

Arizona School Facilities Board

**DAVIS-BACON**  
**Required Document Submission**  
**SAMPLE GUIDE**

**For use by Prime Contractor**

Please refer to next page to determine applicability.

Contains Samples of:

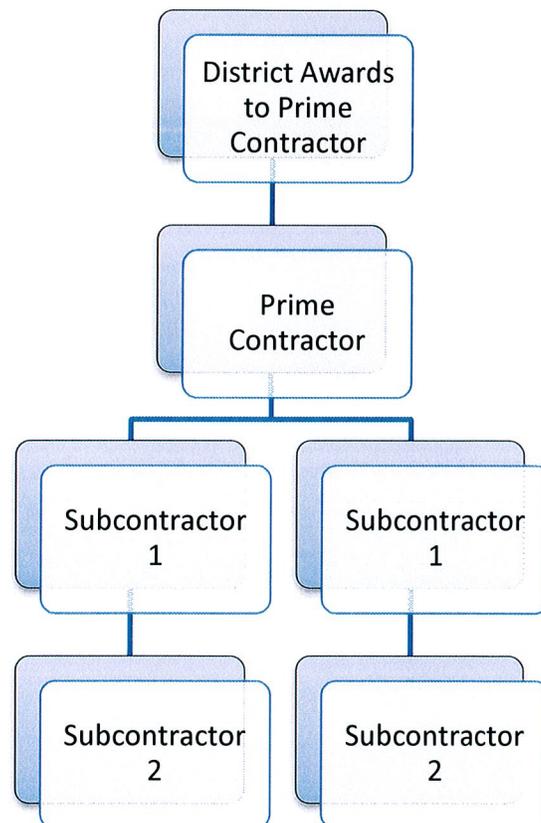
**Initial Document**

- Labor Standards Certification form

**Certified Payroll Submissions**

- WH-347 U.S. Dept. of Labor Payroll Form
- Authorized Deduction form (use when applicable)
- Fringe Benefit form (use when applicable)

## Sample Prime Contractor and Subcontractor Hierarchical Relationship



For the purposes of this Sample Guide, the chart above represents a simplistic version of a Prime and Subcontractor relationship hierarchy. This should be used only to determine appropriate placement of contractor information within the Davis-Bacon Initial Documents and the accompanying Certified Payrolls submissions.

# IMPORTANT

General things to remember:

- ✓ All documents must be submitted through the Prime Contractor. Subs should not submit to the SFB directly. Prime Contractors are responsible for reviewing the documentation for completeness and accuracy before forwarding to the SFB.
- ✓ All documents must be originals with wet-ink signatures. Faxes and emails cannot be accepted.
- ✓ Complete and accurate “Initial” document must be on file before certified payrolls can be accepted.
- ✓ Do not submit documentation that is incomplete. If a signature or other vital information is missing, it is considered invalid and you will have to resubmit.
- ✓ Submit in a timely manner to avoid delays.

**NOTE: ITEMS HIGHLIGHTED  
IN YELLOW MUST REMAIN  
UNALTERED**

**LABOR STANDARDS CERTIFICATION (1 of 2)**

Revised 8/10/09

Commerce Contract #: **1057-09**

This certifies that \_\_\_\_\_  
**PRIME CONTRACTOR NAME**  
(Company Name)

has been contracted by: \_\_\_\_\_  
**DISTRICT NAME**  
(Firm/Agency)

as a (check one)  prime contractor \_\_\_\_\_ sub-contractor  
 lower-tier contractor \_\_\_\_\_ other

Sub-Grantee: **School Facilities Board**

Nature of Work: **State Energy Program**

Work is expected to begin on: \_\_\_\_\_  
**MM/DD/YYYY**  
(Month, Day, Year)

As a legally authorized representative of the company, I certify/ acknowledge that:

1. The Labor Standards Provisions, 29 CFR Part 5, Subpart A, and General Wage Decision have been incorporated into the contract between all parties who participate in the above mentioned project.
2. Neither the above contracted company nor any person who has an interest in the contractor's firm is ineligible to the award of Government contracts by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
3. No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).
4. The penalties for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.

5. The information for the firm contracted is:

**NOTE: FORM WILL BE INCOMPLETE WITHOUT THE PRIME  
CONTRACTOR INFORMATION IN SECTIONS 5-7 BELOW**

Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City/State/Zip)

6. Business Federal Tax ID #: \_\_\_\_\_

7. Contractors License #: \_\_\_\_\_

**LABOR STANDARDS CERTIFICATION (2 of 2)**

8. The contracted firm is a (check one):

CHECK THE ITEM THAT APPLIES TO PRIME CONTRACTOR

\_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership  
\_\_\_\_\_  
Division or Subsidiary of: \_\_\_\_\_  
\_\_\_\_\_  
Corporation, incorporated in the state of: \_\_\_\_\_  
\_\_\_\_\_  
Other (please describe): \_\_\_\_\_

9. The legal names, titles, and addresses of the owner(s), partner(s), or officer(s) of the company are:

NAME, TITLE, BUSINESS ADDRESS  
\_\_\_\_\_  
NAME, TITLE, BUSINESS ADDRESS  
\_\_\_\_\_  
NAME, TITLE, BUSINESS ADDRESS  
\_\_\_\_\_

10. The designated appointee, NAME OF PERSON BEING APPOINTED BELOW, whose signature appears below, is appointed to supervise the payment of employees for the company, Beginning on (date) MM/DD/YYYY. Or, at least, this appointee is in a position to have full knowledge of the facts set forth in the payroll documents, the Statement of Compliance, which the appointee is to execute, and with the Copeland Act.

