##  **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 current DOL rate 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). NOTE: If damages are less than $100, TDA strongly encourages a waiver request.*

**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: $**

**PART III – Complaints**

**Were any worker wage or equal opportunity complaints received? 🞏 Yes 🞏 No**

**If so, referred to: 🞏 DOL 🞏 HUD**

Brief description of complaint(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted by:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**