## TOWN OF BEEKMAN TOWN BOARD Minutes for Wednesday December 20th, 2022

The Town of Beekman Board met for their regularly scheduled meeting on Tuesday December 20, 2022. The meeting was called to order by Supervisor Covucci at 7:03PM. The following members were present: Supervisor Mary Covucci, Councilman Stiegler, Councilman Battaglini and Councilwoman Sharon Wohrman.

Also present were the Town Clerk - Laureen Abbatantuono

Supervisor Covucci along with Kerigan Sullivan led the Pledge of Allegiance. Supervisor Covucci pointed out the emergency exits and called for a moment of silence for all those who have served our Country.

#### Other Town Board Business:

Supervisor Covucci, introduced the Recreation Director Dani Plastini to announce the winners for the "Light up Beekman" contest. Dani Plastini, Congratulations to all those who participated in this year's event. Winners for this year are,

- 1. Most Original: The Dinkins Family, Best of Duncan 30 Duncan Road
- 2. Brightest Decorations: The Dawson Family, 29 Leo Lane
- 3. Best DIY Decorations: The Gleason family, 24 Duncan Lane
- 4. Best Overall: The Sullivan family, Grizwald Approved, 14 Bowe Lane

Supervisor Covucci, thanked Dani and went over the Agenda Items for this evening.

#### **Public Comments:**

Bill Crain 254 Gardner Hollow Rd, thanked the Town Board for fixing the Gardner Hollow Bridge and also thanked them for their push with getting the Grape Hollow project completed. Also mentioned were the 2 properties located at the Stormville Flea Market and Sugar Maple Farm would like to see it kept as is. Bill also wished everyone a Merry Christmas and Happy Hanukkah.

**Town Board Comments:** Supervisor Covucci, the next meeting will be the re-org meeting on January 10<sup>th</sup>.

Written Comments: NONE

#### Agenda Item Comments:

Leonard Jerram 112 Beyer Drive, pointed out a typo on Resolution #5, asked the name of the security company who will be installing the security system also encourage the residents to watch the Town Board meetings on line.

Supervisor Covucci made a motion to go into Executive Session at 7:35PM, seconded by Councilman Battaglini. Supervisor Covucci called the Town Board meeting back into order at 8:03PM, there was NO ACTION TAKEN AT THIS TIME, seconded by Councilman Stiegler. Supervisor Covucci made a motion to Adjorn the meeting at 8:04PM and was seconded by Councilman Stiegler, All in Favor, AYE.

Respectfully Submitted by Town Clerk

Laureen Abbatantuono 21<sup>st</sup> December, 2022

A COMPANY

# TOWN OF BEEKMAN TOWN BOARD MEETING - Agenda December 20, 2022

#### 7:00 PM

- Meeting called to order
- Pledge of Allegiance
- Administrative Announcement--Fire Exits

#### **REGULAR TOWN BOARD MEETING**

- Supervisor Comments
- Public comment on Agenda Items and Resolutions

#### **RESOLUTIONS**

- 1. Approval of December 7, 2022 Minutes
- 2. Renew NYS Workers Comp Insurance
- 3. Adopt Beekman Budget Preparation & Administration Policy
- 4. Designate New Year's 2023 Holiday
- 5. Pay App #3 Gardner Hollow Bridge
- 6. Approve Pay App #2 for Rec 1 Ballfield Project
- 7. Approve the Use of Repair Reserve Fund for Town Hall Boiler
- 8. Revise Town Hall Alarm System Capital Fund
- 9. Revise Funding for Gardner Hollow Bridge
- 10. Renaming Road for Alaina Estates
- 11. Payment of Claims
- Other Town Board Business
- General Board Comments
- General Public Comments
- Executive Session
- Next Town Board Meetings:
  - Reorganizational Meeting: Tuesday, January 10, 2023 at 7:00 PM

\*AGENDA SUBJECT TO CHANGE

RESOLUTIONS MAY NOT HAVE BEEN AVAILABLE AT TIME OF PUBLICATION

#### RESOLUTION NO. 12:20:22-1 RE: APPROVAL OF PAST TOWN BOARD MINUTES

WHEREAS, Town Clerk Laureen Abbatantuono has provided copies of the minutes of the December 7, 2022 Town Board Meeting to all members of the Beekman Town Board; and

WHEREAS, Town Board members have had the opportunity to review said minutes;

**NOW, THEREFORE, BE IT RESOLVED,** the Town Board hereby accepts the minutes of the December 7, 2022 Town Board Meeting.