COMPANY OFFICIAL INFORMATION

**Notary Public- COMPANY OFFICIAL'S CERTIFICATION**  
\_\_\_\_\_  
(Signature of Company Official) \_\_\_\_\_ (Title)  
\_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Date)

NOTARY INFO AND STAMP REQUIRED

Subscribe and sworn to before me on this date: \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Signature of Notary Public) \_\_\_\_\_ (Commission Expiration Date)



APPOINTEE INFORMATION

**Notary Public- APPOINTEE'S CERTIFICATION**  
This is to certify that I have read and do understand the Labor Standards Provisions and related matters as they apply to the project stated.  
\_\_\_\_\_  
(Signature of Appointee) \_\_\_\_\_ (Title)  
\_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Date)

NOTARY INFO AND STAMP REQUIRED

Subscribe and sworn to before me on this date: \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Signature of Notary Public) \_\_\_\_\_ (Commission Expiration Date)

**WORK CLASSIFICATION NAME  
MUST MATCH AN OPTION IN THE  
GENERAL WAGE DECISION**

**THIS NUMBER  
MUST REMAIN  
UNALTERED**

**U.S. Department of Labor**

Employment Standards Administration  
Wage and Hour Division

(For Contractor's Optional Use; See Instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm))

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



U.S. Wage and Hour Division  
Rev. Dec. 2008

NAME OF CONTRACTOR  PRIME CONTRACTOR  OR SUBCONTRACTOR  ADDRESS ADDRESS OF PRIME CONTRACTOR OMB No.: 1215-0149  
Expires: 12/31/2011

PAYROLL NO. 1 FOR WEEK ENDING 03/19/2011 PROJECT AND LOCATION PROJECT OR CONTRACT NO. 1057-09  
LOCATION NAME, SPECIFIC STREET ADDRESS FOR LOCATION

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) DIGNITY OF THE JOB	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK	
			SU	M	T	W	TH	F	S				FICA	WITH- HOLDING TAX	OTHER		TOTAL DEDUCTIONS
JOE SMITH #1234	2	LABORER- GENERAL/ CLEANUP								2.00	\$14.28	\$912.32	\$3.57	\$36.44		\$40.01	\$872.31
JOHN SMITH #2345	0	ELECTRICIAN/ WIREMAN								4.00	\$22.45	\$554.71	\$5.78	\$130.27		\$136.05	\$1,453.57

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.2, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) 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. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes 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. 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, ESA, U.S. Department of Labor, Room 35502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

[over]



**NOTE: A (1) DATE/DURATION, (2) AMOUNT AND (3) PURPOSE MUST BE INCLUDED FOR EVERY AUTHORIZED DEDUCTION**

**COMPANY LETTERHEAD**

**AUTHORIZATION FOR DEDUCTIONS**

The undersigned authorize deductions, as noted, to be made from their wages. It is understood that these deductions are:

- A) in the interest of the employee,
- B) not a condition of employment,
- C) no direct or indirect financial benefit accruing to the employer,
- D) not otherwise forbidden by law.

**EMPLOYEES NAME:                      DATE/ DURATION:                      AMOUNT:                      PURPOSE:**

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**EMPLOYEES NAME**

(Employees Name)

**EXAMPLES OF APPROPRIATE DATE/DURATIONS**

**MONTHLY**

(Date/ Duration)

(Deduction Amount)

(Purpose)

**WEEKLY**

(Date/ Duration)

(Deduction Amount)

(Purpose)

**HOURLY**

(Date/ Duration)

(Deduction Amount)

(Purpose)

**ONE TIME W/E  
MM/DD/YYYY**

(Date/ Duration)

(Deduction Amount)

(Purpose)

**THIS SECTION MUST BE FILLED OUT ENTIRELY OR FORM WILL BE DEEMED INCOMPLETE**

Signature of Authorized:  
 Representative of Employer: \_\_\_\_\_  
 Print Authorized Representative's Name and Title: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_  
 Print Employee's Name and Title: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

THIS NUMBER  
MUST  
REMAIN  
UNALTERED

### FRINGE BENEFITS

This document must be completed for each fringe benefit plan the employer participates in on behalf of their employees working on the below listed project.

PROJECT NAME: \_\_\_\_\_ PROJECT # **1057-09**

EMPLOYER:  
PLAN NAME: \_\_\_\_\_

TYPE OF PLAN: \_\_\_\_\_ Plan Account # \_\_\_\_\_

EFFECTIVE DATE of PLAN:  
thru \_\_\_\_\_

\_\_\_\_\_  
(NAME, ADDRESS & PHONE # OF PLAN ADMINISTRATOR)

\_\_\_\_\_  
NAME, ADDRESS & PHONE # OF PLAN TRUSTEE/CUSTODIAN)

PLAN  
INFORMATION:  
ONE  
PLAN/FRINGE  
BENEFIT PER  
SHEET

EMPLOYEE  
INFORMATION:  
MULTIPLE  
EMPLOYEES  
MAY BE LISTED

EMPLOYEE NAME or TRADE CLASSIFICATION	EMPLOYERS CONTRIBUTION	FREQUENCY (HOUR, WEEK, MONTH)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Company Representative \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF COMPANY  
REPRESENTATIVE AND DATE REQUIRED

Mail Davis-Bacon documents and  
payroll submissions to:

Arizona School Facilities Board  
ATTN: \_\_\_\_\_  
1700 W. Washington, Suite 230  
Phoenix, AZ 85007

For Davis-Bacon questions or  
concerns please contact:

**Estella Robinson**

Office: (602)542-6144

Email: [erobinson@azsfb.gov](mailto:erobinson@azsfb.gov)

OR

**Carissa Kephart**

Office: (602)542-6163

Email: [ckephart@azsfb.gov](mailto:ckephart@azsfb.gov)