##  **Final Wage Compliance Report**

(Submit one for each Prime Construction Contract over $2,000)

Grant Recipient: TxCDBG Contract No:

Construction Completion Date: Final Construction

 Contract Amount $:

Prime Contractor:

Sub-contractor(s):

**PART I - Wage Restitution**

**Were any workers paid less than the Davis-Bacon rates 🞏 Yes 🞏 No**

**that applied to this project?** If YES, fill in the box below.

**Were any workers paid less than the correct overtime payments? 🞏 Yes 🞏 No**

IF YES, liquidated damages at the rate of $26 for each calendar day for each worker must be calculated and the contractor notified of his liability. Provide information concerning the nature of the overtime violations. This should include:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name | Names ofAffected Employees | Amount of Davis-Bacon Restitution Paid | Amount of CWHSSA (overtime) Restitution Paid | Davis-Bacon Wage Violation ?(Y or N) | CWHSSA (overtime) Violation?(Y or N) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**PART II - Liquidated Damages**

Attach copies of all correspondence relative to any Liquidated Damages *(i.e. letter from locality to company assessing liquidated damages, copies of payrolls showing discrepancies, copies of evidence of back wages paid (canceled checks), copy of waiver request letter).*

**Did the Contractor seek a reduction or waiver of the liquidated damages? 🞏 Yes 🞏 No**

 IF YES, was the request approved? 🞏 Yes, reduction 🞏 Yes, waiver No

**Total amount of Liquidated Damages paid: $**

**Number of workers owed restitution but unfound:**

**Total restitution owed to unfound workers: $**

Submitted by:

Name: Title

Signature: Date