive said completion and remain in full force and effect for the time set for the performance of said obligations.

Notwithstanding any other provision in this Agreement to the contrary, the Building Authority may terminate this Agreement, with or without cause, upon five (5) days prior written notice to the Contractor. In the event this Agreement is prematurely terminated without cause (i.e. for reasons other than Contractor’s breach of the terms of this Agreement) as set forth herein, the Contractor shall be compensated for services completed as of the effective date of termination in accordance with Section III of this Agreement. The compensation to be paid in the event of termination of the Agreement without cause shall be a prorated amount of the total sum stated in Section III that equals
the percentage of the Project that had been completed on the effective date of termination (i.e. if 50% of the Project has been completed by the effective date of the premature termination without cause only 50% of the total sum stated in Section III shall be due Contractor).

II. SERVICES TO BE PERFORMED BY THE CONTRACTOR. The Contractor shall provide all labor, tools, equipment, materials and supplies necessary to remove and dispose of existing flooring on the 2nd floor of the Work Site in rooms 200-223 and furnish and install in its place Tandus Aftermath Carpet Tile: color Fleece, Armstrong 51908 Pewter VCT, Johnsonite Fawn vinyl base, and transitions. The work and materials to be provided and installed at the Work Site are further described in the Contractor’s Proposal, a copy of which is attached to this Agreement labeled Attachment A. The Attachment A is incorporated by reference into this Agreement and made a part thereof.

The Contractor shall schedule all work at the Work Site with the CMHA Properties - Facilities Manager John Peiffer.

The Contractor guarantees its performance of the services required under this Agreement, and shall submit to the personal inspection of such services by representatives or agents designated by the Building Authority and/or CMHA.

III. COMPENSATION. It is expressly understood and agreed that, except as authorized below, the total compensation which the Contractor shall receive under this Agreement shall be NINETEEN THOUSAND TWO HUNDRED SEVENTY AND NO/100 DOLLARS ($19,270.00).

The Contractor shall be paid the compensation authorized above upon completion of the Project including all punch list items.

The Building Authority shall pay the sum correctly billed in accordance with Ingham County’s procedure for payment of Accounts Payable within thirty (30) days after the Building Authority has received and approved all of the following:

A. The bill stating the pre-condition set for the payment due has been completed on or before the date of invoicing and total sum due.

B. Verification of said completion from the inspector(s) designated by the Building Authority pursuant to Section III of this Agreement.

C. Before payment of the bill, the Building Authority may also require that it be provided with proof that Contractor has paid its employees and any suppliers and/or subcontractors providing materials or performing services under this Agreement.

Completion of the work being billed shall be to the satisfaction of the CMHA’s and Building Authority’s inspector(s). The inspector(s) shall conduct an inspection before
payment of any bill submitted pursuant to this section within five (5) business days of the Building Authority’s receipt of a bill.

For all changes in the work authorized by a Modification involving additions to or deductions from the Contract Sum, the Contractor agrees to perform or omit (or cause to be performed or omitted by its subcontractors) such work at such cost as is mutually agreed upon in writing by the Building Authority and the Contractor.

Should any work be deleted from this Agreement by order of the Building Authority, the full cost savings realized thereby, including stipulated fee, shall be credited to the Building Authority.

IV. WORKMANSHIP AND INSPECTION OF WORK. All work done by the Contractor under this Agreement shall be performed in a skillful and workmanlike manner, and according to applicable local and State of Michigan codes. The Contractor shall only employ persons who are skilled in the work to be performed. The Building Authority may in its sole discretion require the Contractor to remove any worker from the Project that the Building Authority or CMHA deems incompetent or careless.

The Building Authority and CMHA shall designate such individual or individuals they may desire to act as its representative(s) in the inspection of work done by the Contractor under this Agreement (hereinafter referred to as the "inspector(s)"). The inspector(s) shall periodically inspect the work done by the Contractor under this Agreement to ensure that such work is in accordance with the Project’s requirements set forth in Section II of this Agreement and is free from defects.

The inspections to be conducted by the inspector(s) shall include, but not be limited to, inspection of the work completed by the Contractor upon notification from the Contractor of having substantially completed the Project and on completion of all items on the final punch list, but prior to Contractor receiving compensation therefore as set forth in Section III of this Agreement. In the event the inspector(s) discovers that any of the work is not in compliance with the requirements of this Agreement, and applicable Federal, State or local laws, ordinances, rules, regulations and codes, or is otherwise defective, he/she/they shall deliver to the Building Authority and the Contractor written notification of such defects or failure to comply with this Agreement. The Building Authority may, without any additional cost to the Building Authority other than that agreed to in Section III, require the Contractor to correct such defects, deviations from or non-compliance with the requirements of this Agreement, or the requirements of applicable Federal, State or local laws, ordinances, rules, regulations and codes prior to compensating the Contractor under this Agreement.

Any inspection(s) by the Building Authority or CMHA, as authorized by this Section IV shall not relieve the Contractor from any responsibility regarding defects or other failures to meet the requirements of this Agreement.
V. **WARRANTIES.**

A. The Contractor warrants that it meets all Federal, State and local licensing, certifications and authorization requirements to perform all the work required by the Project.

B. The Contractor warrants to the Building Authority that all products and materials provided shall be new and that all work performed and the products and materials provided under this Agreement will be of good quality free from faults and defects, and in conformance with this Agreement. The Contractor if required by the Building Authority, shall furnish the Building Authority with satisfactory evidence as to the kind and quality of the products and materials. All work, products and materials not conforming to these requirements, including substitutions not properly approved and authorized, may be considered defective. This warranty is not limited by the provisions requiring correction of defective work, set forth in Section VI.

C. Neither the final payment, or any provision in this Agreement shall relieve the Contractor of responsibilities for defects in workmanship or faulty products or materials. The Contractor warrants that it shall correct any defects due to faulty work, products or materials and pay for the damage to other work resulting therefrom, which appear within a period of one (1) year from the date of completion of all the work at the Work Site required by this Agreement unless otherwise stated in this Agreement. The Building Authority shall notify the Contractor of observed defects with reasonable promptness.

VI. **CORRECTION OF WORK.**

A. The Contractor shall promptly correct all work rejected by the Building Authority as defective or as failing to comply with Contractor’s warranties set forth in Section V, whether observed before or after substantial completion. The Contractor shall bear all costs of correcting such rejected work.

B. If, within one (1) year after the date of completion of all the work at the Work Site that is required by this Agreement or within such longer period of time as may be prescribed by law, any of the products and materials provided and/or workmanship performed under this Agreement is found not to be in accordance with the Contractor’s warranties set forth in Section V, B and C, the Contractor shall correct such defect(s) promptly after receipt of a written notice from the Building Authority to do so. This obligation shall survive termination of this Agreement. The Building Authority shall give such notice promptly after discovery of the condition.

C. The Contractor shall remove from the Work Site all portions of the work which are not in compliance with Contractor’s warranties in Section V, B and C, and which have not been corrected under subsections A and B of this
section, unless removal is expressly waived in writing by the Building Authority.

D. If the Contractor fails to correct work not in compliance with Contractor’s warranties in Section V, B and C, the Building Authority may correct such work. The Contractor shall bear the costs incurred by the Building Authority in correcting such defective work and shall pay the Building Authority the total sum of such costs that were incurred by the Building Authority within thirty (30) days of the Building Authority’s delivery to Contractor of a bill setting forth such costs and the total sum due.

VII. CLEANING UP. The Contractor and its subcontractors shall at all times keep the Work Site and surrounding area free from accumulation of waste material or rubbish caused by its operations. Daily clean-up and removal from the work area of all debris resulting from Contractor’s work is required. All debris shall be disposed of as directed by the CMHA’s Properties - Facilities Manager. At the completion of the Project, the Contractor shall remove all the Project’s remaining waste material and rubbish from and about the Work Site, as well as its tools, equipment, and machinery.

If the Contractor fails to clean up during and at the completion of the Project, the CMHA or the Building Authority may do so and the cost thereof shall be charged by the Building Authority to the Contractor. The Contractor shall reimburse the Building Authority for the clean-up costs incurred within thirty (30) days of receipt of the Building Authority’s bill setting forth such costs and the total sum due.

VIII. PROTECTION OF PERSONS AND PROPERTY.

A. The Contractor shall be responsible for initiating, maintaining and supervising all safety precautions and programs in connection with the work it is to perform under this Agreement.

B. The Contractor shall take all reasonable precautions for safety of, and shall provide all reasonable protection to prevent damage, injury or loss to:

1. All its and the CMHA’s and Ingham County’s employees at the Work Site and all other persons who may be affected thereby.

2. All materials and equipment to be used and/or incorporated into the Project, whether in storage on or off the Work Site, under the care, custody or control of the Contractor or any of its subcontractors or sub-subcontractors.

3. Other property at the Work Site or adjacent thereto, including but not limited to all interior and exterior fixtures and furnishings of the Work Site, walls, ceilings, windows, floors, doors, electrical wiring, plumbing, trees, shrubs, lawns, walks, pavements, roadways, structures, and
utilities not designated for removal, relocation or replacement in the course of the Project.

C. The Contractor shall give all notices and comply with all applicable laws, ordinances, rules and regulations and lawful orders of any public authority bearing on the safety of persons or property or their protection from damage, injury or loss.

D. The Contractor shall erect and maintain, as required by existing conditions and progress of the Project, all reasonable safeguards for safety and protection, including posting danger signs and other warnings against hazards.

E. The Contractor shall promptly remedy all injury, damage or loss to any property caused in whole or in part by the Contractor, any subcontractor, any sub-subcontractor or anyone directly or indirectly employed by them, or by anyone for whose acts any of them may be liable and for which the Contractor is responsible under subsection B of this section.

F. Under no circumstances shall any tools of any kind or materials being used be left unattended at the Work Site.

G. The foregoing obligations of the Contractor are in addition to its obligations under Section XIII of this Agreement.

IX. COMPLIANCE WITH THE LAW.

A. In performing its responsibilities under this Agreement, the Contractor shall comply with all applicable Federal, State and local laws, ordinances, codes, rules and regulations.

B. The Contractor and its subcontractors shall comply with the Michigan Occupational Safety and Health Act, 1974 PA 154, as amended, (hereinafter referred to as “OSHA”) and regulations promulgated pursuant thereto. If during the progress of the Project, it is discovered that the Contractor has failed to comply with OSHA, its regulations, or other applicable Federal, State or local laws, ordinances and regulations, the Contractor and its subcontractors shall take such steps as necessary to comply, at no additional cost to the Building Authority.

C. The Contractor and its subcontractors shall be held responsible for the safety of their employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and around the Work Site under this Agreement.
D. If the Contractor or any subcontractor uses any product at the Work Site which contains any ingredient that could be hazardous or injurious to a person’s health, a Material Safety Data Sheet (MSDS) must be submitted to the CMHA’s Properties - Facilities Manager prior to commencement of work.

E. Breach of this Section IX shall be regarded as a material breach of this Agreement. In the event the Contractor, its subcontractors and sub-subcontractors are found not to be in compliance with this Section IX, the Building Authority may terminate this Agreement effective immediately as of the date of delivery of written notification to the Contractor. Such a termination shall be considered to be for cause.

X. **APPLICABLE LAW AND VENUE.** This Agreement shall be subject to and construed according to the laws of the State of Michigan, without regard to any Michigan choice of law rules that would apply the laws of any other jurisdiction to the extent not inconsistent with or pre-empted by Federal law.

It is expressly understood and agreed that in the event any legal or equity actions arising under this Agreement are brought by either party against the other party, such actions shall be in a Michigan Court whose jurisdiction and venue shall be established in accordance with the statutes of the State of Michigan and Michigan Court Rules. In the event any action is brought in or moved to Federal Court the venue for such action shall be the Federal Judicial District of Michigan, Western District, Southern Division.

XI. **NONDISCRIMINATION.** The Contractor, as required by law and/or by Ingham County’s Equal Opportunity Employment/Nondiscrimination Policy, shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, sexual orientation, gender identity, height, disability which is unrelated to the individual’s ability to perform the duties of a particular job or position, weight, marital status or political affiliation.


Breach of this section shall be regarded as a material breach of this Agreement.
XII. INDEPENDENT CONTRACTOR AND PAYMENT OF PREVAILING WAGE.

A. It is expressly understood and agreed that the Contractor, its subcontractors and sub-subcontractors, are independent contractors. The employees, servants, agents and assigns of the Contractor, its subcontractors or sub-subcontractors shall in no way be deemed to be and shall not hold themselves out as employees, servants or agents of the Building Authority or Ingham County and shall not be entitled to any fringe benefits of Ingham County, such as, but not limited to, health and accident insurance, life insurance, paid vacation or sick leave, or longevity. The Contractor, its subcontractors and sub-subcontractors shall be responsible for paying all salaries, wages and other compensation which may be due their employees or agents for performing work under this Agreement and for the withholding and payment of all applicable taxes, including, but not limited to, income and social security taxes, to the proper Federal, State and local governments.

B. The direction and supervision of the working forces, including subcontractors, rests exclusively with the Contractor. The Building Authority shall not issue any instructions to, or otherwise interfere with the same.

C. The Contractor and all its subcontractors and sub-subcontractors shall comply with Ingham County’s policy on payment of prevailing wages as determined by using the wage guidelines promulgated by the U.S. Secretary of Labor pursuant to the Davis-Bacon Act. The current Prevailing Wage Determinations for the Project are attached to this Agreement labeled Attachment B.

The Prevailing Wage Policy requires the Contractor to comply with the following:

1. The Contractor shall submit Certified Payrolls and Work Schedules for all periods worked on the Project to the Ingham County Purchasing Department, 121 E. Maple St., Mason, Michigan 48854, Attention: James C. Hudgins, Jr., Director of Purchasing. Payment shall not be made until such time that the Purchasing Director has reviewed the Certified Payrolls.

2. The Contractor shall not use independent contractors. All people performing work under this Agreement shall be either employees of the Contractor or of subcontractors.

3. Contractor shall submit to the Ingham County Purchasing Department a list of all its subcontractors prior to commencing any work on the Project.

4. The Contractor shall notify its subcontractors that the Project requires the payment of prevailing wages.
5. The Contractor shall conspicuously post the prevailing wage rates at the Work Site in the locations where work is to be performed.

6. Prevailing wage compliance will be monitored by the Ingham County Purchasing Department and Michigan Fair Contracting Center (MFCC).

7. Compliance Monitors will conduct brief interviews with workers throughout the duration of the Project.

8. Workers shall be informed of the prevailing wage rates during the interview. Workers shall be asked if they are receiving the correct pay, fringe benefits, and overtime as required by the Building Authority.

9. Workers may be asked to show the Compliance Monitor a paycheck stub on a periodic basis to verify fringe benefit breakdowns and the actual rate of pay received by the worker, including overtime, if applicable.

10. Where applicable, the Contractor shall provide the appropriate ratio of Journeymen to Apprentice workers as determined by the U.S. Department of Labor, Bureau of Apprenticeship and Training. The ratio will be monitored through worker interviews. Workers may be asked to provide their Apprentice or Journeymen cards to verify their status.

11. Where Apprentices are employed, the Contractor and subcontractors shall provide the appropriate apprentice level on the Certified Payroll Form, WH-347.

12. When requested by the Building Authority, the Contractor and subcontractors shall submit a detailed breakdown of all fringe benefits paid to their employees for all work on Ingham County construction projects.

13. The Contractor or subcontractor upon being notified that it is in violation of any term of the Prevailing Wage Policy and who fails to remedy the violation as set forth in the Prevailing Wage Policy is deemed to have committed a material breach of this Agreement. The Building Authority or its designated agent, if any, shall proceed to enforce the term(s) in accordance with this Agreement and/or by seeking any remedy authorized by law, including recission of the Agreement. Further sanctions and penalties shall be as set forth below.
14. The Contractor or any subcontractor upon being notified that it is in violation of payment of prevailing wage and that an amount is due, shall have thirty (30) days to correct the deficiency by paying the employee or employees the amounts due. If Contractor or subcontractor fails to pay within the thirty (30) day period it shall be subject to the following penalties:

(a) Payment of all wages and fringe benefits, plus interest at two percent (2%) per month on those wages and fringe benefits due the employee;

(b) The cost to the Building Authority shall be calculated using the hourly wage and fringe benefits' costs of the Building Authority and/or Ingham County employee involved in the enforcement of this policy plus any other costs incurred by the Building Authority, including but not limited to costs of a contracting agent, attorney fees, and court costs; and

(c) Ineligibility to bid on any contract involving the Building Authority for a period of five (5) years if the violation is repeated after the Contractor is formally notified.

15. The Building Authority may withhold such payments from the Contractor as are necessary to effectuate the payments or penalties as provided in the Prevailing Wage Policy.

16. Any construction mechanic of the Contractor or a construction mechanic of a subcontractor at all tiers, or any bona fide organization representing construction mechanics may file a written complaint with the Ingham County Board of Commissioners or its contracting agent, if any, challenging the compliance by the Contractor or subcontractor with any of the terms noted above. The Ingham County Board of Commissioners or its designated agents shall then conduct an investigation to determine whether it will proceed as stated above.

17. If the Contractor or subcontractor is found to have retaliated in violation of federal or state law against an employee for filing a claim of non-payment of a prevailing wage rate the Contractor or subcontractor shall be ineligible to bid on any contract involving the Building Authority or Ingham County for a period of five (5) years from the date of such finding.

Breach of the Ingham County Payment of Prevailing Wage Policy shall be a material breach of this Agreement.
XIII. **INDEMNIFICATION AND HOLD HARMLESS.** The Contractor shall, at its own expense, protect, defend, indemnify and hold harmless the Building Authority, CMHA, the County of Ingham and their elected and appointed officers, employees and agents from all claims, damages, costs, law suits and expenses, including, but not limited to, all costs from administrative proceedings, court costs and attorney fees that they may incur as a result of any acts, omissions or negligence of the Contractor or any of the Contractor’s officers, employees, agents or subcontractors which may arise out of this Agreement.

The Contractor’s indemnification responsibilities under this section shall include the sum of damages, costs and expenses which are in excess of the sum paid out on behalf of or reimbursed to the Building Authority, CMHA, County of Ingham or their officers, employees and agents by the insurance coverage obtained and/or maintained by the Contractor pursuant to the requirements of this Agreement.

XIV. **LIABILITY INSURANCE.** The Contractor shall not commence work under this Agreement until it has obtained the insurance of the types and not less than the limits set forth below. All coverages shall be with insurance companies licensed and admitted to do business in the State of Michigan who are acceptable to the Building Authority and have a minimum A.M. Best Company’s Insurance Reports rating of A.

A. **Workers’ Compensation Insurance:** The Contractor, during the term of this Agreement and any extension thereof, shall procure and maintain Workers’ Compensation Insurance, including Employers Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

B. **Commercial General Liability Insurance:** The Contractor, during the term of this Agreement and any extension thereof, shall procure and maintain Commercial General Liability Insurance on an “Occurrence Basis” with limits of liability not less than $1,000,000 per occurrence and $1,000,000.00 aggregate combined single limit, Personal Injury, Bodily Injury and Property Damage. Coverage shall include the following extensions:

(1) Contractual Liability;

(2) Products and Completed Operations;

(3) Independent Contractors Coverage;

(4) Broad Form General Liability Extensions or equivalent, if not already included;

(5) Deletion of all Explosion, Collapse and Underground (XCU) Exclusions, if applicable;

(6) Per contract aggregate.
C. **Vehicle Liability:** The Contractor, during the term of this Agreement and any extensions thereof, shall procure and maintain Vehicle Liability Insurance, including Michigan No-Fault Coverages with limits of liability of not less than $1,000,000 per occurrence and $1,000,000.00 aggregate combined single limit Bodily Injury and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles and all hired vehicles.

D. **Additional Insured:** Commercial General Liability and Vehicle Liability Insurance, as described above, shall include an endorsement stating the following shall be “Additional Insureds.” The Ingham County Building Authority, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, County of Ingham, all elected and appointed officials thereof, all employees and volunteers thereof, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed that the Contractor’s Commercial General Liability and Vehicle Liability Insurance shall be made primary to the Additional Insured and not contributing with any other insurance or similar protection available to the Additional Insureds, regardless of whether said other available coverage be primary, contributing or excess.

E. **Deductibles:** The Contractor shall be responsible for paying any deductibles in the insurance coverages it is required to maintain by this Agreement.

F. **Cancellation Notice:** The Workers’ Compensation Insurance, Commercial General Liability Insurance and Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: “It is understood and agreed that thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction and/or Material Change shall be sent to the Ingham County Building Authority c/o Ingham County Controller’s Office, Ingham County Courthouse, P.O. Box 319, Mason, Michigan 48854.” If the Contractor’s insurers refuse to provide such an endorsement the Contractor shall be responsible for making the required notice.

