

Contractor Checklist with Section 3

Insert appropriate information in blue highlighted cells. These cells will carry the information to the Section 3 Tracking Totals as well.

1	A	B	C	D	E	F	G	H
2	Grantee:			Project Name:				
3	Grant Award:			Grant #				
4								
5								
6	Responsible entity	Name of contractor and subs						Date sent to CDBG
7		BID PROCESS						
8	Grant Administrator	BID DOCUMENT APPROVED						
9	Grant Administrator	FINAL BID DOCUMENT SENT TO CDBG ADMINISTRATOR						
10	Grant Administrator	PROOF OF PUBLICATION FOR BID ADVERTISEMENT						
11	Grant Administrator	WAGE DETERMINATION						
12	Grant Administrator	10-DAY WAGE CHECK						
13		DUE AFTER BID OPENING - BEFORE CONSTRUCTION STARTS						
14	Grant Administrator	CONTRACTOR/SUB CONTRACTOR DEBAR						
15	Grant Administrator	BID TABULATION, SELECTION PROCESS, MINUTES APPROVING CONTRACT						
16	Contractor/Sub-Contractor	EQUAL EMPLOYMENT OPPORTUNITY						
17	Contractor/Sub-Contractor	LOBBY ASSURANCES						
18	Contractor/Sub-Contractor	CERTIFICATION OF DEBARMENT, SUSPENSION						
19	Contractor/Sub-Contractor	SECTION 3 AND SEGREGATED FACILITIES PROJECTS OVER \$200K						
20	Contractor/Sub-Contractor	BUILD AMERICA, BUY AMERICA CERTIFICATION						
21		PRE-CONSTRUCTION REQUIREMENTS						
22	Contractor/Sub-Contractor	WAGE COMPARISON WORKSHEET						
23	Grant Administrator	PRE-CONSTRUCTION CONFERENCE SCHEDULED						
24	Grant Administrator	PRE-CONSTRUCTION CONFERENCE AGENDA SENT						
25	Grant Administrator	PRE-CONSTRUCTION CONFERENCE MEETING MINUTES & SIGN IN SHEET						
26	Contractor	QUALITATIVE EFFORTS						
27		ATTACHED TO FIRST PAYROLL						
28	Grant Administrator	CONTRACT, NOTICE TO PROCEED FROM GRANTEE TO CONTRACTOR						
29	Contractor	EMPLOYEE RATE OF PAY						
30	Contractor	CERTIFICATION OF UNDERSTANDING AND AUTHORIZATION						
31	Contractor	CERTIFICATION OF FRINGE BENEFITS						
32	Contractor	AUTHORIZATION OF DEDUCTIONS						
33	Contractor	GRANTEE NOTIFICATION OF CONTRACTS						
34	Contractor	APPRENTICESHIP WAIVER (if required)						
35	Contractor	SECTION 3 ESTIMATED WORK FORCE (for projects of \$200k)						
36		SEND WITH CORRESPONDING PAYROLL						
37	Grant Administrator	EMPLOYEE INTERVIEWS						
38		SEND WITH CLOSE OUT DOCUMENTS						
39	Grant Administrator	SECTION 3 LABOR HOURS SPREADSHEET						
40	Grant Administrator	PHOTOS OF POSTED WAGES, WCWS, POSTERS & PROJECT						
41	Grant Administrator	FINAL WAGE COMPLIANCE REPORT						
42								
43								
44	FINAL DRAW REQUEST WILL BE REJECTED IF THESE DOCUMENTS AND THIS FORM WITH SIGNATURE ARE NOT SUBMITTED							
45	Grantee Signature:			Date:				
46								
47								

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Contractor Checklist
Wage Comparison Worksheet
Payroll Review Checklist
WH-347 Pg1
WH-347 Pg2

Red tringles will indicate a note.

