Labor Standards Monitoring Form

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Labor Standards Administration** | | | | |
| 1. | Who requests the wage determination? |  | | |
| 2. | Who conducts the employee interviews? |  | | |
| 3. | Who receives and reviews the payroll and verification of wages? |  | | |
| **Pre-Bid Meeting & Bid Opening** | | | | |
| 4. | Date of Pre-Bid Meeting: |  | | |
| 5. | Are minutes of the pre-bid meeting & sign-in sheet in the file? | Yes  No | | |
| 6. | Does the pre-bid minutes indicate discussion of compliance requirements? | Yes  No | | |
| 7. | Bid Opening Date: |  | | |
| **BABA “Buy American Preference Documentation** *(Applicable to projects funded with 2024 and new CDBG funds)* | | | | |
| 8. | Does project file have project/product tracking documentation *(i.e., spreadsheet of bid tabulation with identified BABA products, etc.)* for BABA compliance?  Does project file have the BAP Certification(s)?  Does file have Manufacturer Certifications?  Does file have an approved General Waiver (Exigent Circumstances, Small Grants, De Minimis)?  Does file have an approved Project/Product Specific Waiver? | Yes ☐ No ☐ N/A ☐  Yes ☐ No ☐ N/A ☐  Yes ☐ No ☐ N/A ☐  Yes ☐ No ☐ N/A ☐  Yes ☐ No ☐ N/A ☐ | | |
| **Contractor / Sub-Contractor Information** | | | | |
| 9. | Contractor/Sub-Contractor Name & Address: |  | | |
| Type of Construction (water, sewer, hook-up, etc.) |  | | |
| Type of Contractor: | Prime  Sub | | |
| Tax ID #: |  | | |
| Contract Date: |  | | |
| Contract Amount: |  | | |
| Contractor is: | MBE  WBE  Section 3  HUB   VO | | |
| 10. | Is the wage decision (WD) in the contract?  If yes, list the WD number(s). | Yes  No | WD:  ***(Attach a copy of WD)*** | |
| 11. | Were additional classifications needed?  If yes, are they in the file? | | | ☐ Yes ☐ No    ☐ Yes ☐ No ☐ N/A |
| 12. | Is there a Section 3 plan?  Section 3 is triggered if contract is $100,000 or more for FY19 grants and older  Section 3 is triggered if total grant is $200,000 or more for FY20 grants and newer | | | Yes  No  N/A  Yes ☐ No ☐ N/A ☐ |
| 13. | Does the file contain certification of contractor eligibility? ***(Attach Copy)*** | | | Yes  No |
| 14 | If applicable, does the grantee file have Section 3 documentation and records for: | | | ☐ Yes ☐ No ☐ N/A |
| 1. Total Labor Hours | | | ☐ Yes ☐ No ☐ N/A |
| 1. Total Section 3 Worker Labor Hours | | | ☐ Yes ☐ No ☐ N/A |
| 1. Total Targeted Section 3 Woker Labor Hours | | | ☐ Yes ☐ No ☐ N/A |
| 1. Section 3 documentation: Business Concern, Worker’s Self-Certifications, etc. | | | ☐ Yes ☐ No ☐ N/A |
| **Pre-Construction Conference/Meeting** | | | | |
| 15 | Date of Pre-Construction Conference/Meeting: | | |  |
| 16 | Are minutes of the pre-construction conference/ meeting in the file? | | | Yes  No |
| 17 | Does the pre-construction minutes indicate discussion of compliance requirements? | | | Yes  No |
| 18 | Date of the Start of Construction / Notice to Proceed: | | |  |
| 19 | Has the recipient notified DWI of the start of construction? | | | Yes  No |