G. **Proof of Insurance Coverage:** The Contractor shall provide the Building Authority at the time the copies of this Agreement are returned by it for execution, with two (2) copies of certificates of insurance for each of the policies mentioned above.

H. **Certified Copies of Policies:** If so requested, Certified Copies of all policies mentioned above shall be furnished.

I. **Expiration of Insurance Coverages:** If any of the above coverages expire during the term of this Agreement or any extensions thereof, the Contractor shall deliver renewal certificates and/or policies to the Building Authority at least ten (10) days prior to the expiration date.
XV. STANDARDS OF CONDUCT FOR INGHAM COUNTY VENDORS. The Contractor shall comply with Ingham County’s Standards of Conduct for Ingham County Vendors as set forth in Ingham County Board of Commissioners’ Resolution No. 15-459, a copy of which is attached to this Agreement labeled Attachment C. Breach of this Section XV shall be a material breach of this Agreement.

XVI. WAIVERS. No failure or delay on the part of either the Building Authority or the Contractor in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege. No modification, amendment, or waiver of any provision of this Agreement, nor consent to any departure from any provision of the Agreement by either party hereto, shall in any event be effective unless the same is in writing and signed by the other party, and then such waiver or consent shall be effective only in the specific instance and for the purpose for which given.

In no event shall the making by the Building Authority of any payment due to the Contractor constitute or be construed as a waiver by the Building Authority of any breach of a provision of this Agreement, or any default which may then exist, on the part of the Contractor. The making of any such payment by the Building Authority while any such breach or default shall exist, shall in no way impair or prejudice any right or remedy available to the County in respect to such breach or default.

XVII. MODIFICATION OF AGREEMENT. Modifications, amendments or waivers of any provisions of this Agreement may be made only by the written mutual consent of the parties hereto.

XVIII. ASSIGNMENT OR SUBCONTRACTING. The parties to this Agreement may not assign, subcontract or otherwise transfer their duties and/or obligations under this Agreement.

XIX. PURPOSE OF SECTION TITLES. The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.

XX. COMPLETE AGREEMENT. This Agreement and the attached Attachments A, B, and C contain all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

XXI. SEVERABILITY OF INVALID PROVISIONS. If any part of this Agreement is declared by any Court having jurisdiction to be invalid, unconstitutional, or beyond the authority of either party to enter into or carry out, such part shall be deemed deleted and shall not affect the validity of the remainder of this Agreement, which shall continue in full force and effect. If the removal of such provision would result in the illegality and/or unenforceability of this Agreement, this Agreement shall terminate as of the date in which the provision was found invalid, unconstitutional or beyond the authority of the parties and
the Contractor shall be reimbursed for all services which it has provided under this Agreement up to the date of termination.

**XXII. CERTIFICATION OF AUTHORITY TO SIGN AGREEMENT.** The people signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign on behalf of said parties and that this Agreement has been authorized by said parties.

THE AUTHORIZED REPRESENTATIVES OF THE PARTIES HERETO HAVE FULLY EXECUTED THIS FLOORING REPLACEMENT SERVICES AGREEMENT FOR CMHA BUILDING 2ND FLOOR RENOVATIONS IN THE SPACES AND ON THE DATES SET FORTH BELOW.

**INGHAM COUNTY BUILDING AUTHORITY**

By: ____________________________  
Mattis D. Nordfjord, Chairperson  
2/20/19  
Date

By: ____________________________  
Timothy J. Dolehan, Secretary  
Date

**LANSING TILE & MOSAIC, INC.**

By: ____________________________  
(Signature)  
Date

Name: ____________________________  
(Print or Type)

Title: ____________________________  
(Print or Type)

APPROVED AS TO FORM  
FOR THE COUNTY OF INGHAM  
COHL, STOKER & TOSKEY, P.C.

By: ____________________________  
Robert D. Townsend

N:\Client\Ingham\Building Authority\Agreements\Lansing Tile & Mosaic\Lansing Tile and Mosaic re CMHA 2nd Floor Renovations.doc

Ing\Building Auth #16-001
ATTACHMENT A

PROPOSAL
Lansing Tile & Mosaic, Inc.

January 17, 2019

Lee Schaefer
schaefel@celcmh.org

Community Mental Health Authority “Phase 2”

**Material & Labor Rooms 200 – 223**

- Demo existing carpet and vct
- Minor floor prep
- Furnish and Install Tandus Aftermath Carpet Tile color Fleece
- Furnish and Install Armstrong 51908 Pewter VCT
- Furnish and Install Johnsonite Fawn vinyl base
- Furnish and Install transitions

Note that the owner is supplying 200 yards of Aftermath carpet

Total $ 19,270.00

Please call if you have any questions.

Sincerely,

Scott Fahey

Acceptance of Proposal

Signature

Date: 1-17-18

2210 Apollo Drive - Lansing Michigan 48906-2703 - 517-321-5307 - Fax: 517-321-5481
ATTACHMENT B

PREVAILING WAGE REQUIREMENTS
Ingham County Request for Proposals
CMHA Building Interior Renovations
Packet #189-18

ASBE0047-002 07/01/2016

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fringes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASBESTOS WORKER/HEAT &amp; FROST INSULATOR........................</td>
<td>$30.22</td>
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BOIL0169-001 03/01/2018

<table>
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<tr>
<th>Rates</th>
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<tr>
<td>BOILERMAKER..........................</td>
<td>$38.65</td>
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BRMI0009-009 08/01/2016

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fringes</th>
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</thead>
</table>
| BRICKLAYER
Bricklayer......................| $28.82 | 18.65 |
Terrazzo and Tile Finisher..| $19.91 | 14.26 |
Terrazzo and Tile Setter....| $21.02 | 15.42 |

FOOTNOTE:

Paid Holiday: Fourth of July, if the worker was employed by the contractor in any period of seven working days before said holiday within the current calendar year.

* CARP1004-004 06/01/2018

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fringes</th>
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<tbody>
<tr>
<td>CARPENTER (Soft Floor Layer, Including Carpet &amp; Resilient Flooring)..................</td>
<td>$25.31</td>
</tr>
</tbody>
</table>
Ingham County Request for Proposals
CMHA Building Interior Renovations
Packet #189-18

* CARP1004-018 06/01/2018

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fringes</th>
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</thead>
<tbody>
<tr>
<td>CARPENTER, Includes Acoustical Ceiling Installation, Drywall Hanging, Form Work, and Metal Stud Installation</td>
<td>$25.31 20.26</td>
</tr>
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-----------------------------

CARP1102-002 06/01/2017

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fringes</th>
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</thead>
<tbody>
<tr>
<td>MILLWRIGHT</td>
<td>$33.25 32.15</td>
</tr>
</tbody>
</table>

-----------------------------

ELEC0252-001 05/29/2017

Townships of Bunker Hill, Leslie, Onodaga & Stockbridge

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fringes</th>
</tr>
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<tbody>
<tr>
<td>ELECTRICIAN Alarm Installation &amp; Low Voltage Wiring</td>
<td>$29.02 13.68</td>
</tr>
<tr>
<td>Excludes Alarm Installation and Low Voltage Wiring</td>
<td>$42.84 22.33</td>
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</tbody>
</table>

-----------------------------
Ingham County Request for Proposals
CMHA Building Interior Renovations
Packet #189-18

ELEC0665-004 05/27/2018

Townships of Alaiedon, Aurelius, Delhi, Ingham, Lansing, Leroy, Locke, Meridian, Vevay, Wheatfield, White Oak and Williamson

Rates Fringes

ELECTRICIAN
Alarm Installation & Low Voltage Wiring....................$ 27.08  17.79
Excludes Alarm Installation & Low Voltage Wiring....................$ 35.20  23.34

-----------------------------------------------

ENG10324-012 06/01/2016

Rates Fringes

OPERATOR: Power Equipment
GROUP 1...................$ 37.33  22.80
GROUP 2...................$ 34.03  22.80
GROUP 3...................$ 31.38  22.80
GROUP 4...................$ 29.67  22.80
GROUP 5...................$ 29.67  22.80
GROUP 6...................$ 23.81  22.80
GROUP 7...................$ 21.33  22.80

FOOTNOTES:

Crane operator with main boom and jib 300' or longer: $1.50 per hour above the group 1 rate. Crane operator with main boom and jib 400' or longer: $3.00 per hour above the group 1 rate.


POWER EQUIPMENT OPERATOR CLASSIFICATIONS

GROUP 1: Crane operator with main boom and jib 400', 300', or 220' or longer.
GROUP 2: Crane operator with main boom and jib 140' or longer, tower crane, gantry crane, whirley derrick

GROUP 3: Concrete Pump; Crane; Highlift; Hoist; Loader; Roller; Scraper; Stiff Leg Derrick; Trencher

GROUP 4: Bobcat/Skid Loader; Broom/Sweeper; Fork Truck (over 20' lift)

GROUP 5: Boom Truck (non-swinging)

GROUP 6: Fork Truck (20' lift and under for masonry work)

GROUP 7: Oiler

IRON0025-001 06/01/2017

<table>
<thead>
<tr>
<th>Rate</th>
<th>Fringes</th>
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</thead>
<tbody>
<tr>
<td>IRONWORKER</td>
<td></td>
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<tr>
<td>REINFORCING</td>
<td>$26.57</td>
</tr>
<tr>
<td>STRUCTURAL (Excluding Metal Building Erection)</td>
<td>$29.99</td>
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</tbody>
</table>

LABO0499-012 06/01/2018

<table>
<thead>
<tr>
<th>Rate</th>
<th>Fringes</th>
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</thead>
<tbody>
<tr>
<td>LABORER</td>
<td></td>
</tr>
<tr>
<td>Common or General; Grade Checker; Mason Tender - Brick; Mason Tender - Cement/Concrete; Pipelayer; Sandblaster</td>
<td>$26.52</td>
</tr>
</tbody>
</table>
Ingham County Request for Proposals
CMHA Building Interior Renovations
Packet #189-18

PAIN0845-001 06/01/2017
Rates Fringes

PAINTER: Brush, Roller,
Spray and Paperhanging...........$ 23.00 12.84
PAINTER: Drywall
Finishing/Taping..................$ 26.00 13.64

PLAS0016-011 04/01/2014
Rates Fringes

CEMENT MASON/CONCRETE FINISHER...$ 24.64 12.88

PLUM0333-006 06/01/2017
Rates Fringes

PIPEFITTER, Includes HVAC
Pipe and Unit Installation.......$ 35.89 21.13
PLUMBER, Excludes HVAC Pipe
and Unit Installation............$ 35.89 21.13

FOOTNOTE:
Paid Holidays: Memorial Day, Independence Day and Labor Day, if the employee works the work day preceding and following the holiday unless proven illness or injury prevents the employee from working.

* ROOF0070-003 06/01/2018
Rates Fringes

ROOFER.........................$ 28.93 15.18

SFMI0669-001 04/01/2017
Rates Fringes
**Ingham County Request for Proposals**  
**CMHA Building Interior Renovations**  
**Packet #189-18**

<table>
<thead>
<tr>
<th>Sprinkler Fitter (Fire Sprinklers)</th>
<th>$34.87</th>
<th>15.84</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHEET METAL WORKER (Including HVAC Duct Installation; Excluding HVAC System Installation)</td>
<td>$32.61</td>
<td>19.66</td>
</tr>
<tr>
<td>IRONWORKER, ORNAMENTAL</td>
<td>$18.48</td>
<td>7.93</td>
</tr>
<tr>
<td>LABORER: Landscape &amp; Irrigation</td>
<td>$8.00</td>
<td>0.00</td>
</tr>
<tr>
<td>METAL BUILDING ERECTOR</td>
<td>$16.92</td>
<td>6.32</td>
</tr>
<tr>
<td>OPERATOR: Backhoe/Excavator/Trackhoe</td>
<td>$21.34</td>
<td>7.57</td>
</tr>
<tr>
<td>OPERATOR: Bulldozer</td>
<td>$20.63</td>
<td>8.21</td>
</tr>
<tr>
<td>OPERATOR: Grader/Blade</td>
<td>$22.00</td>
<td>6.29</td>
</tr>
<tr>
<td>OPERATOR: Tractor</td>
<td>$19.10</td>
<td>8.48</td>
</tr>
<tr>
<td>TRUCK DRIVER: Dump Truck</td>
<td>$16.00</td>
<td>7.26</td>
</tr>
<tr>
<td>TRUCK DRIVER: Lowboy Truck</td>
<td>$14.50</td>
<td>0.44</td>
</tr>
<tr>
<td>TRUCK DRIVER: Tractor Haul Truck</td>
<td>$13.57</td>
<td>1.18</td>
</tr>
</tbody>
</table>
WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).
Ingham County Request for Proposals
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Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the "SU" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate
that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

---------------------------------------------------------------------

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

* an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division

Ingham County Purchasing Department
Ingham County Request for Proposals
CMHA Building Interior Renovations
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U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an
interested party (those affected by the action) can request
review and reconsideration from the Wage and Hour Administrator
(See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the
interested party's position and by any information (wage
payment data, project description, area practice material,
etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an
interested party may appeal directly to the Administrative
Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION
ATTACHMENT C

STANDARDS OF CONDUCT FOR
INGHAM COUNTY VENDORS
Introduced by the County Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION AUTHORIZING STANDARDS OF CONDUCT FOR INGHAM COUNTY VENDORS

RESOLUTION # 15 - 459

WHEREAS, the Ingham County Board of Commissioners ("Board") purchases goods and services from a multitude of vendors and contractors; and

WHEREAS, the Board is committed to ensuring impartiality, transparency, professionalism, equal treatment, and the highest standards of conduct with respect to its relationships with all current and potential County vendors; and

WHEREAS, the Board expects that, as a condition for doing business with the County, all vendors, contractors, and subcontractors conduct their business operations and interactions with County employees ethically; and

WHEREAS, the Board has determined that a clear and concise approach is needed to ensure compliance with appropriate standards of conduct.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners hereby adopts the attached Standards of Conduct for Ingham County Vendors.

BE IT FURTHER RESOLVED, a copy of said Standards of Conduct for Ingham County Vendors shall be incorporated into the County’s vendor registration process so that vendors are fully informed as to the County’s expectations regarding vendor conduct.

BE IT FURTHER RESOLVED, the Purchasing Department shall include in all solicitations and purchase orders, and legal counsel shall include in all contracts, language requiring compliance with the provisions of the Standards of Conduct for Ingham County Vendors.

BE IT FURTHER RESOLVED, that any County vendor found to violate the Standards of Conduct for Ingham County Vendors shall be notified and offered an opportunity to respond. If a violation is found, the Board of Commissioners may preclude further business with that vendor for up to one year or longer.

BE IT FURTHER RESOLVED, that upon effective passage of this resolution, the Board directs the Purchasing Department to issue to all County departments and offices and legal counsel a copy of this resolution.

COUNTY SERVICES:  Yeas: Celentino, Koenig, Crenshaw, Banas, Bahar-Cook, Hope, Maiville
Nays: None   Absent: None   Approved 12/01/15
Standards of Conduct for Ingham County Vendors

The County of Ingham conducts business with businesses, vendors and contractors under a set of rules to ensure that all County officials and employees discharge their duties in a manner designed to promote public trust and confidence in our County. The County wants you to be aware of the rules that you and its employees are required to follow. A violation of state or federal statutes may occur if these rules are broken. It is hoped that by providing these rules for you, your experience in dealing with the County will be both rewarding and satisfactory.

Providing Gifts or Gratuities:
Providing gifts or gratuities to employees in consideration for the performance of their duties, or as an appreciation for their performance, is strictly prohibited.

- Do not offer employees any gifts or loans.
- Employees may not receive any fee or compensation for their services from any source other than the County, so do not offer them.
- Buying meals for employees is only permissible during a working lunch or dinner where business is discussed and you are a current contractor (no alcohol). Employees may accept coffee, tea, soft drinks, snacks, etc. when attending meetings in your office.
- Letters to supervisors recognizing exceptional service by County employees are always welcome.

Conflicts of Interest:

- Do not ask employees for any special favor or consideration that is not available to every other citizen.
- Do not ask employees to disclose any information that is not available to every other citizen through normal public information channels unless necessary for the business you are hired for.
- Do not offer to compensate employees by offering to hire, or to do business with any business entity of the employees or their immediate family members.
- Do not ask employees to represent you or your company other than as part of their official duties with the County.
- Do not ask employees to endorse the products or services of your company.
- Do not ask employees to hand out or post advertising materials.

Vendor shall report if the following occurs:

Solicitation by County Employees:
Employees may not solicit gifts, loans, or any other items of value from people doing County business that will be used by them personally.

- If you are asked to pay a fee for services that you believe are improper or illegal, contact the County Controller/Administrator at (517) 676-7203 or Board Coordinator at (517) 676-7200. Employees are prohibited from taking retaliatory action against you for failing to comply with any request unless the request is within the scope of the employee’s official duties for the County.
Use of County Equipment, Facilities and Resources:
Use of County equipment, facilities and resources is authorized only for County purposes.
- Do not ask employees to use County equipment to run errands or perform tasks for your benefit.

Your Rights and Expectations:
When dealing with employees of the County you have the right to honest, fair and impartial treatment. You may expect prompt, courteous and professional service from our employees who are expected to understand and practice good customer service skills. Employees are tasked to uphold the public trust through the ethical performance of their duties. We understand that the enforcement of regulatory guidelines and codes may sometimes be a cause for concern; however, you may rest assured that we are responsible to all of the citizens of Ingham and our goal is to serve them to the best of our ability. Should you have any concerns or questions concerning this information or the conduct of any of our employees, contact the County Controller/Administrator at (517) 676-7203 or Board Coordinator at (517) 676-7200.
INVOICE

DATE       INVOICE #  SLS 1  SLS 2
09/25/2018  37859    TS

JOB #: 18-361
INJECTION
CMH ELEVATOR PIT

CUSTOMER P.O.  P.O. #  APPL. DATE APPL. #  TERMS N/15  TERMS

<table>
<thead>
<tr>
<th>ITEM NUMBER</th>
<th>DESCRIPTION</th>
<th>QUANTITY U/M</th>
<th>PRICE</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>INJECTION</td>
<td>1.00 EA</td>
<td>2953.27</td>
<td>2953.27</td>
</tr>
</tbody>
</table>

GROSS AMT: 2953.27
TAX #: 6.0000
TAX AMOUNT: 0.00
FREIGHT: 0.00
RETAINAGE: 0.00
PAY THIS AMT: 2953.27
February 21, 2019

Ingham County Building Authority
C/O Richard Terrill
Hilliard Building,
121 E. Maple,
Mason, Mi 48854

Dear Mr. Terrill,

The following is a summary of Change Orders provided by Centennial Electric and Johnson Controls for the Community Mental Health Project Phase II at 812 E. Jolly Rd. Lansing, Michigan.

**CENTENNIAL ELECTRIC:**

<table>
<thead>
<tr>
<th>Change Order #</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Security Equipment Install, as deduct</td>
<td>-$14,560</td>
</tr>
<tr>
<td>002</td>
<td>Unforeseen conditions (additional electrical)</td>
<td>$9,592</td>
</tr>
<tr>
<td>003</td>
<td>Install Cable Tray to support data cable Per owner</td>
<td>$3,389</td>
</tr>
</tbody>
</table>

The total amount of these change orders will leave a Contract Change and balance owed by Centennial Electric of $1,579.

**JOHNSON CONTROLS:**

<table>
<thead>
<tr>
<th>Change Order #</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>004</td>
<td>Relocation of equipment: two existing door readers and strikes, one camera</td>
<td>$1734.84</td>
</tr>
</tbody>
</table>

I have attached all supporting documentation for review. Should you have any questions, please contact me.

Sincerely,

[Signature]

John Peiffer
Property and Facilities Supervisor

---

37
CENTENNIAL ELECTRIC LLC

February 13, 2019

Community Mental Health.
ATTN: John Peiffer
812 E Jolly Rd.
RE: Community Mental Health.

Dear Mr. Peiffer

Centennial Electric, LLC, is pleased to quote you for the extra work at the above mentioned project. Our costs are as follows:

Deduct Security alternate added to contract.

Total Deduct $14,560.00

Please call if you have any questions.

Sincerely,

Scott A Whittaker
Project Manager
517-543-9900
Fax 517-543-9911
Email: swhittaker@centennial-electric.com
February 8, 2019

Community Mental Health.
ATTN: John Peiffer
812 E Jolly Rd.
RE: Community Mental Health.

