(8/2013) Exhibit C

## MINNESOTA DEPARTMENT OF TRANSPORTATION PRIME CONTRACTOR – SUBCONTRACTOR'S STATEMENT OF COMPLIANCE FEDERAL COPELAND ACT / DAVIS BACON ACT MINNESOTA PREVAILING WAGE STATUTES

REPORT NUMBER		MBER	STATE PROJECT NUMBERS (S)		DATE		
PRIME CONTRACTOR/SUBCONTRACTOR			BCONTRACTOR	PHONE NUMBER	CONTRACT NUMBER		
AD	ADDRESS				FEDERAL PROJECT NUMBER		
TYI	PE OF WO	RK					
			(Co	omplete as described on prop	osal)		
			STATEMENT WITH	H RESPECT TO COMPLIANCE	E AND WAGES PAID		
I,				,	do hereby state:		
		(N	ame of signatory party)	(Title	)		
	(1) That I pay or supervise the payment of the persons employed by						
(2)	performing according prevailing and works	g work under to applicable wage rate for er(s) performing	said Contract is (are) paid acc laws; that wages paid to labo the most similar classification	cording to the wage determination rer(s), mechanic(s), and worker(n of labor performed as defined	e rate(s) of the laborer(s), mechanic(s), and worker(s) on(s) and labor provisions incorporated in said Contract and s) performing work under said Contract is at least the under applicable law; and that the laborer(s), mechanic(s), ss of the prevailing hours of labor at a rate of at least one		
(3)	That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.						
(4)	That: (Check one box only)						
	(a) WHERE FRINGE BENEFITS ARE PAID TO <u>ANY</u> AP			O ANY APPROVED PLANS	FUNDS, OR PROGRAMS		
		fide fringe	benefit programs as set forth	in paragraph 4(d), have been or	r mechanic listed on said payroll, payments to current, bona will be made to the program's administrators, per state and for the benefit of said workers, except as noted in Section		
	(b) WH	ERE FRING	E BENEFITS ARE PAID IN	N CASH TO <u>ALL</u> WORKERS			
					s indicated on the payroll, an amount not less than the sum wage determination incorporated into said Contract.		

## (c) EXCEPTIONS

WORKER NAME	CLASSIFICATION/OCCUPATION	EXPLANATION

## (d) BENEFIT PROGRAM INFORMATION in <u>DOLLARS CONTRIBUTED PER HOUR</u> (Must be completed if 4(a) is checked)

PROGRAM TITLE, CLASSIFICATION	HEALTH/	VACATION/	APPRENTICESHIP/	PENSION	OTHER
TITLE, OR INDIVIDUAL WORKERS	WELFARE	HOLIDAY	TRAINING	LINGIOIN	INCLUDE TITLE
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

## (e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked)

NAME AND ADDRESS OF	BENEFIT ACCOUNT	THIRD PARTY TRUSTEE	TELEPHONE
FRINGE BENEFIT FUND, PLAN,	NUMBER	AND/OR CONTACT PERSON	NUMBER
OR PROGRAM ADMINISTRATOR	TOMBLE	THE STORE CONTINUE TELESCON	TYOMBER
OR FROOKAM ADMINISTRATOR			
			!

The willful falsification of any of the above statements may subject the prime contractor or subcontractor to civil or criminal prosecution under federal and/or state law. See Minnesota Statute 15C; 16B; 161.315, Subdivision 2; 177.43, Subdivision 5; 177.44, Subdivision 6; 609.63; or United States Code 18 U.S.C. 1001; 31 U.S.C. 231; CFR 5.12.

NAME AND TITLE OF CONTRACTOR'S REPRESENTATIVE (PRINT)	SIGNATURE	DATE			
As a representative of the contractor submitting the attached payroll, I hereby certify that the information is true and accurate to the best of my knowledge.					

NAME AND TITLE OF PRIME CONTRACTOR (PRINT)	SIGNATURE	DATE	
, , ,			
	<u> </u>		
As a representative of the Prime Contractor, I have reviewed the attached forms and certify to the best of my knowledge that they accurately reflect operations of this			
company on this project and meet the contract requirements for this project.			