	A	B	C	D	E	F
1	Contractor / Subcontractor:					
2	CDBG Project Name & Number:					
3	Payroll Number:	Payroll Date:				
4						
5	Please attach this checklist to each pay period, for each contractor and/or sub-contractor.					
6	WHD-347 Contractor & Project Information					
7	Project Name: Is the projects name entered?					
8	Project Number: Is the CDBG issued project number entered?					
9	Payroll Number: Is the correct week referenced? Is this a revised payroll, Non-Performance, or final payroll? If revised is "revised" notated on payroll?					
10	Contractor or Subcontractor: Is the company's name entered and box checked whether the company is the contractor or sub contractor?					
11	Project and Location: Is the address of the project here? (This is the jobsite where work is occurring.)					
12	Wage Determination: Is Davis Bacon wage determination number entered? (To include modifications and date)					
13	For Week Ending: Is the ending date for the work week you're reporting on entered?					
14	Address: Is the company's address entered?					
15						
16	WHD-347 Employee Weekly Payroll					
17	Column 1A – Worker Entry No: Is the worker labeled consecutively?					
18	Column 1B – Worker Last Name: Is the Employee's last name on the payroll form?					
19	Column 1C – Worker First Name: Is the Employee's first name on the payroll form?					
20	Column 1D – Worker Middle Initial: Is the Employee's middle initial on the payroll form?					
21	Column 1E – Worker Identifying No: Is the Employee's identifying number on the payroll form?					
22	Column 2 – (J) Journeyworker (RA) Registered Apprentice: Is the appropriate worker indicated?					
23	Column 3 – Davis Bacon Work Classifications: Is the Davis-Bacon work classification for each worker on the payroll form?					
24	Column 4 – Day and Date Hours Worked: Is the day, date and hours worked during the pay period being reported on? Are the appropriate boxes for straight time and overtime indicated?					
25	Column 5 – Total Hours: If using the WHD347 the form will automatically add up the hours entered and display the totals here. Do the total hours worked add up correctly?					
26	Column 6A – Hourly Wage Rate Paid for ST and OT: Is the correct rate of pay from the approved WCVS indicated here? If the worker worked overtime, is this reflected here?					
27	Column 6B – Total Fringe Benefit Credit: Is the total fringe that is paid to a bona fide plan, funds, and/or program, calculated correctly and reflected here? (This is the full weekly amount that will be broken down on the next page)					
28	Column 6C – Payment in Lieu of Fringe Benefits: Is the total amount in lieu of fringe calculated correctly and reflected here?					
29	***Compared hourly rate being paid is equal to or above the wages to be paid on the Wage Comparison Worksheet.					
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To be sent with certified weekly payroll for each contractor.

Fill in the blanks with appropriate information.

Check through to verify the WHD-347 is complete and correct.

This follows the WHD-347.

Every box needs to be checked/initialed that you have verified with the correlating CPR.

	A	B	C	D	E	F
30	Column 7A – Gross Amount Earned: If using the WHD347 the form will calculate the gross amount based on the information you've entered, including the hours worked and rate of pay.					
31	Column 7B – Gross Amount Earned for All Work: The total for all jobs worked this week. (This must include all hours worked this week on all jobs) It is very important that everything from columns 4-6C is accurate, otherwise the data in this and subsequent columns will be wrong. If not using the WHD347 did you double check the amounts?					
32	Column 8 – Deductions For All Work: Are the various deductions, including FICA, withholding tax and blank columns for other deductions? Other" Deductions is the Payroll Deduction Authorization for "Other Deductions" on Certified Payroll attached? Total Deductions column will auto calculate, did this total correctly?					
33	Column 9 – Net Pay to Worker For All Work: If using the WHD347 did the form auto populate correctly by taking column 7B, subtracting the deductions entered in column 8 and display it as net wages here? If not using the WHD347 did you double check the amount?					
34	If Contractor uses own payroll form "Statement of Compliance as Required by Regulations" must be attached					
35	Page 2 Project Name, Project No., CPR#, Contractor, Projection Location & Week Ending: Did these all auto populate with the correct information?					
36	Page 2 Certifying Official's Name and Title: Is the Owner/CEO/Authorized Individual named here? Is the Certificate of Understand and Authorization on file?					
37	Page 2 Cell A6, A7, & A8 or First, Second and third boxes under certifying area: Did they attest to the certifying language?					
38	Page 2 Cell A9-A13 or fourth box under certifying area: Were any workers an apprentice? Is this area filled out correctly? Does CDBG have the approved apprenticeship paperwork?					
39	Page 2 Cell A14-A27 or Fifth box under certifying area: Was fringe paid to a bona fide fringe benefit plan, fund or program? Does CDBG have the fringe benefit statement? Does the dollar amount match the fringe benefit statement?					
40	Page 2 Cell A28 or sixth box under certifying area: Have all wages been paid out and any permissible deductions does CDBG have the proper backup?					
41	Page 2 Additional Remarks: Any comments on the CPR?					
42	Page 2 Signature of Certifying Official, Date, Telephone # & Email: Is this a certified electronic signature or wet signature? Are all four areas complete?					
43	If not signed by owner did the "Certification of Understand and Authorization" get sent to CDBG staff? If change in signatory, was a new form sent to CDBG staff?					
44						
45						
46	Employee Interview					
47	Has the required Employee Interviews been complete and sent to CDBG? <i>Note: HUD likes to see one employee interview for each classification on different days.</i>					
48	I certify that I have completely filled out and attached all pertaining documents.					
49						
50	Consultant Signature:				Date:	
51						
52	Grantee Signature:				Date:	
53						