Dear Mr. Peiffer

Centennial Electric, LLC, is pleased to quote you for the extra work at the above mentioned project. Our costs are as follows:

Extra work list dated 2-6-2019.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>1,519.00</td>
</tr>
<tr>
<td>Labor</td>
<td>6,743.00</td>
</tr>
<tr>
<td>Tax</td>
<td>91.00</td>
</tr>
<tr>
<td>15% O/h-P</td>
<td>1,239.00</td>
</tr>
<tr>
<td><strong>Total Add</strong></td>
<td>$9,592.00</td>
</tr>
</tbody>
</table>

Please call if you have any questions.

Sincerely,

Scott A Whittaker
Project Manager
517-543-9900
Fax 517-543-9911
Email: swhittaker@centennial-electric.com
# Bid Summary Report

**Job Name:** CMH Interior Renovations  
**Contractor:**  
**Estimator:** Mike  
**Notes:**  
**Bid Date:**

<table>
<thead>
<tr>
<th>Summary Description</th>
<th>Material</th>
<th>Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extended</td>
<td>%</td>
</tr>
<tr>
<td>Extra work</td>
<td>$1,518.96</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

## Top Sheet

- Raw Cost: $8,261.75 (Sales per Month: $0.00)
- Tax: $91.14 (Return per Month: $0.00)
- Raw Cost with Tax: $8,352.89 (Price per Square Foot: $0.00)
- Overhead: $1,239.26 (Hours per Square Foot: 0.00)
- Profit: $0.00 (Square Feet: 0.00)
- Total Return Amount: $1,239.26 (Job Months: 0.00)
- Total Return %: 12.92% (Hours per Week: 40.00)
- Price: $9,592.15 (Workers per Day: 0.00)
- Bond: $0.00 (Total Hours: 91.97)
- Sell Price: $9,592.15 (Mark Up Sales Tax: No)
- Adjusted Sell (): $0.00 (Use Bond Table: No)
- Adjusted Sell Return: 0.00%

## Labor

<table>
<thead>
<tr>
<th>Class Description</th>
<th>Percent of Total</th>
<th>Hours Distributed</th>
<th>Hourly Rate</th>
<th>Rate</th>
<th>Burden Rate</th>
<th>Percent</th>
<th>Labor Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreman With</td>
<td>100.00%</td>
<td>91.97</td>
<td>$40.48</td>
<td>$32.84</td>
<td>81.12%</td>
<td>$6,742.79</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>100.00%</td>
<td>91.97</td>
<td>$40.48</td>
<td>$32.84</td>
<td>81.12%</td>
<td>$6,742.79</td>
<td></td>
</tr>
</tbody>
</table>

## Mark Ups

<table>
<thead>
<tr>
<th>Class</th>
<th>Total</th>
<th>%</th>
<th>Amount</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>$1,518.96</td>
<td>15.00%</td>
<td>$1,746.80</td>
<td>0.00%</td>
<td>$1,746.80</td>
</tr>
<tr>
<td>Labor</td>
<td>$6,742.79</td>
<td>15.00%</td>
<td>$7,754.21</td>
<td>0.00%</td>
<td>$7,754.21</td>
</tr>
<tr>
<td>Supplier Quotes</td>
<td>$0.00</td>
<td>15.00%</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>SubContractors</td>
<td>$0.00</td>
<td>15.00%</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Direct Job Expense</td>
<td>$0.00</td>
<td>15.00%</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>$0.00</td>
<td>15.00%</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Page 1 of 2
## Bid Summary Report

<table>
<thead>
<tr>
<th>Estimator: Mike</th>
<th>Job #894</th>
</tr>
</thead>
<tbody>
<tr>
<td>r Renovations</td>
<td></td>
</tr>
<tr>
<td>Fixtures Quotes</td>
<td>$0.00 +</td>
</tr>
<tr>
<td>$8,261.75</td>
<td>15.00%</td>
</tr>
<tr>
<td>Totals</td>
<td>$9,501.01</td>
</tr>
<tr>
<td></td>
<td>15.00%</td>
</tr>
<tr>
<td></td>
<td>$9,501.01</td>
</tr>
</tbody>
</table>

## Tax Report

<table>
<thead>
<tr>
<th>Description</th>
<th>Taxed Amount</th>
<th>Tax Rate %</th>
<th>Tax Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>$1,518.96</td>
<td>6.00%</td>
<td>$91.14</td>
</tr>
<tr>
<td>Labor</td>
<td>$6,742.79</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplier Quotes</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>SubContractors</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Direct Job Expense</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fixtures Quotes</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Tax:</strong></td>
<td><strong>$91.14</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Job Name: CMH Interior Renovations
## Job Number: 894
## Extension Name: Extra work

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item Name</th>
<th>Quantity</th>
<th>Book Price</th>
<th>Ext Book Price</th>
<th>NECA 1</th>
<th>U</th>
<th>Labor 1 Ext</th>
<th>CCode</th>
<th>% of Extended Price</th>
<th>% of Extended Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,518.96</td>
<td>91.97</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CCode: <none>**

- **60,039** Cat 6 1,846.56 | $489.00 | **$1,124.12** | 77.77 | 18.47 | 74.01% | 84.56%
- **60,040** Demo Fixture 5.00 | $2.00 | **$10.00** | 0.50 | 2.50 | 100% | 100%
- **60,041** Demo Device 26.00 | $0.00 | **$0.00** | 0.50 | 13.00 | 100% | 100%
- **60,060** demo data 38.00 | $0.00 | **$0.00** | 0.50 | 19.00 | 100% | 100%
- **60,061** demo fire & conduit 1.00 | $0.00 | **$0.00** | 0.50 | 1.50 | 100% | 100%
- **60,062** Cable support 21.00 | $3.00 | **$63.00** | 0.20 | 4.20 | 100% | 100%
- **60,063** re install sw for VAV's 9.00 | $0.00 | **$0.00** | 0.40 | 3.60 | 100% | 100%
- **60,064** shorten and support MC for VAV's 1.00 | $10.00 | **$10.00** | 0.20 | 2.50 | 100% | 100%
- **60,065** Re support mc for valves and dampers 1.00 | $20.00 | **$20.00** | 0.40 | 4.00 | 100% | 100%
- **60,066** data ends & testing 1.00 | $40.00 | **$40.00** | 0.80 | 8.00 | 100% | 100%
- **60,067** lighting breaker 2.00 | $40.00 | **$80.00** | 0.50 | 1.00 | 100% | 100%

**CCode: Branch Rough**

- **513** ARL SNAP2IT MC CONN 6.00 | $42.59 | **$258.54** | 0.40 | 0.60 | cb | 5.72% | 6.6%
- **1,005** 1/2 EMT CONN S/S 50.00 | $111.48 | **$557.40** | 0.08 | 4.00 | db | 100% | 100%
- **15,297** 4/S BOX 1-1/2" DEEP 3.00 | $427.29 | **$1282.87** | 0.30 | 0.90 | db | 100% | 100%
- **15,298** 4/S BOX 2-1/8" DEEP 1.00 | $754.39 | **$7.54** | 0.30 | 0.30 | db | 100% | 100%
- **15,301** 4/S SG MUD RING 5/8"DP 3.00 | $272.71 | **$8.18** | 0.15 | 0.45 | cb | 100% | 100%

**CCode: Hangers/Anchors**

- **3,923** BOX SUPPORTS-CLUP ON 3.00 | $110.48 | **$3.31** | 0.00 | 0.22% | 0%

**CCode: Trim Devices/Plates**

- **14,986** 1G SS DUPL RECP PLATE 3.00 | $156.85 | **$4.77** | 0.30 | 0.30 | db | 100% | 100%
- **15,117** DPLX 5-20R HD SPEC IV 8.00 | $159.90 | **$127.20** | 0.30 | 2.40 | dt | 100% | 100%

**CCode: Branch Wire**

- **41** 12 THHN CU STRANDED 500.00 | **$229.68** | 3.00 | 7.56% | 3.26%
- **CCode: Romev/MC/BX**

- **522** 12/2 MC CU CABLE 75.00 | **$71.89** | 3.00 | 3.81% | 2.45%

---

Total: $1,518.96 | 91.97 | 100% | 100%
Change Order

- Demo 5 Exit Lights
- Demo Doorbell, Transformer, Chime kit, 120V power
- Demo 38 Data
- Demo 1 FA device, 50' conduit and wire
- Demo 21 Recepts
- Demo 4 Switches
- Support existing low voltage cables
- Re-install 9 switches for VAV's
- Shorten and support MC for VAV's
- Support misc. MC for valves and damper motors
- Install 50' conduit, demo MC, install new wire and box for roof EF
- Add box and cable supports for Fire Alarm relay
- Add 6 Data on east wall
- Add #3 Duplex on east wall
- Add 2 - 277V Breaker for lighting
- Separate Change Order
  - 80" Cable Tray
  - 16 - Cartelever Supports
Scott Whittaker

From: jeremy nobach <jnобach84@hotmail.com>
Sent: Thursday, February 7, 2019 10:01 AM
To: swhittaker@centennial-electric.com
Subject: Change order

Scott,

Per John we need to add 4 additional data and 1-20A dedicated circuit. 350’ #12 and a couple hours to pull it in and 600’ of cat6 plus labor to add this change order to list I previously sent you

Sent from my iPhone
Scott Whittaker

From: jeremy nobach <jnobach84@hotmail.com>
Sent: Wednesday, February 6, 2019 1:46 PM
To: swhittaker@centennial-electric.com
Subject: Addition to change order

Scott,

Add this to the change order list:

Replace 4 ivory duplex receptacle to red to denote EM power per John

Thanks,
Jeremy
CENTENNIAL ELECTRIC LLC

February 8, 2019

Community Mental Health.
ATTN: John Peiffer
812 E Jolly Rd.
RE: Community Mental Health.

Dear Mr. Peiffer

Centennial Electric, LLC, is pleased to quote you for the extra work at the above mentioned project. Our costs are as follows:

Add cable tray In corridor from soffit to data room in new addition.

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material</td>
<td>247.00</td>
</tr>
<tr>
<td>Labor</td>
<td>2,687.00</td>
</tr>
<tr>
<td>Tax</td>
<td>15.00</td>
</tr>
<tr>
<td>15% O/H-P</td>
<td>440.00</td>
</tr>
<tr>
<td><strong>Total Add</strong></td>
<td><strong>$3,389.00</strong></td>
</tr>
</tbody>
</table>

Please call if you have any questions.

Sincerely,

Scott A Whittaker
Project Manager
517-543-9900
Fax 517-543-9911
Email: swhittaker@centennial-electric.com
## Bid Summary Report

**CMH Interior Renovations  Estimator: Mike**  
**Job Name:** CMH Interior Renovations  
**Contractor:**  
**Estimator:** Mike  
**Notes:**  
**Bid Date:**

<table>
<thead>
<tr>
<th>Summary Description</th>
<th>Material</th>
<th>Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extended</td>
<td>%</td>
</tr>
<tr>
<td>Cable tray</td>
<td>$246.96</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

### Top Sheet

- **Raw Cost:** $2,934.08  
  - Sales per Month: $0.00  
- **Tax:** $14.82  
  - Return per Month: $0.00  
- **Raw Cost with Tax:** $2,948.90  
  - Price per Square Foot: $0.00  
- **Overhead:** $440.11  
  - Hours per Square Foot: 0.00  
- **Profit:** $0.00  
  - Square Feet: 0.00  
- **Total Return Amount:** $440.11  
  - Job Months: 0.00  
- **Total Return %:** 12.99%  
  - Hours per Week: 40.00  
- **Price:** $3,389.01  
  - Workers per Day: 0.00  
- **Bond:** $0.00  
  - Total Hours: 36.65  
- **Sell Price:** $3,389.01  
  - Mark Up Sales Tax: No  
- **Adjusted Sell ()**  
  - $0.00  
- **Adjusted Sell Return**  
  - 0.00%

### Labor

<table>
<thead>
<tr>
<th>Class Description</th>
<th>Percent of Total</th>
<th>Hours</th>
<th>Hourly</th>
<th>Burden</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rate</td>
<td>Percent</td>
</tr>
<tr>
<td>Foreman With</td>
<td>100.00%</td>
<td>36.65</td>
<td>$40.48</td>
<td>$32.84</td>
</tr>
<tr>
<td>Totals</td>
<td>100.00%</td>
<td>36.65</td>
<td>$40.48</td>
<td>$32.84</td>
</tr>
</tbody>
</table>

### Mark Ups

<table>
<thead>
<tr>
<th></th>
<th>OVERHEAD</th>
<th>PROFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Amount</td>
</tr>
<tr>
<td>Materials</td>
<td>$246.96</td>
<td>$284.00</td>
</tr>
<tr>
<td>Labor</td>
<td>$2,687.13</td>
<td>$3,090.20</td>
</tr>
<tr>
<td>Supplier Quotes</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SubContractors</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Direct Job Expense</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Page 1 of 2
Bid Summary Report

CMH Interior Renovations  Estimator: Mike  Job #884

<table>
<thead>
<tr>
<th>Description</th>
<th>Taxed Amount</th>
<th>Tax Rate %</th>
<th>Tax Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixtures Quotes</td>
<td>$0.00</td>
<td>15.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Totals</td>
<td>$2,934.08</td>
<td>15.00%</td>
<td>$3,374.20</td>
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</tbody>
</table>

Tax Report

<table>
<thead>
<tr>
<th>Description</th>
<th>Taxed Amount</th>
<th>Tax Rate %</th>
<th>Tax Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>$246.96</td>
<td>6.00%</td>
<td>$14.82</td>
</tr>
<tr>
<td>Labor</td>
<td>$2,687.13</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplier Quotes</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>SubContractors</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Direct Job Expense</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fixtures Quotes</td>
<td>$0.00</td>
<td>0.00%</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Tax:</strong></td>
<td></td>
<td></td>
<td><strong>$14.82</strong></td>
</tr>
</tbody>
</table>
Job Name: CMH Interior Renovations
Job Number: 894
Extension Name: Cable tray

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item Name</th>
<th>Quantity</th>
<th>Book Price</th>
<th>U</th>
<th>Ext Book Price</th>
<th>NECA 1</th>
<th>U</th>
<th>Labor 1 Ext</th>
<th>CCode</th>
<th>% of Extended Price</th>
<th>% of Extended Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Label Set: Combined, Combined, Combined, Combined, Combined</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>$48.00</td>
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$246.96  36.65  100%  100%
John Peiffer

From: Tom McKenzie <tom.mckenzie@jci.com>
Sent: Wednesday, February 13, 2019 1:07 PM
To: John Peiffer
Subject: rider for moving 2 readers/strikes/move camera
Attachments: Quote (1-4HCSXNN).doc

John,

I have attached the rider for doing the work of removing the 2 readers/strikes, reinstalling them and moving the camera. Please sign the 2nd and last pages and scan all pages back to me.

Let me know if you have any questions.

Thanks.

Tom McKenzie
Major Account Executive
Johnson Controls Security Solutions
Tel: 616.802.3321
Cell: 616.724.0627
tom.mckenzie@jci.com (NOTE: new Email address)
www.johnsoncontrols.com

National Joint Powers Alliance
Awarded Contract # 031517-TIS for
Facility Security and Equipment
RIDER
For Additional Equipment and/or Services

THIS RIDER made on 2/13/2019 (the "Rider") is part of and is to be attached to the "Agreement" by and between Johnson Controls Security Solutions LLC (f/k/a Tyco Integrated Security LLC) (hereinafter "Johnson Controls") and Community Mental Health d/b/a (hereinafter, "Customer") for the System in the "Premises" of Customer located at 812 E Jolly Rd, Lansing, MI 48910.

The Customer hereby requests, and Johnson Controls agrees to install, the following additional Systems, Services, and/or Equipment as described in this Rider and the attached Scope of Work; Contract Notes:

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<thead>
<tr>
<th>Qty</th>
<th>Product Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>1</td>
<td>Profile Codes</td>
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</tr>
<tr>
<td>1</td>
<td>Transmission - None</td>
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<tr>
<td>1</td>
<td>Account Management - None</td>
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<td>1</td>
<td>Guard Response and Training - None</td>
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<tr>
<td>1</td>
<td>Access Control</td>
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<tr>
<td>1</td>
<td>Maintenance Quality Service Plan PROVIDED / Inspections NOT PROVIDED</td>
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<tr>
<td>12</td>
<td>Regular Labor</td>
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</tr>
<tr>
<td>1</td>
<td>Remove 2 strikes/readers/rollup wire</td>
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</tr>
<tr>
<td>1</td>
<td>Re-Install 2 readers/wire</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>locksmith reinstall 2 strikes</td>
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</tr>
<tr>
<td>200</td>
<td>New wire for IP Camera</td>
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<tr>
<td>1</td>
<td>Re-Install IP camera</td>
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</table>

CHARGES AND ESTIMATED TAX:

1. Installation Charge:

   - Installation Charge Amount: $1,732.72
   - *Estimated Tax(es): $2.12
   - TOTAL INSTALLATION CHARGE: $1,734.84
   - Installation Deposit Amount: $0.00

2. Annual Service Charge:

   - Annual Service Charge Amount: $0.00
   - *Estimated Tax(es): $0.00
   - TOTAL ANNUAL SERVICE CHARGE: $0.00

* Tax value shown is estimated and may differ from the actual tax value that will be on the invoice.
Charges and Fees: Customer agrees to pay the total Equipment purchase price and/or installation charges set forth in this Agreement plus applicable "Fees" and "Taxes" as defined below ("Installation Charge"). Upon acceptance of this Agreement, Customer will pay to Johnson Controls the installation charge deposit ("Installation Charge Deposit"). This Installation Charge Deposit, if any, set forth in this Agreement. Johnson Controls may invoice Customer for progress billings based upon Equipment and/or System components delivered or stored, and/or Services performed before completion of the System/Equipment installation, activation of the System, connection to the Johnson Controls Central Monitoring Center ("CMC") and/or any other Service(s). All outstanding installation charges and/fees shall be due and payable upon completion of the installation of the Equipment/System and as a precondition to activation of System and, if applicable, connection to the CMC or any other Service(s). Any changes in the SCOPE OF WORK made by the Customer after execution of this Rider must be agreed to by Johnson Controls and the Customer in writing and may be subject to additional charges and/or Fees. Any Customer order placed by email, telephone, or Internet website shall be subject to terms and conditions of the Agreement and may be subject to shipping, handling, and/or restocking fees. For the Service(s) provided as indicated in this Rider, Customer agrees to pay Service Charges per annum set forth in this Agreement (the "Annual Service Charge(s)"), payable in advance Quarterly plus applicable state and/or local taxes for 0 year(s) (the "Initial Term") effective from the date the Service is operative under this Rider. Until Customer has paid Johnson Controls the Installation Charge and Fees in full, Customer grants to Johnson Controls a security interest in the Equipment and all proceeds thereof to secure such payment. After the Initial Term this Rider shall automatically renew on an Annual basis unless terminated by either party upon written notice at least thirty (30) days prior to the anniversary date. Johnson Controls shall have the right to increase Annual Service Charge(s) after one (1) year. For termination prior to the end of the Initial Term, Customer agrees to pay, in addition to any outstanding Fees and charges for Service(s) rendered prior to termination 90% of the Annual Service Charge(s) and any other applicable charges for the unexpired portion of the Initial Term. Customer agrees to pay any assessments, taxes, fees or charges imposed by any governmental body, telephone, communication, or signal transmission company such as late fees, permitting or connection fees, or administration fees or service charges assessed by Johnson Controls related to AHU requirements and/or changes to applicable laws, the need to reprogram alarm control devices to comply with area codes, signal transmission, numbering or other changes relating to the installed Equipment and/or Service(s) provided under this Rider ("Fees"). The term "Agreement" refers to the Commercial Sales Agreement or the National/Global Account Master Agreement. This Equipment, Software, and Services provided, installed, and/or furnished under this Rider, including but not limited to parts provided under warranty (collectively and individually, the "System"), shall be subject to the Terms and Conditions of the Agreement. It is further agreed that the original expiration date of the Agreement shall be extended for a period of 0 years, but only with respect to the Equipment, Systems and Services furnished under this Rider. Customer is solely responsible for paying all applicable sales, use and/or similar taxes imposed by any taxing or governmental authority on the Equipment, System and/or Services provided hereunder ("Taxes") unless Customer provides to Johnson Controls a valid tax exemption certificate authorized by an appropriate taxing authority. If Customer fails to provide a valid tax exemption certificate, Customer shall remain liable for the payment of any such Taxes until paid in full.

Electronic Media. Either party may scan, fax, email, image, or otherwise convert this Agreement into an electronic format of any type or form, now known or developed in the future. Any unaltered or unedited copy of this Agreement produced from such an electronic format will be legally binding upon the parties and equivalent to the original for all purposes, including litigation. Johnson Controls may rely upon Customer's assent to the terms and conditions of this Agreement, if Customer has signed this Agreement or demonstrated its intent to be bound whether by electronic signature or otherwise.