Introduced: COUNCILMAN STIEGLER

Seconded: COUNCILMAN BATTAGLINI

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE

# RESOLUTION NO. 12:20:22-2 RE: RENEW MEMBERSHIP WITH THE NEW YORK STATE MUNICIPAL WORKERS' COMPENSATION ALLIANCE FOR WORKERS COMPENSATION INSURANCE

**BE IT RESOLVED,** that the Town of Beekman hereby elects pursuant to Subdivision 3-a of Section 50 of the Workers' Compensation Law, to become a self-insurer as to Workers' Compensation claims against this Municipality with the NYSMWCA; and

**BE IT FURTHER RESOLVED**, that pursuant to Section 50 Subdivision 3-a of said Workers' Compensation Law notice of such election shall be filed forthwith with the Chairman of the Workers' Compensation Board, Self-Insurance Section; and

**BE IT FURTHER RESOLVED,** that this election shall become effective 1/1/2023 and extend for a term of two (2) years at an annual premium of \$45,373.

Introduced:

**COUNCILMAN BATTAGLINI** 

Seconded:

COUNCILMAN STIEGLER

ROLL CALL VOTE:

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE
AYE

# RESOLUTION NO. 12:20:22-3 RE: ADOPTION OF TOWN BUDGET PREPARATION AND ADMINISTRATION POLICY

**WHEREAS**, It is a Recommended Best Practice of the GFOA advising Local Governments to adopt internal policies and procedures governing the Annual budget process; and

**WHEREAS**, it is the Town's objective to define the proper procedures for Budget Preparation and Administration;

**NOW, THEREFORE, BE IT RESOLVED,** the Town Board of the Town of Beekman hereby adopts the attached Town of Beekman Budget Preparation & Administration Policy to be effective immediately.

Introduced: SUPERVISOR COVUCCI

Seconded: COUNCILWOMAN WOHRMAN

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE

#### RESOLUTION NO. 12:20:22-4 RE: DESIGNATE NEW YEAR'S DAY HOLIDAY FOR 2023

**WHEREAS**, New Year's Day is a Holiday observed by Town of Beekman Employees and falls on a Sunday this year,

**NOW, THEREFORE, BE IT RESOLVED,** that the Town of Beekman will celebrate New Year's Day 2023 on Monday, January 2, 2023.

Introduced: COUNCILWOMAN WOHRMAN

Seconded: COUNCILMAN STIEGLER

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE
AYE

# RESOLUTION NO. 12:20:22 -5 RE: RESOLUTION OF THE TOWN BOARD APPROVING APPLICATION AND CERTIFICATION FOR PAYMENT (# 3) FOR THE GARDNER HOLLOW BRIDGE PROJECT

WHEREAS, the Town of Beekman is a party to a contract with OCS Industries, Inc., (the "Contractor") for the project known as "the Gardner Hollow Bridge Project"; and

**WHEREAS**, the Contractor has submitted an Application and Certification for Payment (#3) dated October 31, 2022 for the amount of \$538,431.86 less 10% retainage (\$53,843.19) less previous payments totaling \$209,216.97 for a total of \$275,371.70 (see attached); and

**WHEREAS**, the contractor has requested full or partial payment of the items on the continuation sheet that is attached to the payment request application, covering the period of October 1, 2022 through October 31, 2022 and

**WHEREAS**, the Town Engineer has reviewed the request and agrees with the quantity of work completed per the continuation sheet, and

**THEREFORE** recommends the Town Board authorize payment to OCS Industries, Inc.in the amount of \$275,371.70 in order to satisfy Application and Certification #3,

**NOW, THEREFORE, BE IT RESOLVED**, that the Town Board hereby authorizes the Supervisor of the Town of Beekman to make payment to OCS Industries, Inc., as requested in Application and Certification for Payment #3 in the amount NOT TO EXCEED \$275,371.70.