Must be signed by Grantee

	A	B	C	D	E	F	G	H	I	J	K	L
1	Restitution for "Project" - "Contractor"											
2												
3	Employee	Payroll #	Hours	Rate Paid	New Rate	Difference	Restitution Due					
4		1	40	30	35	5	200.00					
5		2	25	30	35	5	125.00					
6						0	0.00					
7						0	0.00					
8						0	0.00					
9						0	0.00					
10						TOTAL	325.00					
11		1	20	25	30	5	100.00					
12		2	20	25	30	5	100.00					
13						0	0.00					
14						0	0.00					
15						0	0.00					
16						TOTAL	200.00					
17	<div> <p>Fill in "Project" name & "Contractor".</p> <p>Fill out for each Employee receiving restitution, appropriate CPR week, hours, rate paid, rate should be paid. Difference & Restitution Due will auto populate.</p> <p>CDBG must receive this with revised CPR and proof of payment to employee(s) within 30 days.</p> </div>											
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	<	>	Contractor Checklist	Wage Comparison Worksheet	Payroll Review Checklist	WH-347 Pg1	WH-347 Pg2	Restitution				

Labor Hours Totals for All Companies

Grantee: 0 Project Name: 0
Grant Award: \$0.00 Grant #: 0

Company Name	Total Labor Hours	Section 3 Worker Hours		Targeted Section 3 Worker Hours	
		Number	Percentage	Number	Percentage
Prime Contractor	0	0	0.0%	0	0.0%
Sub Contractor 1	0	0	0.0%	0	0.0%
Sub Contractor 2	0	0	0.0%	0	0.0%
Sub Contractor 3	0	0	0.0%	0	0.0%
Sub Contractor 4	0	0	0.0%	0	0.0%
Sub Contractor 5	0	0	0.0%	0	0.0%
Sub Contractor 6	0	0	0.0%	0	0.0%
Sub Contractor 7	0	0	0.0%	0	0.0%
Total	0	0	0.0%	0	0.0%
Safe Harbor Benchmark Met		NO		NO	

Instructions

This form should be used for tracking Total labor hours, Section 3 labor hours, Targeted Section 3 labor hours worked for construction projects over \$200,000. The labor hours worked by employees of each contractor on the project will be listed in a separate tab/worksheet.

One for each contractor, the hours worked for each week where labor is performed should be included. Non-work/performance weeks need to state NP for that payroll week. On the table enter the payroll week ending date associated with that week of work in the row labeled "Payroll #". Each employee for the company who works in the project should be listed, and his/her weekly hours included under the column with the associated payroll number. Employees who are listed should be marked "Yes" or "No" as being a Section 3 or Targeted Section 3 worker. This must be supported by documentation (self-certification) qualifying those employees as Section 3 or Targeted Section 3 workers.

The Total labor hours, Section 3 labor hours, Targeted Section 3 labor hours worked will be automatically calculated and will be shown on this worksheet.