THIS RIDER REQUIRES FINAL APPROVAL OF A JOHNSON CONTROLS AUTHORIZED MANAGER BEFORE ANY EQUIPMENT/SERVICES/SYSTEMS MAY BE PROVIDED. IF APPROVAL IS DENIED, THIS RIDER WILL BE TERMINATED AND JOHNSON CONTROLS' ONLY OBLIGATION TO CUSTOMER WILL BE TO NOTIFY CUSTOMER OF SUCH TERMINATION AND REFUND ANY AMOUNTS PAID IN ADVANCE.

JOHNSON CONTROLS SECURITY SOLUTIONS LLC

Presented by: ____________________________
(Signature of Johnson Controls Sales Representative)

Sales Agent: Thomas McKenzie

Sales Representative Registration #: ____________________________

CUSTOMER

Accepted By: ____________________________
(Signature of Customer's Authorized Representative)

(Name Printed)

Title: ____________________________

Date Signed: ____________________________

e-Form 0881UED1 (09/2015)
SCOPE OF WORK; CONTRACT NOTES: This Section is intended for installation use only. Any language contained in this Section that attempts to modify the Terms and Conditions of the Agreement shall be void and of no effect.

Scope of Work:

Contact Information: John Pellier Properties-Facilities Mgr Community Mental Health Authority of Clinton, Eaton, Ingham Counties Telephone: fax: email: website: (517)345-8240 | mobile: (517)242-0151 | (517)345-8282 | pellier@cmcmh.org | www.cmcmh.org

System Operation: Door 1 is being removed. The card reader and strike need to be saved and they will be reinstalled on door 3. Door 2 is being moved. Card reader and strike to be used on the new door 2. Camera was moved to the 3rd floor in a temporary space. needs to be moved back down at project completion when the staff move. Camera wiring can be run anytime to new location. Reuse the existing wire for the 2 strikes and readers. Rollup and put above the ceiling Programming Info: NA

Site Conditions: Drop ceiling at 9-10'.

Existing Equipment: Existing IP camera on the 3rd floor. Existing 2 readers/strikes.

Customer Expectations: The removal of the 2 strikes/readers needs to happen asap. The re-installing will be a few weeks later. The camera will be done with the reader being reinstalled.

Training Expectations: NA

General Comments: NA

Customer Responsibilities / Johnson Controls Exclusions: NA

Documentation Needs: NA

Contract Notes:
Johnson Controls Security Solutions LLC ("Johnson Controls")

Thomas McKenzie
2970 Walkent Dr NW,
Walker, MI
48644-1453

Tel. No. (616) 802-3321

Community Mental Health
dba: Herein after called ("Customer")
812 E Jolly Rd.
Lansing, MI 48910

Attr: Tele. No. (517) 887-6747

ADDITIONAL TERMS AND CONDITIONS

Notwithstanding anything in the Agreement to the contrary, Johnson Controls and Customer agree as follows:

All other terms and conditions of the Agreement, except those expressly modified herein, shall remain in full force and effect.

The foregoing modifications and/or additional terms and conditions are not binding unless approved in writing by an authorized representative of Johnson Controls.

Accepted and Agreed:

Johnson Controls Security Solutions LLC

Presented by: ____________________________
(Signature of Johnson Controls Sales Representative)

Sales Agent: Thomas McKenzie
Sales Representative Registration # (if applicable): ____________________________

CUSTOMER

Accepted By: ____________________________
(Signature of Customer's Authorized Representative)

__________________
(Name Printed)

Title: ____________________________

Date Signed: ____________________________
TRANSMITTAL
DATE: February 25, 2019

RE: Ingham County, Annex at Central Facility
**Granger Job Number 1739-00

TO: Matt & Scott
117 E. Allen St.
Lansing, MI 48933

From: Nate Scovrona

WE ARE TRANSMITTING HERewith:

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Contract Value</th>
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<tbody>
<tr>
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<td>Pay Application #13 January 2019</td>
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<tr>
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<td>Submittal Report</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>Change Request</td>
<td></td>
</tr>
</tbody>
</table>

- Pay Application #13 January 2019
- Submittal Report
- Change Request

Concession Pay App #12 400,000.00 Contract value increased $8,255.82 based on
Concession Pay App #12 388,867.78 OOR 24, OOR 4, OOR 41, OOR 42 and OOR 43

Please Note:

REMARKS:

Please sign and return to Rick Ten Ski. Please call at (517) 393-4169. Please send a copy to:

Rick Ten Ski, Project Manager

Lindsey Lubahn

---

Rick Ten Ski
Lindsey Lubahn
APPLICATION AND CERTIFICATE FOR PAYMENT

To Owner: Ingham County Building Authority
341 S. Jefferson
Mason, MI 48854

From Contractor: Granger Construction Company
6287 Aurelius Road
Lansing, MI 48911

Contract For: 1720-00 Ingham County Animal Control Facility

Application No.: 13
Distribution to:

Period To: 2/20/2019

Contract Date:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation sheet is attached.

1. Original Contract Sum
   $410,009.00

2. Net Change By Change Order
   $5,830,070.09

3. Contract Sum To Date
   $9,240,078.09

4. Total Completed and Stored To Date
   $5,214,103.90

5. Retainage:
   a. 8.25% of Completed Work
      $30,088.73
   b. 0.00% of Stored Material
      $0.00
   Total Retainage
     $30,088.73

6. Total Earned Less Retainage
   $4,764,985.17

7. Less Previous Certificates For Payments
   $4,385,795.90

8. Current Payment Due
   $398,299.27

9. Balance To Finish, Plus Retainage
   $1,455,974.92

CHANGE ORDER SUMMARY

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<th>Additions</th>
<th>Deductions</th>
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<td>Total changes approved in previous months by Owner</td>
<td>$5,771,237.96</td>
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<td>Total Approved this Month</td>
<td>$67,314.21</td>
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<td>TOTALS</td>
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<tr>
<td>Net Changes By Change Order</td>
<td>$5,830,070.09</td>
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The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the work covered by this Application for Payment has been completed in accordance with the Contract Documents. That all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Granger Construction Company

By: [Signature]
Date: [Date]

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data completing the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information, and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: $398,299.27

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified)

ARCHITECT:

By: [Signature]
Date: [Date]

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.
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<th>Work Completed</th>
<th>Materials Presently Stored</th>
<th>Total Completed and Stored To Date</th>
<th>% (G/C)</th>
<th>Balance To Finish (C-G)</th>
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Grand Totals: 6,240,070.09, 4,774,663.69, 439,440.21, 0.00, 5,214,103.90, 83.56%, 1,025,966.19, 430,008.73
# APPLICATION AND CERTIFICATE FOR PAYMENT

**TO OWNER:**
Granger Constuction Company  
6207 Aurelius Road  
Lansing, MI 48911

**FROM CONTRACTOR:**
Aaron Glass Company, Inc.  
2421 North Larch St.  
Lansing, Michigan 48926

**TO OWNER:**
Granger Constuction Company  
6207 Aurelius Road  
Lansing, MI 48911

**FROM CONTRACTOR:**
Aaron Glass Company, Inc.  
2421 North Larch St.  
Lansing, Michigan 48926

## CONTRACT FOR:

**PROJECT:** Ingham Co. Animal Control Facility  
**PROJECT NO:** 1730-000108

**APPLICATION #:** 3  
**PERIOD TO:** 02/26/19  
**CONTRACT DATE:** 05/29/18

**VIA ARCHITECT:**

**DISTRIBUTION TO:**  
Owner  
Architect  
Contractor

## CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. **ORIGINAL CONTRACT SUM:** $139,930.00
2. **Net change by Change Orders:** $0.00
3. **CONTRACT SUM TO DATE (Line 1 +/- 2):** $139,930.00
4. **TOTAL COMPLETED & STORED TO DATE:** $109,155.00
   
   **(Column G on Continuation Sheet)**

5. **REMAINING:  
   a. 10% of Completed Work:** $10,915.50
   b. 10% of Stored Material:** $0.00
   
   **(Column F on Continuation Sheet)**
   **Total Retaining (Line 5a + 5b):** $10,915.50
   **(Line 4 less Line 5 Total):** $98,239.50

7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT:** $74,783.00
8. **CURRENT PAYMENT DUE:** $23,467.50
9. **BALANCE TO FINISH, INCLUDING RETAINAGE:** $41,690.50

---

## CHANGE ORDER SUMMARY

<table>
<thead>
<tr>
<th>CHANGE ORDER SUMMARY</th>
<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
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<tr>
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<tr>
<td>Total approved this month</td>
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<tr>
<td><strong>TOTALS</strong></td>
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This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

**CONTRACTOR:**
Aaron Glass Co. Inc.

**By:**

**Date:** 2-19-19

**State of:**

**County of:**

**Notary Public:**

**My Commission Expires:**

---

**AMOUNT CERTIFIED:** $41,690.50

---

**ARCHITECT:**

**By:**

**Date:**

---

58
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description of Work</th>
<th>Scheduled Value</th>
<th>Work Completed</th>
<th>Materials Presently Stored (Not In D or E)</th>
<th>Total Completed And Stored To Date (D + E + F)</th>
<th>% (G/C)</th>
<th>Balance To Finish (C - G)</th>
<th>Reimbursement</th>
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<td>Aluminum Door Hardware</td>
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<td>Intake Window Glazing</td>
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<td>Intake Window Glazing Channel</td>
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<td>8</td>
<td>Reception Sliding Window</td>
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<td>9</td>
<td>Otho Framing and Screens</td>
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<td>139,930.00</td>
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### APPLICATION AND CERTIFICATE FOR PAYMENT

**TO:** B & J PAINTING, INC.
1400 E. GRAND RIVER AVE.
LANSING, MI 48905

**FROM:**

**PROJECT:** Ing Co Animal Control

**VIA ARCHITECT:**

**CONTRACT FOR: PAINTING**

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract. Continuation sheet, AIA Document G703, is attached.

1. **ORIGINAL CONTRACT SUM** 88,594.00
2. **Net change by Change Orders** 9,880.00
3. **CONTRACT SUM TO DATE** (Line 1 + Line 2) 98,459.00
4. **TOTAL COMPLETED AND STORED TO DATE** 30,943.05
5. **RETAIANGE:**
   - 10% of completed (Column D on G703) 3,894.31
   - 10% of stored (Column F on G703) 0.00
   - Total Retainage (Line 5a + 5b) 3,894.31
   - Total in Column 1 of G703 30,943.75
6. **TOTAL EARNED LESS RETAINAGE**
   (Line 4 less Line 5 Total) 12,918.44
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 from prior certificate) 23,130.31
8. **CURRENT PAYMENT DUE** 23,130.31
9. **BALANCE TO FINISH, PLUS RETAINAGE**
   (Line 3 less Line 6) 63,410.28

**Change Order Summary:**

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<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
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<td>Date Approved</td>
<td>9855.00</td>
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**TOTALS:** 9855.00 0.00

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The undersigned Contractor certifies to the best of the Contractor's knowledge, information, and belief, the work covered by this application for payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous certificates for payment were issued and payments received from the owner, and that current payment shown herein is now due.

**CONTRACTOR:** B & J PAINTING, INC.

**By:**

Robert Libby
President
State of MICHIGAN
Subscribed and sworn to before me this 5th day of June, 2019
Notary Public
My Commission expires: 10/27/2021

---

**ARCHITECT'S CERTIFICATE FOR PAYMENT**

In accordance with Contract Documents, based on on-site observations and date the comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief, the project has progressed as indicated, the quality of the work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

**AMOUNT CERTIFIED** $63,130.31

Attach explanation if amount certified differs from amount applied for.

**ARCHITECT:**

By: ___________________________ Date: ___________________________

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.
<table>
<thead>
<tr>
<th>ITEM No.</th>
<th>DESCRIPTION OF WORK</th>
<th>SCHEDULED VALUE</th>
<th>PREVIOUS APPLICATIONS</th>
<th>THIS PERIOD</th>
<th>STORED MATERIAL</th>
<th>TOTAL TO DATE (C+D+F)</th>
<th>% COMPLETED (G/C)</th>
<th>BALANCE TO COMPLETE (C-G)</th>
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Application and Certificate for payment

1. Original Contract Amount $253,742.00
2. Change orders $8,778.00
3. Contract total to date $261,520.00

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<td>Total approved this Month</td>
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<tr>
<td>NET CHANGES by Change Order</td>
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The Contractor certifies to the best of the Contractor's knowledge, information, or in accordance with Contract Documents, based on on-site observations and the data work covered by the Application for Payment has been completed in accordance comprising this application, the Architect certifies to the Owner that to the best of the documents, that all amounts have been paid by the Contractor for work previously Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Contractor:
DSI Acoustical Company
1301 E Miller Rd
Lansing, MI 48911

Ken Granger

Amount Certified: $______________

(Attach explanation if certified amount differs from amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

Date ____________

State of Michigan, County of Ingham
Subscribed and sworn to me on __/__/_____

My Commission Expires: ______________________

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<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION OF WORK</th>
<th>SCHEDULED VALUE</th>
<th>PREVIOUS APPLICATION</th>
<th>THIS PERIOD</th>
<th>MATERIALS PRESENTLY STORED</th>
<th>TOTAL COMPLETED AND STORED TO DATE</th>
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**TOTALS**

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AIA

G702 - 1992 Format (modified)

Application and Certificate for Payment

TO OWNER: Ingham County Building Authority

PROJECT: Ingham County Animal Control Facility - Fire Protection

APPLICATION NO: 5

PERIOD TO: 02/21/19

CONTRACTOR: Franklin Howards Company

VIA: Granger Construction Company

PROJECT NO: 1730-002112

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.

Continuation Sheet, AIA G703 format, is attached.

1. ORIGINAL CONTRACT SUM ........................................... $ 84,211.00

2. NET CHANGE BY CHANGE ORDERS ......................... $ 1,800.00

3. CONTRACT SUM TO DATE (Line 1+2) ....................... $ 86,011.00

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) .......... $ 83,210.00

5. RETAINAGE

  a. 10% of Completed Work
     (Column D x E on G703) .................................. $ 8,321.00

  b. 10% of Stored Material
     (Column F on G703) ...................................... $ -

  Total Retainage (Lines 5a + 5b or Total in Column 1 of G703) ........ $ 8,321.00

6. TOTAL EARNED LESS RETAINAGE

   (Line 4 Less Line 5 Total) ................................... $ 74,890.00

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT ............... $ (59,859.00)

8. CURRENT PAYMENT DUE ........................................ $ 15,030.00

9. BALANCE TO Finish, INCLUDING RETAINAGE

   (Line 3 Less Line 6) ......................................... $ 11,122.00

CHANGE ORDER SUMMARY

Total changes approved in previous months by Owner

Total approved this Month: CO1

ADDITIONS: $ 1,800.00

DEDUCTIONS: $ -

TOTALS: $ 1,800.00

NET CHANGES by Change Order $ 1,800.00

Granger Construction Company
6267 Aurelius Road
Lansing MI 48911

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: ___________________________ Date: 2/21/19

States of Michigan
County of Kent
Subscribed and sworn to before me this 21st day of February, 2019

Notary Public

My Commissioner Expires: 1/15/2025

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: ........................................ $

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: ___________________________ Date: 2/21/19

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

FHC Invoice #: 180002051 - 5

C-3505 Date: 02/21/19

FHC Current: Gross Ref Net Invoice

16,700.00 1,670.00 $ 15,030.00

64
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<th>Item No.</th>
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<th>Previous Apps.</th>
<th>This Period</th>
<th>Stored Material</th>
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Original Contract Total: 84,911 66,510 16,700 - 83,210 98.81% 1,001 8,321

CoP1 FDC Location Change 1,800 -

Revised Contract Total: 86,011 66,510 16,700 - 83,210 98.70% 1,001 8,321
# PAYMENT APPLICATION

**TO OWNER:** Granger Construction Co  
6367 Aurelius Rd  PO Box 22187  Lansing, MI 48911-4296

**FROM CONTRACTOR:** Kerkstra Precast Inc  3373 Busch Drive  Grandville, MI 49418

**PROJECT:** Inland Animal Shelter  
**APPLICATION NO.: 170804-00006**  
**DISTRIBUTED TO:**  
**PERIOD TO:** 2/28/2019  
**PROJECT NO.: 170-804.0**  
**ARCHITECT**  
**COMTRACT DATE:** 8/6/2018  
**CONTRACTOR**

**CONTRACT FOR:** 03-02 PRECAST CONCRETE  
**Subcontract# 1730-000101**

## CONTRACTOR'S APPLICATION FOR PAYMENT

1. **ORIGINAL CONTRACT SUM** ........................................... $ 612,342.00
2. Net Change by Change Orders ........................................ $ 3,500.00
3. **CONTRACT SUM TO DATE** (Line 1 + 2) ................................ $ 615,842.00
4. **TOTAL COMPLETED & STORED TO DATE** (Column G on Continuation Sheet) $ 617,842.00
5. **RETAIENAE:**  
   a. 10.00% of Completed Work (Columns D + E on Continuation Sheet)  $ 61,784.21
   b. % of Stored Work (Columns F on Continuation Sheet)  
      **Total Retainage** (Line 5a + 5b or Total in Column 1 of Continuation Sheet)  $ 61,784.21
6. **TOTAL EARNED LESS RETAINAGE** (Line 4 less Line 5 Total)  $ 556,057.79
7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT** (Line 6 less Line 3)  $ 555,278.89
8. **CURRENT PAYMENT DUE** ........................................... $ 778.90
9. **BALANCE TO FINISH PLUS RETAINAGE** (Line 3 less Line 5)  $ 61,784.21

## CHANGE ORDER SUMMARY

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<tr>
<th>DESCRIPTION</th>
<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
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<tr>
<td>Total Changes Approved in Previous Month</td>
<td>5,500.00</td>
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<tr>
<td>Total Changes Approved this Month</td>
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<td><strong>TOTALS</strong></td>
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<tr>
<td><strong>NET CHANGES by Change Order</strong></td>
<td>5,500.00</td>
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Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the work has been performed as required in the Contract Documents, (2) all sums previously paid to contractor under the Contract have been used to pay contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) contractor is legally entitled to this payment.

**CONTRACTOR:** Kerkstra Precast Inc  
By: Ashley M. Gooding  
Date: 2/14/19

**State of:** MI  
**County of:** Kent  
**Subscribed and sworn to before me this 14th day of February, 2019.**

**Notary Public:** Ashley M. Gooding  
**My Commission expires:** 9/25/2025

**ARCHITECT'S CERTIFICATION**  
Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) the amount certified is correct.

**AMOUNT CERTIFIED:** $ 778.90  
(If the certified amount is different from the payment due, you should attach an explanation. Initial all the figures that are changed to match the certified amount.)

**ARCHITECT:**  
By: ...........................................  
Date: ...........................................

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

**NOTARY PUBLIC:**  
**My Commission Expires:** Sept 25, 2025  
**Acting in the County of:** Barry  
**Acting in the State of:** Michigan
# REQUEST FOR PAYMENT DETAIL

**Project:** 170-804.0 / Ingham Animal Shelter  
**Invoicer:** 310544  
**App. No.:** 170804-00008  
**Period Ending Date:** 22/02/2018

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**Totals**  
612,342.00  
617,842.00  
616,076.55  
885.45  
617,842.00  
100.00  
61,791.21

67
TO (OWNER): Ingham County Bldg. Authority Mason, MI 48854

PROJECT: Ingham County Animal Shelter 600 Bulb Street Mason, MI 48854

APPLICATION NO: 7 DISTRIBUTION TO:

4224 Koller Road 6257 Aurellas Road
P.O. Box 217 Lansing, MI 48911
Holt, MI 48842

ARCHITECT'S PROJECT NO: 1730-00

CONTRACT FOR: 18-091 Ingham County Animal Shelter

CONTRACT DATE: 5/29/2018

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the work covered by this application for payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the owner, and that current payment shown herein is now due.