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| **Certified Payroll Sampling**  *(Grants Representatives must conduct a sampling of each contractor and subcontractor payrolls – at least three samples from each contractor/sub. Use 9.1 Labor Standards Addendum for additional samples, if needed). Grants Representatives must include the documentation they reviewed with monitoring forms).* | | | | |
| **Worker Sample 1** *(Provide specific explanations for any No answers to questions)* | | | | |
| 20 | Contractor/Sub-Constructor Name: |  | | |
| Payroll Number: |  | | |
| Employee Name: |  | | |
| Rate Paid: |  | | |
| Classification: |  | | |
| Decision Rate: |  | | |
| Is the rate paid equal to or more than the wage rate on the wage decision for the classification? | | ☐ Yes ☐ No | |
| Did the employee work more than 40 hours in the week?  If yes, was the correct overtime paid? | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | |
| If fringe benefits were paid to a plan, does the file have a copy of said plan and is the plan allowed (ie., vacation, sick, insurance, etc.)? | | ☐ Yes ☐ No ☐ N/A | |
| Are all payroll deductions permissible under Labor Standards regulations? | | ☐ Yes ☐ No | |
| Is there an employee interview for this employee?  If yes, does the interview verify the correct work classification? | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | |
| **Worker Sample 2** *(Provide specific explanations for any No answers to questions)* | | | | |
| 21 | Contractor/Sub-Constructor Name: |  | | |
| Payroll Number: |  | | |
| Employee Name: |  | | |
| Rate Paid: |  | | |
| Classification: |  | | |
| Decision Rate: |  | | |
| Is the rate paid equal to or more than the wage rate on the wage decision for the classification? | | ☐ Yes ☐ No | |
| Did the employee work more than 40 hours in the week?  If yes, was the correct overtime paid? | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | |
| If fringe benefits were paid to a plan, does the file have a copy of said plan and is the plan allowed (ie., vacation, sick, insurance, etc.)? | | ☐ Yes ☐ No ☐ N/A | |
| Is there an employee interview for this employee?  If yes, does the interview verify the correct work classification? | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | |
| **Worker Sample 3 (Provide specific explanations for any No answers to questions)** | | | | |
| 22 | Contractor/Sub-Constructor Name: |  | | |
| Payroll Number: |  | | |
| Employee Name: |  | | |
| Rate Paid: |  | | |
| Classification: |  | | |
| Decision Rate: |  | | |
| Is the rate paid equal to or more than the wage rate on the wage decision for the classification? | | ☐ Yes ☐ No | |
| Did the employee work more than 40 hours in the week?  If yes, was the correct overtime paid? | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | |
| If fringe benefits were paid to a plan, does the file have a copy of said plan and is the plan allowed (ie., vacation, sick, insurance, etc.)? | | ☐ Yes ☐ No ☐ N/A | |
| Is there an employee interview for this employee?  If yes, does the interview verify the correct work classification? | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A | |
| **Payroll / Employee Interview Review** | | | | |
| 23 | How often were employee interviews conducted by the grantee? | | |  |
| 24 | Were a representative number of trades covered? ***(Attach reviewed interview documents)*** | | |  |
| 25 | Are payrolls submitted weekly? | | | ☐ Yes ☐ No |
| 26 | Are payrolls numbered? **(*Attach copy of reviewed payrolls)*** | | | ☐ Yes ☐ No |
| 27 | Are payrolls signed by the employer or authorized representative? | | | ☐ Yes ☐ No |
| 28 | Are any workers paid as apprentices or trainees?  If yes, does the file contain appropriate apprentice/trainee registration records? ***(Attach documents)*** | | | ☐ Yes ☐ No  ☐ Yes ☐ No ☐ N/A |
| 29 | Were there any payroll corrections reviewed during visit? **If yes, attach.** | | | ☐ Yes ☐ No |

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| --- | --- | --- |
| **Site Visit** | | |
| 30 | Is the type of construction consistent with the contract documents and wage decision? | ☐ Yes ☐ No |
| 31 | Is the wage decision posted at the site of work in a prominent place readily accessible to workers? ***(submit pictures)*** | ☐ Yes ☐ No |
| 32 | Are the following items posted (Eng & Spn) and filled in where necessary?  E & S - WH1321 Notice to Employees (Employee Rights)  Minimum Wage  Equal Opportunity  OHSA  Workers Compensation  E-Verify  If You Have the Right to Work | ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No  ☐ Yes ☐ No |
| **Notes:** | | |

***List or attach supporting documentation or notate items reviewed to support work performed where deemed necessary for all questions listed on this monitoring checklist***

**Grantee Representative: Date:**

**CDBG-I Grants Representative: Date:**

**CDBG-I Supervisor: Date:**