Introduced: COUNCILMAN STIEGLER

Seconded: COUNCILMAN BATTAGLINI

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci

AYE
AYE

# RESOLUTION NO. 12:20:22-6 RE: APPROVE APPLICATION AND CERTIFICATION FOR PAYMENT (# 2) FOR THE REC 1 BALLFIELD PROJECT

**WHEREAS**, the Town of Beekman is a party to a contract with Sport-Tech Construction Corp. (the "Contractor") for the "Beekman Recreation Baseball Field 1 Project"; and

**WHEREAS**, the Contractor has submitted an Application and Certification for Payment (# 2) dated November 18, 2022, requesting payment in the amount of \$100,500.00 Less 5% retainage (\$5,025.00) less previous payments totaling \$30,875.00 for a total of \$64,600.00 (see attached; and

WHEREAS, the contractor has requested full or partial payment of the items on the continuation sheet that is attached to the payment request application, covering the period of August 4, 2022 through November 11, 2022, and

**WHEREAS**, The Town Engineer has reviewed the request and agrees with the quantity of work completed per the continuation sheet, and

**THEREFORE** recommends the Town Board authorize payment to Sport-Tech Construction Corp.in the amount of \$64,600.00 in order to satisfy Application and Certification #2,

**NOW, THEREFORE, BE IT RESOLVED**, that the Town Board hereby authorizes the Supervisor of the Town of Beekman to make payment to Sport-Tech Construction Corp. as requested in Application and Certification for Payment # 2 in the amount NOT TO EXCEED \$64,600.00.

Introduced: COUNCILMAN BATTAGLINI

Seconded: COUNCILMAN STIEGLER

ROLL CALL VOTE:

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci

AYE
AYE

# RESOLUTION NO.12:20:22-7 RE: RESOLUTION APPROVING THE USE OF THE REPAIR RESERVE FUND FOR THE REPLACEMENT OF TOWN HALL BOILER

**WHEREAS**, the Town Board approved the Emergency Replacement of the Town Hall Boiler in Resolution No. 11:15:22-10; and

**WHEREAS**, the Town has received competitive proposals and awards the replacement to Folkes Home Services for \$23,533;

**NOW, THEREFORE, BE IT RESOLVED**, that the Town Board hereby authorizes the emergency use of the Town's Repair Reserve Fund not to exceed \$25,000 pursuant to GML 6d; and

**BE IT FURTHER RESOLVED**, that the bookkeeper is authorized to transfer such funds from the Repair Reserve Fund during the 2022 Fiscal Year closing.

Introduced: SUPERVISOR COVUCCI

Seconded: COUNCILWOMAN WOHRMAN

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE

# RESOLUTION NO. 12: 20: 22 - 8 RE: RESOLUTION REVISING TOWN HALL ALARM SYSTEM CAPITAL PROJECT AUTHORIZATION

**WHEREAS**, the Town previously approved a project for the security system at Town Hall to safeguard the building and records against fire and/or burglary; and

**WHEREAS**, the town has received a DASNY grant in the amount of \$12,000.00 to be used to offset the cost of the alarm system; and

**WHEREAS**, the town has received proposals in accordance with the Town's Procurement Policy for the project exceeding the grant amount,

**NOW, THEREFORE, BE IT RESOLVED** that the Town Board hereby approves new total funding for the project in the amount of \$22,000 with a transfer from the General Fund of \$10,000.

Introduced: COUNCILWOMAN WOHRMAN

Seconded: COUNCILMAN STIEGLER

**ROLL CALL VOTE:** 

Councilman Stiegler AYE
Councilman Battaglini AYE
Councilwoman Wohrman
Supervisor Covucci AYE

# RESOLUTION NO. 12:20:22 -9 RE: APPROVING REVISING THE FUNDING FOR GARDNER HOLLOW ROAD BRIDGE CAPITAL PROJECT

**WHEREAS**, the Town Board of the Town Of Beekman previously approved funding for the Gardner Hollow Road Bridge Capital Project totaling \$952,443 in Resolution No. 05:10:22-4, and

**WHEREAS**, the Town has reviewed the status of Funding Sources for the project which now needs revision,

**NOW, THEREFORE, BE IT RESOLVED** that the Town Board of the Town Of Beekman hereby approves the revised total capital project \$952,443 funding sources to be as follows:

Bonds and other Sources \$ 300,000, County Grant \$100,000, \$75,548 received to date Transfer in from the General Fund \$2,443 in 2021, Transfer In from Highway Fund \$50,000 in 2022, \$500,000 ARPA Funds in 2022.