CONTRACTOR: Moore Trooper Construction Co.
4224 Koller Road P.O. Box 217
Holt, MI 48842

By: __________________________________________ Date: ________________

Jenny Reum / Corporate Secretary

State of: MI
County of: Ingham

Subscribed and Sworn to before me this ____________ Day of __________ 20__

Notary Public:

My Commission Expires:

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the architect certifies to owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED:

AMOUNT CERTIFIED: ________________

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: __________________________________________ Date: ________________

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, Payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

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<tr>
<th>CONTRACTOR'S APPLICATION FOR PAYMENT</th>
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<tr>
<td>APPLICATION IS made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Type Document is attached.</td>
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<td>1. ORIGINAL CONTRACT SUM: $755,406.00</td>
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<td>2. Net Change by Change Orders: -$7,236.00</td>
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<td>3. CONTRACT SUM TO DATE: $748,170.00</td>
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<td>4. TOTAL COMPLETED AND STORED TO DATE: $567,855.58</td>
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<td>5. RETAINAGE:</td>
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<tr>
<td>a. 10.00% of Completed Work: $56,785.58</td>
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<tr>
<td>b. 0.00% of Stored Material: $0.00</td>
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<td>Total Retainage (Line 5a + 5b): $56,785.58</td>
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<td>6. TOTAL EARNED LESS RETAINAGE: $511,070.22</td>
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<td>(Line 4 less Line 5 Total)</td>
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<td>7. LESS PREVIOUS CERTIFICATES FOR PAYMENT</td>
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<td>(Line 8 from prior Certificate): $457,599.19</td>
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S.A. MORKMAN
## AIA Type Document

**Application and Certification for Payment**

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<th>PROJECT:</th>
<th>APPLICATION NO:</th>
<th>DISTRIBUTION TO:</th>
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<td>Ingham County Animal Shelter 600 Buhl Street Mason, MI 48854</td>
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<td>OWNER</td>
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<td>CM-Granger Construction Co. 6267 Aurelius Road Lansing, MI 48911</td>
<td>2/29/2019</td>
<td>ARCHITECT</td>
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<td>FROM (CONTRACTOR):</td>
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**CONTRACT FOR:** 13-091 Ingham County Animal Shelter

**CONTRACT DATE:** 5/29/2018

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**PET DOORS USA**
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<th>STORED MATERIAL</th>
<th>COMPLETED STORED</th>
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TO (OWNER): Ingham County Bldg. Authority
Mason, MI 48854

PROJECT: Ingham County Animal Shelter
500 Buhl Street
Mason, MI 48854

APPLICATION NO: 7
PERIOD TO: 2/28/2019

FROM (CONTRACTOR): Moore Troper Construction Co.
4234 Rader Road
P.O. Box 217
Holt, MI 48842

VIA (ARCHITECT): CM-Drager Construction Co.
6267 Aurelius Road
Lansing, MI 48911

ARCHITECT'S
PROJECT NO: 1730-00

CONTRACT FOR: 18-091 Ingham County Animal Shelter

CONTRACT DATE: 5/29/2018

DISTRIBUTION TO:
- OWNER
- ARCHITECT
- CONTRACTOR

71
APPLICATION AND CERTIFICATION FOR PAYMENT

TO:  Granger Construction Company
PROJECT: ICACS - New Animal Shelter

FROM CONTRACTOR:
Mycos Plumbing & Heating, Inc.
1625 Industrial Parkway
Lansing, MI 48906
CONSTRUCTION MANAGER:

ARCHITECT:
Hobbs & Black Assoc.
CONTRACT FOR:
Plumbing & Mechanical

APPLICATION NO: 8-Rev
INVOICE NO: 953396-4
PERIOD TO: February 25, 2019
CONSTRUCTION MANAGER:

ARCHITECT:

PROJECT NO: 1758-00 / 553596
CONTRACTOR:

The undersigned Contractor certifies that to the best of the Contractor’s knowledge, information and belief the Work covered by this Application for Payment has been performed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

Signature: Patricia A. Murphy
Date: 11/27/2019
Notary Public - State of Michigan
COUNTY OF EATON
Acting in the County of Clinton

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Construction Manager and Architect certify to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: $28,883.25

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATION FOR PAYMENT - 1992 EDITION - ASA E2592
Users may obtain validation of this document by requesting a completed AIA Document D403 - Certification of Document's Authenticity from the Licensee.

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE, N.W., WASHINGTON, DC 20006-5292

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### ICACS - New Animal Shelter

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<th>DESCRIPTION OF WORK</th>
<th>SCHEDULED VALUE</th>
<th>WORK COMPLETED</th>
<th>MATERIALS PRESENTLY STORED (NOT IN D OR E)</th>
<th>TOTAL COMPLETED AND STORED TO DATE (D+E+F)</th>
<th>% (G + C)</th>
<th>BALANCE TO FINISH (E - G)</th>
<th>RETAINAGE (IF VARIABLE RATE)</th>
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GRAND TOTALS: $943,089.84 | $87,253.79 | $31,537.05 | $0.00 | $909,790.84 | 96.47% | $33,299.02 | $90,979.08
### INVOICE

**BILL TO**  
Granger Construction Co.  
6267 Aurelius Road  
Lansing, MI 48911-429

**INVOICE #** 2067  
**DATE** 02/21/2019  
**DUE DATE** 03/23/2019  
**TERMS** Net 30

---

**P.O. NUMBER**  
1730-00

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<td>supplied by client.</td>
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**BALANCE DUE**  
$66,439.80

---

Review all items. Any discrepancies must be noted on original delivery document. Buyer agrees to pay all applicable taxes. All returns subject to a 30% RESTOCK FEE.

18% APR will be compounded monthly on all balances paid 31+ days past due date.
APPLICATION AND CERTIFICATE FOR PAYMENT

TO: GRANGER CONSTRUCTION COMPANY PROJECT: INGHAM CTY. ANIMAL SHELTER
6267 AURELIUS ROAD 600 BUHL STREET
P.O. BOX 22187 MASON MI 48854
LANSING MI 48909

FROM: Superior Electric of Lansing, Inc. PROJECT NO:
212 West Sheridan Road CONTRACT DATE: 05/30/2018
Lansing MI 48906

VIA ARCHITECT

CONTRACT FOR: ELECTRICAL WORK 1730-000114

CONTRACTOR’S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract.

The present status of the account for this Contract is as follows:

**ORIGINAL CONTRACT SUM:** $455,589.00

Net change by Change Orders: $43,552.30

**CONTRACT SUM TO DATE:** $499,141.30

---

**TOTAL COMPLETED AND STORED TO DATE:** $70,876.73

**RETAINAGE**

10.00% $34,307.88

**TOTAL EARNED LESS RETAINAGE**

$364,770.85

**LESS PREVIOUS CERTIFICATES FOR PAYMENT**

$228,463.77

**CURRENT PAYMENT DUE**

$70,297.06

**BALANCE TO FINISH, INCLUDING RETAINAGE**

$190,370.45

CHANGE ORDER SUMMARY | ADDITIONS | DEDUCTIONS
--- | --- | ---
Total changes approved in previous months by Owner |  |  |
Total approved this month |  |  |

TOTALS

NET CHANGES by Change Order

The undersigned Contractor certifies that to the best of his knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by him for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that the current payment shown herein is now due.

CONTRACTOR: Superior Electric of Lansing, Inc.

By:

State of Michigan County of:

Chapel Subscribed and sworn to before me the day of February 2019

Notary Public:

My commission expires:

TRULINDA LAYCOCK

NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF CLINTON
Acting in the County of

ARCHITECT’S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observation and the data comprising the above application, the Architect certifies to the Owner that the Work has progressed to the point indicated, that to the best of his knowledge, information and belief, the quality of the Work is in accordance with the Contract Documents and that the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT:

By: Date:

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to all rights of the Owner or Contractor under this Contract.
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*Cont. Sheet*
**TO (OWNER):** Granger Construction Company  
6257 Aumilia Rd.  
Lansing, MI 48911-4230

**FROM (CONTRACTOR):** The William C Reichenbach Co  
2855 Joly Rd.  
Okemos, MI 48864

**CONTRACT FOR:** #1730-900110, 09-02 Flooring

### CONTRACTOR’S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.  Continuation Sheet, AIA Type Document is attached.

1. **ORIGINAL CONTRACT SUM** ........................................... $ 149,974.00
2. **Not Change by Change Orders** ..................................... $ 0.00
3. **CONTRACT SUM TO DATE** (Line 1 + 2) ......................... $ 149,974.00
4. **TOTAL COMPLETED AND STORED TO DATE** ................... $ 65,674.00

5. **RETAINAGE:**  
   a. 10.00% of Completed Work $ 5,597.40
   b. 0.00% of Stored Material $ 0.00
   Total retainage (Line 5a + 5b) ...................................... $ 5,597.40

6. **TOTAL EARNED LESS RETAINAGE** .......................... $ 50,376.60

7. **LESS PREVIOUS CERTIFICATES FOR PAYMENT**  
   (Line 6 from prior Certificate) ............................................... $ 33,469.00

8. **CURRENT PAYMENT DUE** ........................................... $ 16,895.60

9. **BALANCE TO FINISH, INCLUDING RETAINAGE**  
   (Line 3 less Line 6) ......................................................... $ 19,974.00

#### CHANGE ORDER SUMMARY

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<tr>
<th>CHANGE ORDER SUMMARY</th>
<th>ADDITIONS</th>
<th>DEDUCTIONS</th>
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<td>Total approved this Month</td>
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<td>TOTALS</td>
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<tr>
<td>NET CHANGES by Change Order</td>
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</table>

The Undersigned Contractor certifies that to the best of the Contractor’s knowledge, information and belief the work covered by this application for payment has been completed in accordance with the Contract Documents, that all amounts have been paid by this Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

**CONTRACTOR:** The William C Reichenbach Co  
2855 Joly Rd.  
Okemos, MI 48864

**By:** (Signature)  
Date: 2/2/2019

**State of:** MI  
County of: Ingham

**Subscribed and sworn to before me this__ Day of __, 20__  
Notary Public**

**In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to owner that to the best of the Architect’s knowledge, information and belief the Work has progressed as indicated, the quality of the work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

**AMOUNT CERTIFIED** ............................................. $ 16,895.60

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

**By:** (Signature)  
Date: 2/2/2019

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Resistance, Payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.
# AIA Type Document

**Application and Certification for Payment**

**TO (OWNER):** Granger Construction Company  
6267 Aurelius Rd  
Lansing, MI 48911-4230

**PROJECT:** Ingham County Animal Control

**APPLICATION NO:** 17549

**PERIOD TO:** 2/28/2019

**FROM (CONTRACTOR):** The William C Reichenbach Co  
2855 Jolly Rd  
Okemos, MI 48864

**VIA (ARCHITECT):** Hobbs & Black Associates

**ARCHITECT’S PROJECT NO:**

**CONTRACT FOR:** #1730-000110; 09-02 Flooring  
**CONTRACT DATE:** 5/2/2018

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<th>COMPLETED STORED</th>
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**REPORT TOTALS**  
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$55,974.00  
37.32  
$94,000.00  
$5,597.40
## Certified Payroll Report

**Contractor:** AARON GLASS CO.  
2401 N LARCH STREET  
LANSING, MI 48906  
Tax ID 38-2829000  
License #: 38-2829600

**Project:** Granger 2016-14, Ingham Co Animal Shelter  
6267 Avenue Road  
Lansing, MI 48811-2187  
Project/Contract #:  
Payroll Number: 12  
For Week Ending: 3/14/2019

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Date: 2-12-2019

Dolores Tomonica Office Manager
(Name of Signatory Party)  (Title)

Do hereby state:

(1) That I pay or cause to be paid the persons employed by
Butters, Inc.

(Contractor or Subcontractor)

in the performance of the above referenced construction work on the
board.

(Building or Work)

that the payroll period commencing on the
18th day of December 2018 and ending the 18th day of January 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have

been or will be made either directly or indirectly to or on behalf of said

persons

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly

from the full weekly wages earned by any person, other than permissible deductions as defined in Regulations, Part

3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (40 Stat. 345,


Pension

Health

Unemployment

(2) That any payments otherwise under this contract required to be submitted for the above period are

correct and complete, that the wage rates for laborers or mechancs provided therein are not less than the

applicable wage rates contained in any wage determination incorporated into the contract, that the classifications

set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That

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

☐ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the

above referenced payroll, payments of fringe benefits as listed in the contract

have been or will be made to appropriate programs for the benefit of such employees,

except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable

basic hourly wage rate plus the amount of the required fringe benefits as listed

in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

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<th>EXPLANATION</th>
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REMARKS

NAME AND TITLE: Dolores Tomonica Office Manager

SIGNATURE: Dolores Tomonica

THE WILLFUL MISREPRESENTATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO FELony OR CRIMINAL PROSECUTION, SEE SECTION 1861 OF TITLE 18 AND SECTION 3231 OF TITLE
31 OF THE UNITED STATES CODE.
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<tr>
<th>PAYROLL NO.</th>
<th>ADDRESS</th>
<th>PROJECT LOCATION</th>
<th>PROJECT OR CONTRACT NO.</th>
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<td>1111 Central Ave</td>
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**PAYROLL**

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<th>RATE OF PAY</th>
<th>GROSS AMOUNT EARNED</th>
<th>FICA WITHHOLDING TAX</th>
<th>OTHER</th>
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Public Burden Statement

We estimate that it will take an average of 35 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and entering the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this inertia, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 3302, 200 Constitution Avenue, N.W. Washington, D.C. 20210.
Don Lavello

WORK CLASSIFICATION: Hourly

TOTAL EARNINGS: $5,496.79

TAXES:
- FICA: $1,115.71
- State: $94.99
- Other: $0.00
- Total Deductions: $1,210.70

NET PAY: $4,286.09
**PAYROLL**

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347.htm)

**NAME OF CONTRACTOR**: Painting One

**ADDRESS**: 476

**PAYROLL NO.**: 9/30/08

**FOR WEEK ENDING**: 9/30/08

**PRODUCT OR CONTRACT NO.**: 476

**PAYROLL DATE**: 9/30/08

**TOTAL GROSS**: 52.35

**TOTAL TAXES**: 4.91

**NET WAGES FOR WEEK**: 47.44

---

**Name**: Don Fellows

**Social Security Number**: 092

**Wages Earned**: 52.35

**Social Security**: 2.97

**Federal Income Tax**: 2.91

**State Income Tax**: 3.91

**Unemployment**: 0.00

**Total Deductions**: 9.79

---

**Notes**:

1. The information on this form is required under Public Law 93-641, 'Wage and Hour Act' of 1974, as amended. Failure to provide the information may result in penalties.

2. This form is used for payroll purposes. It is not a tax return.

---

**Public Notice Statement**

We certify that no one can be compelled to complete this collection, including those reviewing our work, gathering or disclosing the data needed, and completing and submitting the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing the burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3426, 200 Constitution Avenue, NW, Washington, D.C. 20210.
<table>
<thead>
<tr>
<th>NAME AND INDIVIDUAL IDENTIFYING NUMBER</th>
<th>WORK CLASSIFICATION</th>
<th>HOURS WORKED EACH DAY</th>
<th>WITH-OLDING</th>
<th>OTHER DEDUCTIONS</th>
<th>NET WAGES PAID FOR WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Worker</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jane</td>
<td>Painter</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mike</td>
<td>Cleaner</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Susan</td>
<td>Cook</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Workers completing Form WH-347 may ask for covered contracts or subcontractors performing work on federally financed or assisted construction contracts to respond to the information included in 29 C.F.R. §§ 3.32, 3.326, The Internal Revenue Code (26 U.S.C. § 3101(a)) requires employers to submit weekly or semi-monthly reports to the Federal agency contracting for or financing the construction project, accompanied by a written statement of agreement indicating that the payrolls are correct and complete and that each bidder or subcontractor has been paid not less than the prime Davis-Bacon prevailing wage rate for the work performed. OSHA, and related contracting agencies receive the information from the employers to determine that employees have received legally required wages and fringe benefits.

Public Notice Statement
The estimates of the time required to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, is estimated to average 65 minutes per form. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing the burden on the public, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
<table>
<thead>
<tr>
<th>Name:</th>
<th>Jones, John</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>123 Main St.</td>
</tr>
<tr>
<td>City:</td>
<td>Anytown</td>
</tr>
<tr>
<td>State:</td>
<td>CA</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>12345</td>
</tr>
<tr>
<td>Period:</td>
<td>01/01/2023 - 01/31/2023</td>
</tr>
<tr>
<td>Hours Worked:</td>
<td>160.5</td>
</tr>
<tr>
<td>Gross Pay:</td>
<td>$4,870.00</td>
</tr>
<tr>
<td>Federal Withholding:</td>
<td>157.91</td>
</tr>
<tr>
<td>State Withholding:</td>
<td>17.22</td>
</tr>
<tr>
<td>FICA:</td>
<td>78.00</td>
</tr>
<tr>
<td>Total Deductions:</td>
<td>253.13</td>
</tr>
<tr>
<td>Net Pay:</td>
<td>$4,616.87</td>
</tr>
</tbody>
</table>
Burggrabe Masonry, Inc.
820 Reed Street
P.O. Box 412
Belding, Michigan 48809

Burggrabe Masonry, Inc./BB Masonry, Inc.

Ingham County Animal Shelter
Job: 1730-000105

February 4th – February 10th, 2019
February 11th – February 18th, 2019

There was no work performed at this location in the time stated above.

Brenda Petersen
Payroll Manager
Burggrabe Masonry, Inc./Burggrabe Masonry, Inc.

Phone (616) 794-0351 • Fax (616) 794-0260 • Toll Free 1-888-357-7455
Burggrabe Masonry, Inc.
820 Reed Street
P.O. Box 412
Belding, Michigan 48809

Burggrabe Masonry, Inc./BB Masonry, Inc.

Ingham County Animal Shelter
Job: 1730-000105

January 21st – January 27th, 2019
January 28th – February 3rd, 2019

There was no work performed at this location in the time stated above.

Brenda Petersen
Payroll Manager
Burggrabe Masonry, Inc./Burggrabe Masonry, Inc.

Phone (616) 794-0351 • Fax (616) 794-0260 • Toll Free 1-888-357-7455
Burggrabe Masonry, Inc.
820 Reed Street
P.O. Box 412
Belding, Michigan 48809

Burggrabe Masonry, Inc./BB Masonry, Inc.

Ingham County Animal Shelter
Job: 1730-000105

January 7th – January 13th 2019
January 14th – January 20th 2019

There was no work performed at this location in the time stated above.

Brenda Petersen
Payroll Manager
Burggrabe Masonry, Inc./Burggrabe Masonry, Inc.

Phone (616) 794-0351 • Fax (616) 794-0260 • Toll Free 1-888-357-7455
Burggrabe Masonry, Inc.
820 Reed Street
P.O. Box 412
Belding, Michigan 48809

Ingham County Animal Shelter
Job: 1730-000105

December 24th - December 30th 2018
December 31st – January 6th 2019

There was no work performed at this location in the time stated above.

Brenda Petersen
Payroll Manager
Burggrabe Masonry, Inc./Burggrabe Masonry, Inc.