NOTE: THIS SHEET IS LOCKED AS IT CONTAINS FORMULAS AND LINKS THAT ONLY CDBG IS AUTHORIZED TO CHANGE.

< > ... Restitution Sec 3 Tracking Totals Qualitative Efforts Prime Contractor Sub Contractor 1 Sub Contractor 2 Sub Contractor 3 Sub ...

This worksheet is locked. The blue highlighted cells will auto populate from the Contractor Checklist worksheet. All contractor worksheets will tabulate on this worksheet as well.

If more than 8 contractors please contact CDBG staff to create additional pages & update formulas.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Section 3: Labor Hour Breakdown																			
2																				
3	1. Contractor name and Address:						2. Dollar Amount of Contract:						Project Name & number							
4																				
5							Construction Manager													
6													Project Number:							
7																				
8																				
9																				
10	Nature of Agency Efforts																			
11	This section is required if, based on the labor hours reporting above, the reporting agency did not meet the safe harbor benchmarks.																			
12	Check all that apply. Maintain records available for HUD review to document any efforts checked.																			
13	<input type="checkbox"/> Outreach efforts to generate job applicants who are Public Housing Targeted Workers																			
14	<input type="checkbox"/> Outreach efforts to generate job applicants who are Other Funding Targeted Workers																			
15	<input type="checkbox"/> Direct, on-the job training (including apprenticeships)																			
16	<input type="checkbox"/> Indirect training such as arranging for, contraction for, or paying tuition for, off-site training																			
17	<input type="checkbox"/> Technical assistance to help Section 3 workers compete for jobs (e.g., resume assistance, coaching)																			
18	<input type="checkbox"/> Outreach efforts to identify and secure bids from Section 3 business concerns																			
19	<input type="checkbox"/> Technical assistance to help Section 3 business concerns understand and bid on contracts																			
20	<input type="checkbox"/> Division of contracts into smaller jobs to facilitate participation by Section 3 business concerns																			
21	<input type="checkbox"/> Provided or connection residents with assistance in seeking employment including: draft resumes, preparing for interviews, finding job opportunities, connection residents to job placement services																			
22	<input type="checkbox"/> Held one or more job fairs																			
23	<input type="checkbox"/> Provide or connected residents with supportive services that can provide direct services or referrals																			
24	<input type="checkbox"/> Provided or connected residents with supportive services that can provide one or more of the following: work readiness health screenings, interview clothing, uniforms, test fees, transportation																			
25	<input type="checkbox"/> Assisted residents with finding child care																			
26	<input type="checkbox"/> Assisted residents to apply for/or attend community college or a four year educational institution																			
27	<input type="checkbox"/> Assisted residents to apply for or attend vocational/technical training																			
28	<input type="checkbox"/> Assisted residents to obtain financial literacy training and/or coaching																			
29	<input type="checkbox"/> Bonding assistance, guaranties, or other efforts to support viable bids for Section 3 business concerns																			
30	<input type="checkbox"/> Provided or connected residents with training or computer use or online technologies																			
31	Other, Specify: _____																			
32																				
33																				
34	CONTRACTOR SIGNATURE & DATE: _____																			
35																				
36	Company Name: _____																			
37																				
38																				

< > ...
Restitution
Sec 3 Tracking Totals
Qualitative Efforts
Prime Contractor
Sub Contractor 1
Sub Contractor 2
Sub Contractor 3
Sub ... + :

- 1) Enter Contractor/Sub Contractor information
- 2) Enter grant amount and all pertaining information

Fill in appropriate efforts taken to meet benchmarks.

This form must be signed by the Prime Contractor.

This form must be filled out in the beginning of the project by the Prime Contractor.

This form is used to show HUD how the contractor goes out to advertise for new hires.

[illegible]

Enter Contractor
here. This will auto
populate over to
the total's
worksheet.

Enter Worker
(employee) Name

Use drop down to indicate Section 3 & Targeted

Under Wk #
indicate Payroll
Week Ending Date

[illegible]

Enter Sub Contractor here. This will auto populate over to the total's worksheet.