Introduced: COUNCILMAN STIEGLER

Seconded: COUNCILMAN BATTAGLINI

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE
AYE

### RESOLUTION 12:20:22-10 RE: RESOLUTION NAMING THE ROAD IN THE ALAINA ESTATES SUBDIVISION

**WHEREAS**, pursuant to Town Law 64(9), the Town Board has the authority to name new roads in the Town of Beekman; and

WHEREAS, Dutchess County has adopted a Local Law which provides for approval of proposed road names by the Dutchess County Enhanced 9-1-1 Response Program to avoid duplicate and similar sounding road names in Dutchess County; and

**WHEREAS**, the developer for the Alaina Subdivision has requested "Alaina Way" as the proposed road name for approval by Dutchess County Enhanced 9-1-1 and the Town Board; and

**WHEREAS**, the Dutchess County Enhanced 9-1-1 Response Program has approved the use of "Alaina Way" for the new road name;

**NOW, THEREFORE, BE IT RESOLVED**, the Town Board hereby designates the highway in the Alaina Estate Subdivision, which is offered for dedication, to the Town of Beekman as "Alaina Way;" and

**BE IT FURTHER RESOLVED** that the Town Clerk is directed to provide a copy of this resolution to the Dutchess County Real Property Tax Services; and

**BE IT FURTHER RESOLVED** that this resolution shall not act in any way as an acceptance of the offer of dedication for the proposed road in the Alaina Estate Subdivision.

**BE IT FURTHER RESOLVED** that Resolution 09:13:22-9 is hereby rescinded.

Introduced: COUNCILMAN BATTAGLINI

Seconded: COUNCILMAN STIEGLER

ROLL CALL VOTE:

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci
AYE

#### RESOLUTION NO. 12:20:22-11 RE: PAYMENT OF CLAIMS

**WHEREAS**, the Bookkeeper has audited and approved claims pursuant to Sect. 119 of Town Law as set forth in the attached abstracts; be it

19,677.97

50,709.36

**RESOLVED,** that the payment, therefore, is hereby authorized as follows:

Claims to be paid from the A-General Fund Claims to be paid from the DA-Highway Fund Claims to be paid from the SS- Dover Ridge Sewer Fund Claims to be paid from the SS-Dover Ridge Water Fund Claims to be paid from the T-Trust & Agency Fund Claims to be paid from the H-Capital Fund	\$ 85,086.53 \$ 22,274.00 \$ 9,737.51 \$ 11,348.48 \$ 18,126.85 \$ 428,870.70
Payroll #25 Paid on 12/8/22 General Fund	\$ 575,444.07 \$ 31,031.39

Introduced: SUPERVISOR COVUCCI

Seconded: COUNCILWOMAN WOHRMAN

**ROLL CALL VOTE:** 

Councilman Stiegler
Councilman Battaglini
Councilwoman Wohrman
Supervisor Covucci

AYE
AYE

Highway Fund

### RESOLUTION 12:20:22-10 RE: RESOLUTION NAMING THE ROAD IN THE ALAINA ESTATES SUBDIVISION

WHEREAS, pursuant to Town Law 64(9), the Town Board has the authority to name new roads in the Town of Beekman; and

WHEREAS, Dutchess County has adopted a Local Law which provides for approval of proposed road names by the Dutchess County Enhanced 9-1-1 Response Program to avoid duplicate and similar sounding road names in Dutchess County; and

WHEREAS, the developer for the Alaina Subdivision has requested "Alaina Way" as the proposed road name for approval by Dutchess County Enhanced 9-1-1 and the Town Board; and

WHEREAS, the Dutchess County Enhanced 9-1-1 Response Program has approved the use of "Alaina Way" for the new road name;

NOW, THEREFORE, BE IT RESOLVED, the Town Board hereby designates the highway in the Alaina Estate Subdivision, which is offered for dedication, to the Town of Beekman as "Alaina Way;" and

BE IT FURTHER RESOLVED that the Town Clerk is directed to provide a copy of this resolution to the Dutchess County Real Property Tax Services; and

BE IT FURTHER RESOLVED that this resolution shall not act in any way as an acceptance of the offer of dedication for the proposed road in the Alaina Estate Subdivision.