Phone (616) 794-0351 • Fax (616) 794-0260 • Toll Free 1-888-357-7455
TO: Granger Construction Company 1/31/19

RE: ICAF – Certified payroll

We had no work at the above referenced project for the weeks of:

12/9/2018 thru 12/15/2018
12/16/2018 thru 12/22/2018
12/23/2018 thru 12/29/2018
12/30/2018 thru 1/5/2019
1/6/2019 thru 1/12/2019
1/13/2018 thru 1/19/2019
1/20/2019 thru 1/26/2019

Thank you,

Tracy Miller
Project accountant
<table>
<thead>
<tr>
<th>NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER</th>
<th>CLASSIFICATION</th>
<th>RATE OF PAY</th>
<th>HOURLY WAGE</th>
<th>TAXES AND WITHHOLDINGS</th>
<th>OTHER DEDUCTIONS</th>
<th>NET PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Bell (4120)</td>
<td>CARPENTER FOREMAN</td>
<td>$110.00</td>
<td>30.00</td>
<td>$314.04</td>
<td>$73.24</td>
<td>$235.30</td>
</tr>
<tr>
<td>Jeffrey Hughes (6853)</td>
<td>CARPENTER FOREMAN</td>
<td>$120.00</td>
<td>16.00</td>
<td>$297.60</td>
<td>$109.29</td>
<td>$188.31</td>
</tr>
<tr>
<td>Ben Granger (3028)</td>
<td>CARPENTER JOURNEYMAN</td>
<td>$120.00</td>
<td>16.00</td>
<td>$256.00</td>
<td>$83.00</td>
<td>$173.00</td>
</tr>
</tbody>
</table>

While specific data or forms mentioned such as PH64147 are not shown, it is clear that this form is used for tracking payroll and deductions for workers. The table shows hourly wages, taxes, and deductions for different workers, including a foreman and a journeyman. The calculations include federal and local taxes, as well as other deductions, leading to net pay at the end of the row.
Date 3/1/19

KEN GRANGER  
(President)

(Name of Signatory Party)  
(Title)

(I hereby state):

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

DSI ACoustical Company

(Contractor or Subcontractor)

Ingham County Animal Control

that during the payroll period commencing on the

10 day of 12, 2019 and ending the 16 day of 02, 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DSI ACoustical Company

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made other than those permitted deductions as defined in Regulations Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copedale Act, as amended (48 Stat. 948, 63 Stat. 106, 72 Stat. 867; 78 Stat. 357; 40 U.S.C. § 3145), and described below:

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, one registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

[2]

- 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 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) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMARKS:

NAME AND TITLE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 14 OF THE UNITED STATES CODE.
<table>
<thead>
<tr>
<th>Name and Individual Identifying Number</th>
<th>Work Classification</th>
<th>Hours</th>
<th>Rate</th>
<th>Weekly Pay</th>
<th>Total Hours</th>
<th>Gross Wages Earned</th>
<th>FICA</th>
<th>FUTA</th>
<th>SUTA</th>
<th>State</th>
<th>Other</th>
<th>Total Deductions</th>
<th>Net Wages Paid For Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Bell (4129)</td>
<td>Carpenter Foreman</td>
<td>40.00</td>
<td>15.85</td>
<td>$634.00</td>
<td>40.00</td>
<td>$1,133.22</td>
<td>$54.99</td>
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<td></td>
<td></td>
<td></td>
<td>$567.23</td>
<td>$1,076.16</td>
</tr>
<tr>
<td>Jeffrey Hughes (6983)</td>
<td>Carpenter Foreman</td>
<td>40.00</td>
<td>12.50</td>
<td>$500.00</td>
<td>40.00</td>
<td>$573.06</td>
<td>$54.40</td>
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<td></td>
<td></td>
<td></td>
<td>$617.46</td>
<td>$482.54</td>
</tr>
<tr>
<td>Aton Chase (9112)</td>
<td>Finisher Journeyman</td>
<td>4.00</td>
<td>24.15</td>
<td>$96.60</td>
<td>4.00</td>
<td>$96.60</td>
<td></td>
<td>$31.84</td>
<td></td>
<td></td>
<td></td>
<td>$64.84</td>
<td>$55.77</td>
</tr>
<tr>
<td>Tim Borden (5502)</td>
<td>Finisher Apprentice</td>
<td>4.00</td>
<td>18.25</td>
<td>$73.20</td>
<td>4.00</td>
<td>$73.20</td>
<td></td>
<td>$16.75</td>
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<td></td>
<td></td>
<td>$89.95</td>
<td>$53.25</td>
</tr>
<tr>
<td>Ben Ganger (3025)</td>
<td>Carpenter Journeyman</td>
<td>38.00</td>
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<td>$1,042.40</td>
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<td></td>
<td></td>
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<td>$18.70</td>
<td>$923.70</td>
</tr>
</tbody>
</table>

Public Burden Statement

The estimates that it will take an average of 65 minutes to complete this collection, including time for reviewing instructions, gathering needed data, completing and submitting the collection. If you have any comments regarding the accuracy of any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrative, Wage and Hour Division, U.S. Department of Labor, Room 320202, 200 Constitution Avenue, NW, Washington, D.C. 20210.
Date: 3/4/19

I, KEN GRANGER, PRESIDENT
(Name of Signatory Party) (Title)
do hereby state:

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

DSI ACOUSTICAL COMPANY

(Contractor or Subcontractor)

Ingham County Animal Control ____________________________ that during the payroll period commencing on the

(Building or Work)

3 day of 2, 2019 and ending the 9 day of 02 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DSI ACOUSTICAL COMPANY from the full

weekly wages earned by any person and that no deductions have been made other directly or indirectly from the full wages earned by any person, other than permissable deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Fair Labor Standards Act, as amended (48 Stat. 944, 63 Stat. 108, 72 Stat. 987; 78 Stat. 397; 40 U.S.C. § 3144), and described below:


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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMARKS:

NAME AND TITLE

NOTE: THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CRIMINAL PROSECUTION UNDER SECTION 636 OF TITLE 18 AND SECTION 311 OF TITLE 31 OF THE UNITED STATES CODES.
**PAYROLL**

*For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm*

Pursuant to requirements of the OFM, contractors are required to remit payroll information unless they are using their own payroll system that is capable of capturing and transmitting data electronically.

**NAME OF CONTRACTOR**

DSI ACoustics Company

**ADDRESS**

1301 East Miller Road
Leavenworth, KS 66856

**O.M.B. No.: 1236-0036**

**Name:** Paul Bell (4126)

**Position:** Carpenters Foreman

**WAGE RATE:** $12.28 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
<td></td>
<td></td>
<td>31.00</td>
<td>394.00</td>
</tr>
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</table>

**Deductions:**

- **State:** $66.25
- **Federal:** $53.47
- **Social Security:** $65.08
- **Total:** $184.82

**NET PAY:** $209.18

**NAME:** Jeffrey Hughes (4892)

**Position:** Carpenters Foreman

**WAGE RATE:** $21.00 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
<td></td>
<td>21.00</td>
<td>444.00</td>
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</table>

**Deductions:**

- **State:** $97.92
- **Federal:** $34.40
- **Social Security:** $95.20
- **Total:** $227.52

**NET PAY:** $151.52

**NAME:** Allen Chase (6113)

**Position:** Finishing Journeyman

**WAGE RATE:** $15.00 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
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<td>38.00</td>
<td>564.00</td>
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</tbody>
</table>

**Deductions:**

- **State:** $70.08
- **Federal:** $35.64
- **Social Security:** $55.55
- **Total:** $161.27

**NET PAY:** $192.73

**NAME:** Tim Sundeen (5502)

**Position:** Finishing Apprentice

**WAGE RATE:** $14.00 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
<td></td>
<td>20.00</td>
<td>280.00</td>
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</tbody>
</table>

**Deductions:**

- **State:** $42.02
- **Federal:** $20.05
- **Social Security:** $24.00
- **Total:** $86.07

**NET PAY:** $273.93

**NAME:** Brent Canine (2164)

**Position:** Finishing Journeyman

**WAGE RATE:** $18.10 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
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<td>26.17</td>
<td>570.70</td>
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</table>

**Deductions:**

- **State:** $58.05
- **Federal:** $21.47
- **Social Security:** $61.23
- **Total:** $140.75

**NET PAY:** $511.75

**NAME:** Jesse Turf (2304)

**Position:** Finishing Apprentice

**WAGE RATE:** $14.50 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
<td></td>
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<td>352.50</td>
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</tr>
</tbody>
</table>

**Deductions:**

- **State:** $77.45
- **Federal:** $43.03
- **Social Security:** $55.90
- **Total:** $176.48

**NET PAY:** $276.02

**NAME:** Benjamin (2020)

**Position:** Finishing Apprentice

**WAGE RATE:** $14.50 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
<td></td>
<td>25.25</td>
<td>352.50</td>
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</tr>
</tbody>
</table>

**Deductions:**

- **State:** $77.45
- **Federal:** $43.03
- **Social Security:** $55.90
- **Total:** $176.48

**NET PAY:** $276.02

**NAME:** Thomas Grisell (6803)

**Position:** Finishing Journeyman

**WAGE RATE:** $14.50 / HR

**HOURS WORKED:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
<th>Hours</th>
<th>Total Hrs</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/2019</td>
<td></td>
<td>37.07</td>
<td>536.05</td>
<td></td>
</tr>
</tbody>
</table>

**Deductions:**

- **State:** $77.76
- **Federal:** $38.95
- **Social Security:** $51.55
- **Total:** $168.26

**NET PAY:** $367.79

---

**Public Burden Statement**

The Department of Labor is committed to ensuring that information is provided in a form that is accessible to all segments of the public. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrative Office, Wage and Hour Division, U.S. Department of Labor, Room 3120, 200 Constitution Avenue NW, Washington, DC 20210.
114

Date 2/7/19

KEN GRANGER
PRESIDENT

(Name of Signatory Party) (Title)

I, do hereby state:

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

DSI ACoustICAL COMPANY

(Contractor or Subcontractor)

Ingham County Animal Control that during the payroll period commencing on the

Building of Work

27 day of 1 2019 and ending the 2.push 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

DSI ACoustICAL COMPANY

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copepall Act, as amended (42 Stat. 944,

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That

(a) 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.

(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) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS

NAME AND TITLE

THE WILFUL FALSE ORIGINATION OF ANY OF THE ABOVE STATEMENTS IS A PUNISHABLE OFFENSE UNDER TITLE 18 OF THE UNITED STATES CODE.
### Payroll Details

**Company:** DSI Acoustical Company

**Address:** 1301 East Miller Road

**City:** Lansing, MI 48911

**Social Security Number:** N/A

**Name and Social Security Number:**

- **Paul Bell (1120):**
  - Work Classification: Carpenter Foreman
  - Hours Worked: 80.09
  - Total Pay: $69,900.00
  - Deductions: $12,288.00
  - Net Pay: $57,612.00

- **Brad Epps (2158):**
  - Work Classification: Finisher Apprentice
  - Hours Worked: 24.50
  - Total Pay: $34,399.00
  - Deductions: $11,610.00
  - Net Pay: $22,789.00

- **Kris Chase (8112):**
  - Work Classification: Finisher Journeyman
  - Hours Worked: 21.87
  - Total Pay: $18,406.00
  - Deductions: $5,819.00
  - Net Pay: $12,587.00

- **Tim Sandeen (5563):**
  - Work Classification: Finisher Apprentice
  - Hours Worked: 32.0
  - Total Pay: $396.24
  - Deductions: $195.35
  - Net Pay: $196.21

- **Daniel Paine (32693):**
  - Work Classification: Finisher Apprentice
  - Hours Worked: 16.0
  - Total Pay: $376.80
  - Deductions: $22.27
  - Net Pay: $354.83

- **Jesse Truit (2894):**
  - Work Classification: Finisher Apprentice
  - Hours Worked: 0.80
  - Total Pay: $118.08
  - Deductions: $0.00
  - Net Pay: $118.08

---

**Public Notice Statement:**

The information on the enclosed contracts is true and correct to the best of the employee’s knowledge. The contractors and subcontractors are responsible to ensure compliance with all applicable laws and regulations. The information is subject to change without notice. If you have any questions or concerns regarding this information, please contact the wage and hour division of the Department of Labor.
1/31/19

KEN GRANGER
PRESIDENT

(Name of Signatory Party) (Title)

do hereby state:

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

DSI ACOUSTICAL COMPANY

(Contractor or Subcontractor)

Ingham County Animal Control (Building or Work) that during the payroll period commencing on the

20 day of 1 2019, and ending the 26 day of 01 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

DSI ACOUSTICAL COMPANY

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (44 Stat. 948,


(2) That any payroll otherwise 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 for which they have performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United States Department of Labor, and if no such recognized agency exists in a State, are registered

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

☐ in addition to the basic hourly wage rates paid to each laborer or mechanic listed in

the above referenced payroll, payments of fringe benefits as listed in the contract

have been or will be made to appropriate programs for the benefit of such employees,

except as noted in section 4(c) below.


☐ 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) EXCEPTIONS

EXCEPTION (CRAFT)  EXPLANATION


REMARKS


THE WILFUL FALSE STATEMENT OF ANY OF THE ABOVE INFORMATION MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1851 OF TITLE 18 AND SECTION 357 OF TITLE
31 OF THE UNITED STATES CODE.
Date __________ 2/20/2019 __________

Josh Whitcomb  Payroll Supervisor
(Name of Signatory Party) (Title)

I, do hereby state:

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

Franklin Holwerda Company

on the

Ingham County Animal Shelter, that during the payroll period commencing on the

11th day of February 2019 and ending the 17th day of February 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have

been or will be made either directly or indirectly to or on behalf of said

Franklin Holwerda Company

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 Regulations, Part

3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below:

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
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</tr>
</tbody>
</table>

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program
recognized by the State of Michigan and the United States Department of Labor and that all apprenticeships
recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, are registered
with the Bureau of Apprenticeship and Training.

(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

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) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
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<tr>
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</tbody>
</table>

REMARKS

Fringe amount is $20.49 per hour

NAME AND TITLE
Josh Whitcomb Payroll

signature

THE WILFUL FALSIFICATION OF ANY OF THE STATEMENTS MADE SUBJECT TO SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 55A SECTION 1001 OF TITLE 18 AND SECTION 31 OF TITLE 31 OF THE UNITED STATES CODE.
# Certified Payroll Report

**Job:** 18-0020 - Ingram Animal Shelter  
**For the Period Ending:** 02-17-19

<table>
<thead>
<tr>
<th>Name</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Total Hours</th>
<th>Total Rate</th>
<th>Fringe Rate</th>
<th>Fringe Hours</th>
<th>Gross This Job</th>
<th>Total Gross</th>
<th>FICA</th>
<th>SWH</th>
<th>Other Deductions</th>
<th>Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawn L. Raymond</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.00</td>
<td>30.56</td>
<td>1,534.80</td>
<td>130.10</td>
<td>306.96</td>
<td>1,534.80</td>
<td>107.42</td>
<td>58.61</td>
<td>112.74</td>
<td>1,132.93</td>
</tr>
</tbody>
</table>

**Totals for Ingram Animal Shelter**

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Gross This Job</th>
<th>Total Gross</th>
<th>FICA</th>
<th>SWH</th>
<th>Other Deductions</th>
<th>Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-11-19</td>
<td>8.00</td>
<td>306.96</td>
<td>1,534.80</td>
<td>107.42</td>
<td>58.61</td>
<td>112.74</td>
<td>1,132.93</td>
</tr>
</tbody>
</table>

118
Date 2/20/2019

Josh Whitcomb

Payroll Supervisor

(Name of Signatory Party) (Title)

do hereby state:

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

Franklin Holwerda Company

(Contractor or Subcontractor)

Ingham County Animal Shelter that during the payroll period commencing on the

4th day of February 2019 and ending the 10th day of February 2019

all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Franklin Holwerda Company 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 Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeships and Training, United States Department of Labor, or, if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeships and Training, United States Department of Labor.

(4) That

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
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</table>

REMARKS:

Fringe amount is $20.49 per hour

NAME AND TITLE

Josh Whitcomb Payroll

SIGNATURE

## Certified Payroll Report

**Job:** 18-0020- Ingram Animal Shelter

For the Period Ending: 02-10-19

### Shawn L. Raymond

<table>
<thead>
<tr>
<th></th>
<th>Mono</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>Hours</th>
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<th>Earnings</th>
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<th>Gross</th>
<th>Total</th>
<th>FWH</th>
<th>SWH</th>
<th>Other</th>
<th>Deducts</th>
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<tbody>
<tr>
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</table>

### Totals for Ingram Animal Shelter

<table>
<thead>
<tr>
<th></th>
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<td>58.61</td>
<td>112.74</td>
<td>1,115.94</td>
<td></td>
</tr>
</tbody>
</table>
Date 2/20/2019

I, Josh Whitchcomb, Payroll Supervisor

(Contract or Subcontractor) Ingham County Animal Shelter, that during the payroll period commencing on the 16th day of January 2019 and ending the 30th day of January 2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said.

Franklin Holwerda Company

(Contract or Subcontractor)

Weekly wages earned by any person and I had no deductions have been made either directly or indirectly by from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 109, 72 Stat. 967, 76 Stat. 397, 40 U.S.C. § 2143), and described below.

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<tr>
<td></td>
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</tr>
</tbody>
</table>

REMARKS

Fringe amount is $10.49 per hour

(NEW) 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) EXCEPTIONS

☐ The MORTAL FALSIFICATION OF PAYROLLS ENTRIES IS A CRIME AND IS GOVERNED BY LAW. ANY PERSON ENGAGING IN THE FORGERY OR SUBTLENTY OF PAYROLLS, OR ANY SUBCONTRACTOR TO CIVIL OR COMMERCIAL CONSTRUCTION ARE SUBJECT TO PENALTIES UNDER SECTION 105 OF TITLE 18 AND SECTION 231 OF TITLE 18 OF THE UNITED STATES CODE.
### Certified Payroll Report

**For the Period Ending:** 01-20-19

**Job:** 18-0020- Ingram Animal Shelter

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-14-19</td>
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<td>01-16-19</td>
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<td>01-18-19</td>
<td>01-19-19</td>
<td>01-20-19</td>
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</table>

<table>
<thead>
<tr>
<th>Gross This Job</th>
<th>Total Gross</th>
<th>FICA</th>
<th>SWH</th>
<th>Other</th>
<th>Deductions</th>
<th>Net</th>
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</thead>
<tbody>
<tr>
<td>230.22</td>
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<td>100.70</td>
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<td></td>
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**Totals for Ingram Animal Shelter**

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<th>Other</th>
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<td>52.20</td>
<td>100.70</td>
<td>1,013.23</td>
<td></td>
</tr>
</tbody>
</table>
2/20/2019

To Whom It May Concern:

Franklin Holwerda Company performed no certified work on the Ingham County Animal Shelter project for weeks ending:

1/6/2019
1/13/2019
1/27/2019
2/3/2019

Thank you,

Josh Whitcomb
Franklin Holwerda Company
Payroll
Wage and Hour Division

For Contractor's Optional Use: See Instructions at www.dol.gov/whd/forms/w347inst.htm

Payroll No: 19

<table>
<thead>
<tr>
<th>Name and Individual Identifying Number (e.g. last four digits of Social Security number) of Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOMAJI, RUBEN R</td>
</tr>
<tr>
<td>TAYLOR, ROBERT A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>Hours Worked Each Day</th>
<th>Total Hours</th>
<th>Non-Hours</th>
<th>Gross Amount Earned</th>
<th>FICA</th>
<th>Fed W/H</th>
<th>State W/H</th>
<th>Unemp Deductions</th>
<th>Other</th>
<th>Total Deductions</th>
<th>Net Wages Paid For Week</th>
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<tr>
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<td>2.00</td>
<td>4.00</td>
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<td>3.54</td>
<td>1.77</td>
<td>3.10</td>
<td>14.68</td>
<td>23.85</td>
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</tbody>
</table>

* Estimates that time takes an average of 15 minutes to complete the survey, including time for reviewing instructions, making decisions, and completing and reviewing the survey. If you have any comments regarding these estimates or any other aspect of this satisfaction, including suggestions for improving this system, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
The text on the image is not legible due to the quality and orientation of the photo. It appears to be a form or document with several sections and fields, possibly related to human resources or administrative procedures. Due to the nature of the content, it cannot be accurately transcribed without a clearer image or a more legible version.
Date 02/19/19

I. Tiffany Joy  Assistant Controller
(Name of signatory party) (Title)

do hereby state:

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

Moore Trooper Construction Co.  on the
(Contractor or Subcontractor)

Ingham County Animal Shelter  that during the payroll period commencing on
(Building or Work)

10th day of February, 2019, and ending the 16th day of February, 2019
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

Moore Trooper Construction Co.  from the full
(Contractor or Subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 49 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes, Building Fund Deduction, Dues Deduct

International Apprentice Fund, MBTC Defense Fund, Special Assessment Deduct

State Building Trades Checkoff, UBC Par Capita Deduction, Vacation, Working Dues Checkoff

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exist in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Every labor 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) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

NAME AND TITLE  Signature
Tiffany Joy  12/19/19
Assistant Controller

The undersigned certifies that all of the above statements and attached documentation are true and correct. Signature of

The violation of any of the above statements may subject the contractor to civil or criminal prosecution. See section 1867 of Title 29, Section 31 of the United States Code.

127
**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/whdforms/hw341Timetrk.htm)

Firms are not required to respond to the collection of information unless it displays a currently valid OMB control number.

---

### PAYROLL DATA

**Firm Name:** Moore Treasure Construction Co.  
**Address:** 1350 Bates Rd, Springfield, MI 48294  
**Social Security No.:** 39-16-3234

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<table>
<thead>
<tr>
<th>Name</th>
<th>Rate of Pay</th>
<th>Hours Worked Each Day</th>
<th>Gross Amount Earned</th>
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**Pay Period:** 02/16/2019  
**Contractor:** 18-091-Ingham County Animal Shelter  
**Contractor Project No.:** 1239-0828  
**Supervisors:** 04/08/2019

---

**Public Disclosure Statement**  
We estimate that it will take on average 50 minutes to complete this collection. If you have any comments regarding the accuracy of the information contained in this form, please send them to the mailbox at Wage and Hour Division, DOL, U.S. Department of Labor, 200 Constitution Avenue, W.W., Washington, D.C., 20210.
| Name and Individual Identifying number (e.g., last four digits of Social Security number) of worker | Pay Period Number | Pay Period dates | Payroll ID | Social Security Number | Contract ID | Number of hours worked | Total Hours | Hours non-Hours | Gross Amount Earned | FICA | FUTA | SUTA | State & Local | Union | Other | Total Deductions | Net Wages Paid for Week | Remarks |
| TAMER, ROBERT A 4266 KELLER ROAD HOLT, MI 48842 122 23 8 55 5 | payer_0001 | 02/10/2010 02/17/2010 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 |
| TOBIAS, PAUL J 172 SPURCE STREET OLIVE, MI 48072 122 23 8 55 5 | payer_0001 | 02/10/2010 02/17/2010 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 |
| TURNER, RICHARD J 4848 SPHEREVILLE HWY EATON RAPIDS, MI 48827 122 23 8 55 5 | payer_0001 | 02/10/2010 02/17/2010 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 |
| WALKER, RICHARD J 172 SPURCE STREET OLIVE, MI 48072 122 23 8 55 5 | payer_0001 | 02/10/2010 02/17/2010 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 | payer_0001 |

We certify that it will take an average of 60 minutes to complete this collection, including time for reviewing instructions, looking up necessary data, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the administrator, Wage and Hour Division, U.S. Department of Labor, Room 3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
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<td>(3) Type of Work Classification</td>
<td>(4) Day and Date</td>
<td>(6) Total Hours Non-Hourly</td>
<td>(7) Gross Amount Earned</td>
<td>(8) FICA</td>
<td>(9) FUTA</td>
<td>(10) State Unemployment Tax</td>
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<td>Moore Trophy Construction Co.</td>
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Date 02/06/19

1. Tiffany Joy
   Assistant Controller
   (Name of signatory party) (Title)

   do hereby state:

   (1) That I pay or supervise payment of the persons employed by
       Moore Troper Construction Co. on the
       Ingham County Animal Shelter; that during the payroll period commencing on the
       27th day of January, 2019, and ending the 2nd day of February, 2019, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made directly or indirectly to or on behalf of said
       Moore Troper Construction Co. from the full
       (Contractor or Subcontractor)

   weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person other than permissible deductions as defined in Regulations, Part 5 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copedale Act, as amended (46 Stat. 648, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3146), and described below:

   (2) That any payroll 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, and the classifications set forth therein for each laborer or mechanic conform with the work he performed.

   (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

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

      EXCEPTION (CRAFT) EXPLANATION

      REMARKS:

      NAME AND TITLE  SIGNATURE
      Tiffany Joy
      Assistant Controller

      ***WE WILL NOT ACCEPT ANY OF THE ABOVE STATEMENTS OR REQUESTS TO BE', 'CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 18 AND SECTION 331 OF TITLE 31 OF THE UNITED STATES CODE.***
<table>
<thead>
<tr>
<th>Name and Individual Identifying Number (e.g., last four digits of Social Security number) of worker</th>
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<th>Hours Worked Each Day</th>
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No Work This Period
| Employee Information | No. | Work Classification | S  | M  | T  | W  | T  | F  | S  | Total Hours | Rate of Pay | Gross Amount | FICA Tax | State Tax | SDI | Other | Total Wage | Check # |
|----------------------|-----|----------------------|----|----|----|----|----|----|----|-------------|-------------|--------------|----------|-----------|-----|--------|--------|--------|-----------|--------|
| Hatcher Raymond J    |     | EC-665-W  | D  |    |    |    |    |    |    | 2.00        | 2.00        | 2.00         | 2.00     | 16.00     |     |       | 60.72   | 971.52 |
|                      |     | O        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 40.48   | 1,295.36|
| 2932 Hall Street    |     | S        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 40.48   | 1,295.36|
| Orleans MI 48855     |     | S        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 40.48   | 1,295.36|
|                      |     | S        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 40.48   | 1,295.36|
| Total Payroll for Employee: |     |          |    |    |    |    |    |    |    | 1,619.20    | 123.87      | 160.32       | 68.82    | 64.77     | 417.78 | 1,201.42 |
| Swahn Steven E 2     |     | EC-665-W  | D  |    |    |    |    |    |    | 1.00        | 8.00        | 9.00         | 52.80    | 475.20    |     |       | 574.09  | 90726085|
| 3053 Willoughby      |     | O        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 35.20   | 1,128.40|
| Mason MI 48854       |     | S        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 35.20   | 1,128.40|
|                      |     | S        |    |    |    |    |    |    |    | 8.00        | 8.00        | 8.00         | 8.00     | 32.00     |     |       | 35.20   | 1,128.40|
| Total Payroll for Employee: |     |          |    |    |    |    |    |    |    | 2,059.20    | 157.07      | 327.56       | 87.26    | 102.20    | 574.09 | 1,385.11 |
| Total For All Employees: |     |          |    |    |    |    |    |    |    | 3,678.40    | 280.94      | 487.88       | 156.06   | 166.97    | 1,091.87 | 2,586.53 |
do hereby state:

(1) That I pay or supervise the payment of the persons employed by Superior Electric of Lansing, Inc. on the

INGHAM CTY. ANIMAL SHELTER; that during the payroll period of 02/10/2019 to 02/16/2019
(Building or Work)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Superior Electric of Lansing, Inc. 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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Cogdell Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 957; 76 Stat. 357; 40 U.S.C. 276c), and described below:

FICA (Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court Ordered Wage Attachments, 401K Plans

(2) That any payroll other than the applicable wage rates contained in any wage determination incorporates into the contract, that the classifications set forth therein for each laborer or mechanic conform with the work performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a state apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the 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) EXCEPTIONS

<table>
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<th>Exception (Craft)</th>
<th>Explanation</th>
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Remarks:

Name and Title

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1031 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
## Department of Labor

**Company:** Superior Electric of Lansing, Inc.  
212 West Sheridan Road  
Lansing MI 48906  

**Project:** INGHAM CTY. ANIMAL SHELTER  
600 BUHL STREET  
MASON MI 48854

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<td>772.25</td>
<td>1,991.83</td>
</tr>
</tbody>
</table>

Page 1

138
do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Superior Electric of Lansing, Inc. on the
(Contractor or Subcontractor)

INGHAM Cty. ANIMAL SHELTER ; that during the payroll period of 01/08/2019 to 01/12/2019
(Building or Work)

all persons employed on said project have been paid the full weekly wages earned, that
no rebates have been or will be made either directly or indirectly to or on behalf of said
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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of
307; 40 U.S.C. 276c), and described below:

FICA (Social Security), Medicare, Federal Income Taxes, State Income Taxes,
State Disability (SDI), Court Ordered Wage Attachments, 401K Plans

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

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with a state apprenticeship agency recognized by the
Bureau of Apprenticeship and Training, United States Department of Labor, or if no such
recognized agency exists in a state, are registered with the Bureau of Apprenticeship
and Training, United States Department of Labor.

(4) That:

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

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to the 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) EXCEPTIONS

<table>
<thead>
<tr>
<th>Exception (Craft)</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Remarks:

Name and Title

Signature

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY
SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL
PROSECUTION. SEE SECTION 1091 OF TITLE 16 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.
### Department of Labor

**Company:** Superior Electric of Lansing, Inc.  
212 West Sheridan Road  
Lansing MI 48906

**Project:** INGHAM CTY, ANIMAL SHELTER  
600 BUHL STREET  
MASON MI 48854

| Employee Information | No o | Work Classification | S | M | T | W | T | F | S | Total Hours | Rate of Pay | Gross Amount | FICA Tax | State Tax | SDI | Other | Total Wage | Check # |
|----------------------|-----|---------------------|---|---|---|---|---|---|---|-------------|-------------|--------------|----------|-----------|-----|--------|-----|--------|-----------|--------|
| Stevin E              | 2   | EC-865-IW           | 12/30|   | 12/31|   | 01/01|   | 01/02|   | 01/03| 01/04| 01/05|          |            |             |          |          |     |        |    |        |          |        |
| 3053 Willoughby       | D   | D                   | S | 10.00| 10.00| 10.00| 10.00| 40.00|            | 35.20 | 1,408.00 |          |            |          |          |     |        |    |        |          |        |

**Total Payroll for Employee:**  
1,830.40  
139.56  
77.54  
93.05  
582.80  
90725617  
1,247.60

**Total For All Employees:**  
D  
O  
S | 10.00| 10.00| 10.00| 10.00| 40.00|          |            |          |          |     |        |    |        |    |        |          |        |

**Total Payroll for All Employees:**  
1,830.40  
139.56  
77.54  
93.05  
582.80  
1,247.60
Date 11/17/2018  

(Title)  

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Superior Electric of Lansing, Inc.  on the

INGHAM CTY. ANIMAL SHELTER that during the payroll period of 12/30/2018 to 01/05/2019 (Building or Work)

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Superior Electric of Lansing, Inc. 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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357; 40 U.S.C. 276c), and described below:

FICA (Social Security), Medicare, Federal Income Taxes, State Income Taxes, State Disability (SDI), Court Ordered Wage Attachments, 401K Plans

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a state apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a state, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to the 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) EXCEPTIONS

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<thead>
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</tr>
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</table>

Remarks:

Name and Title  

Signature  

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1601 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
### PAYROLL

**For Contractor's Optional Use; See Instructions, Form WH-347 Inst.**

*Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

**U.S. Department of Labor**

Employment Standards Administration

Wage and Hour Division

**NAME OF CONTRACTOR:**

**ON SUBCONTRACTOR:**

**Syosset, Inc.**

**ADDRESS:** 31001 SCHOOLCRAFT RD LIVONIA MI 48150

**OIB No.:** 1215-0149

**ExpIres:** 04/30/2009

**PAYROLL NO.** 6

**FOR WEEK ENDING** 02/25/2019

**PROJECT AND LOCATION**

Igham County Animal Shelter
Mason MI 48854

**PROJECT OR CONTRACT NO.** 1730-01

<table>
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<th>(I)</th>
<th>(J)</th>
<th>(K)</th>
<th>(L)</th>
<th>(M)</th>
<th>(N)</th>
<th>(O)</th>
<th>(P)</th>
<th>(Q)</th>
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<th>(V)</th>
<th>(W)</th>
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<td>S</td>
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<td>M</td>
<td>TOTAL HOURS</td>
<td>RATE OF PAY</td>
<td>GROSS AMOUNT EARNED</td>
<td>FICA</td>
<td>STATE</td>
<td>TUIT</td>
<td>OTHER</td>
<td>TOTAL DEDUCTIONS</td>
<td>NET WAGE</td>
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</table>

**The Copeland Act (40 U.S.C. 3140) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR Part 5.1-5.185 require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed Statement of Conformance indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.**

We estimate that it will take an average of 50 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.
**Payroll**

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

**Name:** Symon, Inc.

**Address:** 31001 SCHOOLCRAFT RD LIVONIA MI 48150

**CMB No.:** 1215-0148

**Payroll No.:** 6

**For Week Ending:** 02/18/2019

**Project and Location:** Igharo County Animal Shelter

**Project or Contract #:** 1730-01

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Social Security Number</th>
<th>Role</th>
<th>Gross Amount Earned</th>
<th>Deductions</th>
<th>Net Wages Paid For Week</th>
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<td>$800.53</td>
<td>$61.24, $125.63</td>
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The Copeland Act (60 U.S.C. 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR Part 5.5(a)(2)(iii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each labor or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 56 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3002, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
1. Renee Ferguson
   (Name of Signatory Party)
   (Title)

   do hereby state:

   (1) That I pay or supervise the payment of the persons employed by
       Syncon, Inc.

   (Contractor or Subcontractor)

   Ingham County Animal Shelter
   (Building or Work)

   that during the payroll period commencing on the
   12 day of 2 2019 and ending the 18 day of 2 2019,
   all persons employed on said project have been paid the full weekly wages earned, that no rebates have
   been or will be made either directly or indirectly to or on behalf of said

   Syncon, Inc. from the full

   (Contractor or Subcontractor)

   weekly wages earned by any person and that no deductions have been made either directly or indirectly
   from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
   3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
   69 Stat. 138, 72 Stat. 957, 76 Stat. 397, 40 U.S.C. 276a), and described below:

   (2) That any payroll 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 in a bona fide
       apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of
       Apprenticeship and Training, United States Department of Labor; that no such recognized agency exists in a
       State, the Bureau of Apprenticeship and Training, United States Department of Labor.

   (4) That:

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

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

   (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

   (c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
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<tbody>
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</tbody>
</table>

   REQUIRING:

   NAME AND TITLE: Renee Ferguson
   (Treasurer)

   SIGNATURE: [Signature]

   THE WILLFUL FRAUDULENT OR KNOWINGLY FALSE SUBMISSION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
   SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION UPON THE OFFENSE OF SECTION 1861 OF TITLE 18 AND SECTION 231 OF TITLE
   31 OF THE UNITED STATES CODE.

### PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

#### NAME OF CONTRACTOR
Sycamore, Inc.

#### ADDRESS
31001 SCHOOLCRAFT RD LIVONIA MI 48150

#### OMB No.: 1215-0148
Expires: 04/30/2009

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<th>PROJECT A&amp;D LOCATION</th>
<th>PROJECT ON CONTRACT NO.</th>
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<th>TTh</th>
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<th>S</th>
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<th>M</th>
<th>TOTAL HOURS</th>
<th>RATE OF PAY</th>
<th>GROSS AMOUNT EARNED</th>
<th>withholding tax</th>
<th>OTHER</th>
<th>TOTAL DEDUCTIONS</th>
<th>NET WAGES PAID FOR WEEK</th>
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</thead>
<tbody>
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The Contract Act (40 U.S.C. 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR Part 5.10(a) (309) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and federal contracting agencies receiving the information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 56 minutes to complete the collection of information, including time for answering instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrative, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3302, 200 Constitution Avenue, N.W., Washington, D. C. 20210.

---

146
Date 02/19/2019

I, ___________________________ (Name of Signatory Party) ___________________________ (Title) hereby state:

(1) That I pay or supervise the payment of the persons employed by Sycon Inc., on the Ingham County Animal Shelter project, as required by the prevailing wage regulations in effect, during the period commencing on the 5th day of February 2019 and ending on the 11th day of February 2019, that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said persons.

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (DRAFT)</th>
<th>EXPLANATION</th>
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<tbody>
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</table>

REMARKS:

_________________________
(Signature)

Renee Ferguson-Treasurer

THE WILFUL FALSEhood OR MISREPRESENTATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CRIMINAL PROSECUTION UNDER SECTION 18 of TITLE 18 and SECTION 235 OF TITLE 31 OF THE UNITED STATES CODE.
The image contains a payroll sheet from the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division. It includes information for a pay period ending on 02/04/2010, with various employees listed along with their hours, rates of pay, and deductions. The payroll sheet is structured as a table with columns for employee name, address, social security number, work classification, hours worked, rate of pay, gross amount earned, FICA, federal income tax, other deductions, and net pay. The net pay is calculated by subtracting deductions from the gross amount.

The payroll sheet includes the following employees:
- Chris A. Feen
- Troy D. Bindschadler Jr.
- Mark Pasch
- John S. Salgar

Each employee's details are filled out with their respective hours, rates, and deductions, leading to the net pay at the end of the row. The bottom of the sheet contains a note regarding the Copeland Act (40 U.S.C. 3141) and U.S. Department of Labor regulations on constructing contracts that require contractors and subcontractors to submit weekly statements with respect to the wages paid to each employee during the preceding week. It also mentions the provision to correct any errors and comply with the Davis-Bacon prevailing wage rate for the work performed.
Date 02/19/2019

Renee Ferguson
Treasurer

(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Syncon, Inc. on the Ingham County Animal Shelter, that during the payroll period commencing on the 29th day of January 2019 and ending the 4th day of February 2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Syncon, Inc.

(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3, 29 CFR Subtitle A, issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 946, 63 Stat. 104; 72 Stat. 967; 78 Stat. 317; 40 U.S.C. 276a), and described below:

(2) That any payroll otherwise under the 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 labor or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, of if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (DRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
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<tr>
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</tr>
</tbody>
</table>

REMEMBER:

NAME AND TITLE
Renee Ferguson—Treasurer
SIGNATURE

*U.S. C.P.D. 1907 014.031*
<table>
<thead>
<tr>
<th>PAYROLL NO.</th>
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<td>FOR WEEK ENDING</td>
<td>01/28/2018</td>
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<tr>
<td>PROJECT AND LOCATION</td>
<td>Igham County Animal Shelter Mason MI 48854</td>
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<td>PROJECT OR CONTRACT NO.</td>
<td>1730-01</td>
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<table>
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<tr>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>ADDRESS</th>
<th>NET PAY</th>
<th>GROSS PAY</th>
<th>TOTAL HOURLY EARNED</th>
<th>TOTAL HOURLY TAX</th>
<th>WITHHOLDING TAX</th>
<th>OTHER DEDUCTIONS</th>
<th>TOTAL DEDUCTIONS</th>
<th>NET PAY WAGES PAID FOR WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris A. Fear</td>
<td>098-25-6789</td>
<td>39932 Aventale St Westland, MI 48186 SS# 2428</td>
<td>$13.48</td>
<td>$43.32</td>
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<td>15.50</td>
<td>14.50</td>
<td>15.50</td>
<td></td>
<td></td>
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<tr>
<td>Frank Luchtch Jr</td>
<td>098-25-6789</td>
<td>4460 Edgewater Dr Birming, MI 48125 SS# -9648</td>
<td>14.50</td>
<td>15.50</td>
<td>14.50</td>
<td>15.50</td>
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<tr>
<td>John S. Salgat</td>
<td>098-25-6789</td>
<td>147 S. Laper St Standish, MI 48658 SS# -2212</td>
<td>34.50</td>
<td>34.50</td>
<td>34.50</td>
<td>34.50</td>
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The Copepant Act (40 U.S.C. 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR Part 5.5 (35) require contractors to submit weekly a copy of all payroll and pay all employees required by the Federal agency certifying or financing the construction project, accompanied by a signed "Statement of Compliance" certifying that the payroll is correct and complete and that each laborer or mechanic is paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate it will take an average of 50 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
Date _____________________________  

I, ____________________________________________ (Name of Signatory Party)  
Treasurer  

(Title)  

do hereby state:

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

Syncron, Inc. on the  

Ingham County Animal Shelter (Building or Work)  

22 day of __________, 2019 and ending the 26 day of __________, 2019  

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  

Syncron, Inc. 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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 109, 72 Stat. 987, 76 Stat. 507, 40 U.S.C. 276c), and described below:

________________________________________________________________________

________________________________________________________________________

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, of if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
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<tbody>
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</tr>
</tbody>
</table>

REMARKS:

__________________________________________  
NAME AND TITLE  
Renee Ferguson-Treasurer  

________________________________________________________________________

THE WILFUL FALSE STATEMENT OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1861 OF TITLE 18 AND SECTION 331 OF TITLE 21 OF THE UNITED STATES CODE.

## PAYROLL
(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

**Revised April 2000**

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

**NAME OF CONTRACTOR**
Synergy, Inc.

**ON SUBCONTRACTOR**

**ADDRESS**
31001 SCHOOLCRAFT RD LYONIA MI 48150

**OIC No.**
04950

**PAYROLL NO.** 2
**FOR WEEK ENDING** 01/21/2019

### PROJECT AND LOCATION
Igham County Animal Shelter
Mason MI 48654

### PROJECT OR CONTRACT NO.
1730-01

<table>
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<tr>
<th>NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE</th>
<th>WEEKLY BASE RATE (7)</th>
<th>DAY AND DATE</th>
<th>HOURS WORKED</th>
<th>TOTAL HOURS (5)</th>
<th>RATE OF PAY (4)</th>
<th>GROSS AMOUNT EARNED</th>
<th>WITHHOLDING TAX (6)</th>
<th>OTHER DEDUCTIONS (8)</th>
<th>TOTAL DEDUCTIONS (9)</th>
<th>NET WAGES PAID FOR WEEK (10)</th>
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<tbody>
<tr>
<td>Chris A. Foor</td>
<td>LAB0989-010</td>
<td>T W TH F S M</td>
<td></td>
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<td></td>
<td></td>
<td>$254.00</td>
<td></td>
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<td>Frank Lukke Jr.</td>
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<tr>
<td>John S. Selges</td>
<td>LAB0989-012</td>
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<td>$1,153.31</td>
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The Daubert Act (40 U.S.C. 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations 29 CFR Part 5, Subpart D require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. Compliance with these requirements is mandatory. DOL and federal contracting agencies reviewing these information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 56 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3900, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
Reichenbach Celling/Partition
38-2934724
Payroll Certification Report
18049-Ingham County Animal Control

02/03/19 To 02/09/19

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<th>Name</th>
<th>Emp No</th>
<th>HOURS WORKED</th>
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<th>PIT</th>
<th>Emp No</th>
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<tbody>
<tr>
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<td>Tot Pay</td>
<td>Nontax Frg</td>
<td>Total</td>
<td>FICA</td>
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<td>SUN</td>
<td>MON</td>
<td>TUE</td>
<td>WED</td>
<td>THU</td>
<td>FRI</td>
<td>SAT</td>
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<td>02/03</td>
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<td>02/07</td>
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<td>02/09</td>
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<table>
<thead>
<tr>
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<th>NonTax Fringe</th>
<th>FIT</th>
<th>State</th>
<th>Union</th>
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<td>FICA</td>
<td>Local</td>
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</tbody>
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WEEK NUMBER: 8

No Work Performed
I, Linda Duguay, Controller
(Name of signatory party) (Title)
do hereby state:

(1) That I pay or supervise payment of the persons employed by Reichenbach Ceiling/Partition on the Ingham County Animal Control that during the payroll period commencing on the 3rd day of February 2019, and ending the 9th day of February 2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said Reichenbach Ceiling/Partition 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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (49 Stat. 948, 63 Stat. 108, 72 Stat. 667, 76 Stat. 357, 40 U.S.C. 3146), and described below.