BE IT FURTHER RESOLVED that Resolution 09:13:22-9 is nereby rescinded.

Introduced: COUNCILMAN BATTAGLINI Seconded: COUNCILMAN STIEGLER

ROLL CALL VOTE:

Councilman Stiegler AYE
Councilman Battaglini AYE
Councilwoman Wohrman AYE
Supervisor Covucci AYE
Dated, December 20, 2022

BY ORDER OF THE TOWN BOARD LAUREEN ABBATANTUONO, TOWN CLERK

DATED: December 21, 2022 BEEKMAN, NY

#### CERTIFICATION

State of New York, do hereby certify that attached hereto is a true and correct copy of an extract from the minutes of a regular/adjourned meeting of the Town Board of the Town of Beakman, held on the 20th day of December, 2022 and that the Resolution set forth herein is a true and correct copy of the of the Town Board of said Town adopted at said meeting.

the general public.

IN WITNESS WHEROF, I have hercunto set my hand and the seal of the said Town, the 21st day of December, 2022

AUREEN ABBATANTUONO TOWN CLERK





Town of Beekman

Workers' Compensation Proposal
Proposed Effective Date: 01/01/2023 - 12/31/2024

Presented By: Brian Miles

Brown & Brown of New York, Inc. 625 Route 6 Mahopac, NY 10541 845-628-4500

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Brown & Brown Hudson Valley is comprised of a team of professional, caring, conscientious people committed to maintaining the highest standard of excellence in all that we do. Our goal is to establish a firm, long lasting partnership, built on trust and service, with each of our clients. We are an Independent Insurance Agency. We do not work for an insurance company; we work for you. We work on your behalf when you have a loss and follow through to see that you get fair, prompt payment and service. We represent a carefully selected group of financially sound, reputable insurance companies; therefore, we are able to offer you the best coverage at the most competitive price. Brown & Brown Hudson Valley is prepared to provide you with a no cost, no obligation review and analysis of your insurance.

#### Our History / Brown & Brown Hudson Valley's Mission

Brown & Brown, Inc. is the sixth largest independent insurance brokerage in the nation. We provide risk management solutions to help protect what our customers value most. Our four business segments, Retail, National Programs, Wholesale, and Services, offer insurance products and services to businesses, corporations, governmental institutions, professional organizations, trade associations, families, and individuals. The Brown & Brown culture is built on integrity, innovation, superior capabilities, and discipline. We look at insurance differently and use our experience, carrier relationships, and principled customer focus to deliver superior service and solutions. With more than 80 years of proven success, Brown & Brown is one of the industry's most powerful and influential leaders. In March of 2015, Spain Agency merged with Brown & Brown to become Brown & Brown of NY, Inc. dba Brown & Brown Hudson Valley.

This is confidential information and not subject to FOIL

Welcome to **Brown & Brown of New York, Inc** Our hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Any other office hours are made by appointment. The service team assigned to manage your account is:

Kieran Boyle	X7015	Risk Manager	Kieran.boyle@bbrown.com
Syed Ali	X7025	Risk Manager	Syed.ali@bbrown.com
Hilda Moran	X7022	Account Representative	Hilda.moran@bbrown.com
Lori Glassman	X7018	Claims and Commercial Lines Service Manager	Lori.glassman@bbrown.com
Eileen Crawley	X7010	Senior Claims Representative/Loss Control	Eileen.crawley@bbrown.com
Brian Miles	X7003	Executive Vice President	Brian.miles@bbrown.com

Any of these staff members will be pleased to assist you with your service needs. Your primary contact will be Hilda Moran.

Brown & Brown of New York, Inc. www.bbhvins.com 625 Route 6 Mahopac, NY 10541

> 845-628-4500 Phone 845-628-1804 Fax

#### **NEW YORK COMPENSATION DISCLOSURE**

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Insurance producers licensed by the State of New York are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. Our role as an insurance producer in any ordinary transaction typically involves one or more of these activities.