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

Linda Duguay
Controller

Signature:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
01/27/19 To 02/02/19

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<th>Minor</th>
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<td>MON</td>
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<td>FRI</td>
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<td>Hours</td>
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<td>Local</td>
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No Work Performed

WEEK NUMBER: 7
DATE: 02/12/19

L. Duguay
c, Controller
(Name of signatory party) (Title)

I, hereby state:

(1) That I pay or supervise payment of the persons employed by
Reichenbach Ceiling/Partition on the Ingham County Animal Control,
that during the payroll period commencing on the 27th day of
January 2019, and ending the 2nd day of February 2019
all persons employed on said project have been paid the full
weekly wages earned, that no rebates have been or will be made
either directly or indirectly. On behalf of said
Reichenbach Ceiling/Partition
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 Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor
under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108,
72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

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

(3) That any apprentices employed in the above period are duly
registered in a bona fide apprenticeship program registered with
a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor,
or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States
Department of Labor.

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

X 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 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) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
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</tbody>
</table>

REMARKS:

Linda Duguay
Controller

Signature:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL
OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND
SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
DATE: 02/12/19

I, Linda Dugay, Controller
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by
Reichenbach Ceiling/Partition on the Ingham County Animal Control
that during the payroll period commencing on the 20th day of
January 2019, and ending the 26th day of January 2019
all persons employed on said project have been paid the full
weekly wages earned, that no rebates have been or will be made
either directly or indirectly. On behalf of said
Reichenbach Ceiling/Partition
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 Regulations,
Part 5 (29 CFR Subtitle A), issued by the Secretary of Labor
under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108,
72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

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

(3) That any apprentices employed in the above period are duly
registered in a bona fide apprenticeship program registered with
a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor,
or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States
Department of Labor.

Linda Dugay
Controller

Signature:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL
OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND
SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
No Work Performed

| Name | Exmp | Address | SS No | Trade Desc | EARN CODE | SUN 01/13 | MON 01/14 | TUE 01/15 | WED 01/16 | THU 01/17 | FRI 01/18 | SAT 01/19 | HOURS WORKED | TOTAL RATE | WAGES | FIT | FICA | Union | Minority | Gender | Check # | Job Net |
|------|------|---------|-------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|--------|------|------|-------|---------|---------|---------|---------|
|      |      |         |       |            | 01/13     | 01/14     | 01/15     | 01/16     | 01/17     | 01/18     | 01/19     |           |            |            |            |       |      |      |       |         |         |         |         |

**DEDUCTIONS**

<table>
<thead>
<tr>
<th>Job Pay Hours</th>
<th>Job Pay Tot Gross</th>
<th>NonTax Fringe</th>
<th>FIT</th>
<th>State Local</th>
<th>Union</th>
<th>Miscellaneous</th>
<th>Tot Deductions</th>
<th>Job Net</th>
</tr>
</thead>
</table>

**WEEK NUMBER: 5**

160
DATE: 02/12/19

I, Linda Duguay, Controller
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by Reichenbach Ceiling/Partition on the Ingham County Animal Control ;
that during the payroll period commencing on the 13 th day of January 2019, and ending the 19th day of January 2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said Reichenbach Ceiling/Partition
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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

Linda Duguay
Controller

Signature: [Signature]

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
No Work Performed
DATE: 02/12/19

I, Linda Duguay, Controller
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by Reichenbach Ceiling/Partition on the Ingham County Animal Control:
that during the payroll period commencing on the 6th day of January 2019, and ending the 12th day of January 2019 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said Reichenbach Ceiling/Partition 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 Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

X 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 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) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
</table>

REMARDS:

Linda Duguay
Controller

Signature: [Signature]

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
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<thead>
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<th>Address</th>
<th>Trade Desc</th>
<th>S/N</th>
<th>EARN CODE</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>WEEK</th>
<th>PAY RATE</th>
<th>JOB WAGES</th>
<th>TOTAL</th>
<th>FIT</th>
<th>NonTax Fringe</th>
<th>ST TAX</th>
<th>Misc.</th>
<th>Union</th>
<th>Minority</th>
<th>Gender</th>
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<th>Ded Dtl - Deduction</th>
<th>Amount</th>
<th>Job Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Josh C</td>
<td>3REG</td>
<td>5390 S. M106</td>
<td>Stockbridge, MI 49285</td>
<td>Carpenter Journeyman</td>
<td>12/30/18 To 01/05/19</td>
<td>6.00</td>
<td>3.00</td>
<td>11.00</td>
<td>23.680</td>
<td>260.48</td>
<td>260.48</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Latoski, Stanley W</td>
<td>1REG</td>
<td>12334 Crawford Rd.</td>
<td>Eaton Rapids, MI 48827</td>
<td>Carpenter Journeyman</td>
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<td>23.680</td>
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</table>

**DEDUCTIONS**

<table>
<thead>
<tr>
<th>Job Pay</th>
<th>NonTax Fringe</th>
<th>Taxable Fringe</th>
<th>FIT</th>
<th>State</th>
<th>Local</th>
<th>Miscellaneous</th>
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</table>

WEEK NUMBER: 3
DATE: 02/12/19

I, Linda Duguay, Controller
(Name of signatory party) (Title)

execute the following statement:

(1) That I pay or supervise payment of the persons employed by
Reichenbach Ceiling/Partition on the Ingham County Animal Control
; that during the payroll period commencing on the 30th day of
December 2018, and ending the 5th day of January 2019
all persons employed on said project have been paid the full
weekly wages earned, that no rebates have been or will be made
either directly or indirectly. On behalf of said
Reichenbach Ceiling/Partition
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 Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor
under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108,
72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above
referred 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) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA, Medicare, Federal/State Withholding Taxes, Building Fund</td>
<td></td>
</tr>
<tr>
<td>Dues, Special Assessment</td>
<td></td>
</tr>
</tbody>
</table>

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

(3) That any apprentices employed in the above period are duly
registered in a bona fide apprenticeship program registered with
a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor;
or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States
Department of Labor.

Linda Duguay
Controller

Signature: [Signature]

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL
OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND
SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
## 12/23/18 To 12/29/18

<table>
<thead>
<tr>
<th>Name</th>
<th>Emp No</th>
<th>Gender</th>
<th>Minor</th>
<th>Check #</th>
<th>Ded Dtl</th>
<th>Deduction</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Josh C</td>
<td>1046</td>
<td>Male</td>
<td></td>
<td></td>
<td>125.16</td>
<td>443.16</td>
<td></td>
</tr>
<tr>
<td>3350 S. M106</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DUES</td>
<td>22.73</td>
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<tr>
<td>Stockbridge, MI 49285</td>
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<td>Carpenter Journeyman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Latoski, Stanley W   | 1473   | Male   |                | 77.07   | 254.45  |           |        |
| 12334 Crawford Rd.   |        |        |                |         | BLDGFUNC| 3.50      |        |
| Eaton Rapids, MI 48827|       |        |                |         | DUES    | 13.26     |        |
| Carpenter Journeyman |        |        |                |         | SPCAS   | 2.80      |        |

### HOURS WORKED

<table>
<thead>
<tr>
<th>Name</th>
<th>Emp No</th>
<th>Gender</th>
<th>Minor</th>
<th>Check #</th>
<th>Ded Dtl</th>
<th>Deduction</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Josh C</td>
<td>1046</td>
<td>Male</td>
<td></td>
<td></td>
<td>125.16</td>
<td>443.16</td>
<td></td>
</tr>
<tr>
<td>3350 S. M106</td>
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<td></td>
<td>DUES</td>
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<td>Stockbridge, MI 49285</td>
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<td>Carpenter Journeyman</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| Latoski, Stanley W   | 1473   | Male   |                | 77.07   | 254.45  |           |        |
| 12334 Crawford Rd.   |        |        |                |         | BLDGFUNC| 3.50      |        |
| Eaton Rapids, MI 48827|       |        |                |         | DUES    | 13.26     |        |
| Carpenter Journeyman |        |        |                |         | SPCAS   | 2.80      |        |

### DEDUCTIONS

<table>
<thead>
<tr>
<th>Job Hours</th>
<th>Job Pay</th>
<th>NonTax Fringe</th>
<th>FIT</th>
<th>State</th>
<th>Union</th>
<th>Miscellaneous</th>
<th>Tot Deductions</th>
<th>Job Net</th>
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</table>

WEEK NUMBER: 2
DATE: 02/12/19

I, Linda Duguay, Controller

(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by Reichenbach Ceiling/Partition on the Ingham County Animal Control

that during the payroll period commencing on the 23rd day of December 2018, and ending the 29th day of December 2018 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. On behalf of said, Reichenbach Ceiling/Partition from the full weekly wages earned by each person, and that no deductions have been made either directly or indirectly from the full wages earned by each person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeiland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 987, 76 Stat. 357, 40 U.S.C. 3145), and described below:

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

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

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

X 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 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) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA, Medicare, Federal/State Withholding Taxes, Building Fund</td>
<td></td>
</tr>
<tr>
<td>Dues, Special Assessment</td>
<td></td>
</tr>
</tbody>
</table>

(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.

REMARKS:

Linda Duguay
Controller

Signature: [Signature]

THE WILLFUL FALSEIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
<table>
<thead>
<tr>
<th>Name</th>
<th>Exmp</th>
<th>Address</th>
<th>Ssn No</th>
<th>Trade Desc</th>
<th>HOURS WORKED</th>
<th>&lt;---Deductions---&gt;</th>
<th>Job Pay</th>
<th>FIT</th>
<th>Union</th>
<th>Misc.</th>
<th>Check #</th>
<th>Emp No</th>
<th>Minority</th>
<th>Gender</th>
<th>Job Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Josh C</td>
<td>3REG</td>
<td>5390 S. M106 Stockbridge, MI 49285 ***--3566</td>
<td></td>
<td>Carpenter Journeyman</td>
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<tr>
<td>Latsovi, Stanley W</td>
<td>1REG</td>
<td>12334 Crawford Rd. Eaton Rapids, MI 48827 ***--4831</td>
<td></td>
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<td>8.00 8.00 8.00 8.00 16.00 23.880 378.88</td>
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### Deductions

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<th>Deduction</th>
<th>Amount</th>
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</thead>
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<td>DUES</td>
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<table>
<thead>
<tr>
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</tr>
</thead>
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<th>Job Hours</th>
<th>Job Pay</th>
<th>NonTax Fringe</th>
<th>FIT</th>
<th>State</th>
<th>Union</th>
<th>Total Deductions</th>
<th>Job Net</th>
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<td>89.13</td>
<td>45.69</td>
<td>67.07</td>
<td>288.85</td>
<td>847.79</td>
</tr>
</tbody>
</table>

WEEK NUMBER: 1

168
DATE: 02/12/19

I, Linda Duguay, Controller
(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by
Reichenbach Ceiling/Partition on the Ingham County Animal Control
that during the payroll period commencing on the 16th day of
December 2018, and ending the 22nd day of December 2018
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. On behalf of said
Reichenbach Ceiling/Partition
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 Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor
under the Copeland Act, as amended (46 Stat. 948, 63 Stat. 108,
72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(c) EXCEPTIONS

<table>
<thead>
<tr>
<th>EXCEPTION (CRAFT)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues, Special Assessment</td>
<td></td>
</tr>
</tbody>
</table>

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

(3) That any apprentices employed in the above period are duly
registered in a bona fide apprenticeship program registered with
a State apprenticeship agency recognized by the Bureau of
Apprenticeship and Training, United States Department of Labor,
or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States
Department of Labor.

Linda Duguay
Controller

Signature: ______________________

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS
MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL
OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND
SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.
### Certified Payroll Report

**Employee:**

- **Name:** CARMCRAFT, DENNIS E.
- **Address:** 3376 OBERLAD DR
- **City:** AKRON, OH, 44319

**Social Security**

- Ex-M-1

**Work Class:**

- **Type:** C M

**Rate:** 3.36

**Wage Class:**

- **Code:** 3555

**Job No.:**

- **Type:** S

**Wage:** 8.00

**Hours:**

- **Hours:** 0.00

**Total:** 0.00

**Rate:** 40.00

**Gross Pay:** 22.45

**FICA:**

- **Type:** 63.36

**State:**

- **Type:** 86.98

**Local:**

- **Type:** 21.38

**Other:**

- **Type:** 17.95

**Check #:** E67621

---

**Total Job Gross:** 898.00

---

**Union Fringe Total:** 665.50

**Total Job Gross:** 1,401.60

---

**Employee:**

- **Name:** MASON, PAUL F.
- **Address:** 3968 HIGHLAND DRIVE
- **City:** MOGADORE, OH, 44260

**Social Security**

- Ex-M-00

**Work Class:**

- **Type:** C M

**Rate:** 3.20

**Wage Class:**

- **Code:** 3306

**Job No.:**

- **Type:** S

**Wage:** 8.00

**Hours:**

- **Hours:** 0.00

**Total:** 0.00

**Rate:** 40.00

**Gross Pay:** 35.04

**FICA:**

- **Type:** 131.82

**State:**

- **Type:** 107.22

**Local:**

- **Type:** 38.59

**Other:**

- **Type:** 73.27

**Check #:** E67689

**UNION 401K:**

- **Type:** 14.02

**COPE:**

- **Type:** 2.00

---

**Total Job Gross:** 1,401.60

---

**Union Fringe Total:** 817.30

**Total Job Gross:** 2,055.00

---

**Employee:**

- **Name:** SELLMAN, CHRISTOPHER P.
- **Address:** 2406 ASHDALE DR
- **City:** TWINSBURG, OH, 44087

**Social Security**

- Ex-M-01

**Work Class:**

- **Type:** C M

**Rate:** 3.12

**Wage Class:**

- **Code:** 2149

**Job No.:**

- **Type:** S

**Wage:** 8.00

**Hours:**

- **Hours:** 0.00

**Total:** 0.00

**Rate:** 49.00

**Gross Pay:** 37.99

**FICA:**

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**State:**

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**Local:**

- **Type:** 43.13

**Other:**

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**WAGE/OS:**

- **Type:** 151.99

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- **Type:** 50.00

**COPE:**

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**Total Job Gross:** 1,519.60

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**Union Fringe Total:** 824.40

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**KELLY VARIANCE ACCOUNT台灣**

**VARIANCE ACCOUNT**

**REASONS**

**EXPLANATION**

---

1. The applicant has provided all necessary information and supporting documents.
2. The statement is complete and accurate to the best of the applicant's knowledge.

Date: January 24, 2019

Statement of Compliance
SPEELMAN ELECTRIC, INC.
358 COMMERCE STREET
TALLMADGE, OH 44278
330 633-1410

CERTIFIED PAYROLL REPORT
Contract #: C-2633
PORTAGE CO JUSTICE CTR-X
Pay Period Start: 01/06/19
Pay Period End: 01/10/19
Payroll #: 40

# Employees: 3

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Union Fringe Total: 532.40
Total Job Gross: 718.40

Union Fringe Total: 653.84
Total Job Gross: 1,121.28

Union Fringe Total: 658.52
Total Job Gross: 1,215.58

Page 7
Statement of Compliance

(1) That the pay or supervisor of the persons employed by SPEELMAN ELECTRIC, INC., on the PORTAGE COUNTY JUDGE'S CENTER, during the payroll period commencing on the 24th day of DECEMBER, 2018, and ending the 30th day of DECEMBER, 2018, all persons employed on said project who have been paid the full weekly wages earned, 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 Regulstion 1205.20 of the Code of Federal Regulations, as amended (49 Stat. 940, 72 Stat. 967, 78 Stat. 1017, 49 U.S.C. 3144), and described below.

(a) The amounts of other than permissible deductions from the wages of each laborer or mechanic employed on the work performed in the contract shall be those shown in the schedule for laborer or mechanic condition战国 the work will be performed.

(b) The amounts shown in the schedule for laborer or mechanic condition战国 the work will be performed.

(c) The amounts shown in the schedule for laborer or mechanic condition战国 the work will be performed.

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Union Fringe Total: 494.57

# Hours

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</table>

Union Fringe Total: 494.57

Page 7
CONTINGENCY TRANSFER REQUEST
Granger Construction Company
1730-00 - Ingham County Animal Control Facility

To: Rick Temill
Ingham County Building Authority
Mason, MI 48854
Phone: 517-676-7310
Fax: 
Email: RTemill@ingham.org
CC: 

From: Ben LeBlanc
Granger Construction Company
6267 Aurelius Road
Lansing, MI 48911
Phone: 517-204-6346
Fax: 517-204-6346
Email: bleblanc@grangerconstruction.com

Below is the detail for our proposal to complete the following changes in contract work:

**Change Order Request: Transfer Ducts and Sleeves**

**Proposed Scope of Work:**

1. RFI #80 - Provide and install transfer air ducts as walls indicated. Includes drywall cutting and patching and new transfer air grills and ducts.

   The prices below are valid until

<table>
<thead>
<tr>
<th>PCO Item</th>
<th>Status</th>
<th>Change (in Days)</th>
<th>Contract Line</th>
<th>Notes</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>1: Transfer Ducts Openings</td>
<td>New</td>
<td></td>
<td>0009510</td>
<td></td>
<td>$82.00</td>
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<tr>
<td>2: CR 4 Transfer Ducts and Sleeves</td>
<td>New</td>
<td></td>
<td>0015400</td>
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<td>$2380.00</td>
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<tr>
<td>3: GCC OH &amp; P @ 4%</td>
<td>New</td>
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<td>$130.00</td>
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Total: $3,362.00

Submitted By: Ben LeBlanc 02/21/2019

Approved By: Ingham County Building Authority 02/22/2019
# WORK QUOTATION

**DEE CRAMER INC.**

HVAC • SHEETMETAL

4221 E. BALDWIN RD.
HOLLY, MI 48442

4166-18

PHONE: (810) 579-5000
FAX: (810) 579-4794

**DATE:** 1/21/2019

**ARCHITECT:** Hobbs & Black Associates

**ENGINEER:** Matrix Consulting Engineers

**OWNER:** Ingham County Animal Control & Shelter

**LOCATION:** Mason, MI

**PROJECT MANAGER:** Matt Welder

**SHEET NO.:** 1

---

**QUOTATION DESCRIPTION:**

RFI 090: Provide and install transfer air ducts where shown on RFI 090 sketch. See attached transfer duct detail. Excludes cutting drywall.

---

## MATERIAL / EQUIPMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Description</th>
<th>Hourly Rate</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer Ducts</td>
<td>10%</td>
<td>of materials</td>
<td>$ 74.98</td>
<td>$ 749.76</td>
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<tr>
<td>Misc. (nuts, bolts, anchors, hangars)</td>
<td>6%</td>
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<td>$ 77.64</td>
<td>$ 465.84</td>
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<tr>
<td>Michigan Sales Tax</td>
<td>10%</td>
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<td>$ 97.40</td>
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**Sub-Total:** $ 1,249.25

## LABOR

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Field Journeyman</td>
<td>12 hrs</td>
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<td>$ 74.98</td>
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<td>Field Supervision</td>
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<td>$ 77.64</td>
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**Markup:** 10%

**Sub-Total:** $ 1,075.14

## OTHER DIRECT COSTS

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<td>Tracking</td>
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<td>$ 11.05</td>
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<td>Travel</td>
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**Markup:** 0%

**Sub-Total:** $ 56.05

---

**TOTAL PRICE:** $ 2,380

---

Respectfully Submitted,

DEE CRAMER, INC.
February 7, 2019

Ingham County Animal Control Shelter

RE: Cut openings and frame for transfer grills

<table>
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<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>10 hrs. carpenter @ 64.99/hr.</td>
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<td>Material</td>
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<td>Fee</td>
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<td>Total</td>
<td>$852.22</td>
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Total $852.00

Ken Granger
DSI ACOUSTICAL COMPANY
ADDITIONAL WORK AUTHORIZATION

DOH Acoustic Company

You are authorized to perform the following specifically described additional work:

- Cut out COMBUSTIBLE
- Cover COMBUSTIBLE
- Cut opening and frame
- Frame for Transfer air and exhaust

8 hrs 2-5-19
2-6-19

1/2 Bundle 3 3/4" x 10' Track

ADDITIONAL CHARGE FOR ABOVE WORK IS: $

Payment will be made as follows:

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date: [ ]

Authorizing Signature: [ ]

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorized Signature: [ ]

Date: [ ]

THIS IS CHANGE ORDER NO.

NOTE: This form becomes part of, and is a modification to, the existing contract.