We will receive compensation in the form of commission or fees for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages. Commission compensation will be based on the insurance contract you purchase and may vary depending on a number of factors including the insurance contract(s) and the insurer(s) the purchaser selects. In addition to compensation we will receive, other parties such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation (derived from your premium payments) for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. Additionally, it is possible we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors that are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. That compensation is partially derived from your premium dollars, after being combined (or "pooled") with the premium dollars of other insureds that have purchased similar types of coverage. We generally do not know if a contingent payment will be made by a particular insurer, or the amount of any such contingent payment, until the underwriting year is closed. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date premiums are remitted to the insurance company or intermediary. If we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

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You may obtain information about compensation expected to be received by us based in whole or part on the sale of insurance to you, and (if applicable) compensation expected to be received based in whole or part on any alternative quotes presented to you by us, by requesting such information from us.

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Exceptional Service

We do more than just pay claims. The service team at the Comp Alliance will work with you to develop long-term solutions to reduce your workers' compensation exposure.

The program Renewal Retention Rate is in excess of 97% (since inception more than 25 years ago) - a testament to the exceptional, on-staff claims and risk management services provided to members.

Don't take our word for it, see what members are saying...

#### Program Snapshot

- Established in 1994
- More than 300 NYS Public Entitles Participating
- \$39 Million Surplus (as of 6/30/19 financials)
- < 1% average program rate change for past 5 years
- Member Loyalty Award issued in 2019 and announced for 2020
- Safe Workplace Award Program
- No Year End Payroll Audits
- Dedicated Risk Management Staff perform individualized member visits and mandated regulatory training.
- Program Sponsored by:





Program Managed by:

WRIGHT

The staff is always helpful and professional as well as aggressive in following up on claims ensuring necessary treatments when needed. Mike Sweaton, Supervisor - Town of Warwick

"In a recent training seminer that the Town hosted: The Comp Alliance Risk Control Specialist did a great job with all of the information covered. The Presenter moved along at a great pace and made the content and material very interesting. This was a fantastic seminar and we would love the opportunity to host another in the future as this seminar not only helped us meet DOL mandated requirements but also put Safety on the forefront and made all who attended more pro-active.

Kathy Rego, Town of Clinton

Since 1994

See why exceptional service is just one reason to join

Contact Aaron Reader, Vice President of Client Services

Phone: 866-697-7665

E-mail: areader@wrightinsurance.com

www.compalliance.org



Group Workers' Compensation
Program Dedicated to Serving
the Needs of NYS Municipal Entities

# Comp Alliance Exclusive Online Safety Resource and Training Center





#### Course 13 - Safe Lifting

Back rejuites affect more than 20 million Americano and exe thereading couse of clarbility for people ages 19 to 45. In addition, back injuries are the accord areas common cause of lost work time. This toolkis will halp identify the common cause of lock injuries and pade litting techniques to easily in the prevention of these injuries.



#### Course 14 - Slip, Trip, and Fall Prevention

Sipplifting and falls are in the top five crucks of work related deaths and injuries. They are also according the top cauces of injuries resident to the away from work. This tooken will ensure the crucken of short trips and falls as well as identifying an implementing controls to prevent injuries.

#### Through the Comp Academy the following resources are now available:

- Training courses that include safety flyers, posters, presentations, quizzes and completion certificates on a variety of topics
- Safety culture tool box talks
- Expanded library of safety training videos
- Pre-recorded webinars on safety topics that can be viewed on demand
- Videos of state mandated public employee training topics (workplace violence, bloodborne pathogen, right-to-know, and HAZWOPER)
- Access to Safety Source video library with over 850 safety training videos.

The Comp Academy online safety resource center is just one more way that the Comp Alliance helps members reduce their risk exposure and control their workers' compensation costs.

Register today by visiting www.compalliance.org and clicking on Members in the top right corner







We do more than just pay claims. The Risk Control Specialists at the Comp Alliance will work with you to develop long-term solutions to reduce your workers' compensation exposure.

In more than 25 years, the program has had over a 97% member retention rate - a testament to the exceptional, on staff risk management employees dedicated to the Comp Alliance.

### These Risk Management Member Services Include:

#### 1. On-Site Risk Management Evaluations

- Interview Key Personnel and Dept. Heads
- Loss/Claims Review
- Inspections of Main Facilities
- Personalized Recommendations for Improved Safety

#### 2. Ongoing Consultative Service Visits

- Safety Committee Development/Participation
- Board Meeting/Dept. Head Meeting Participation

#### 3. Loss Control Service Tools

- Onsite and Online Safety Awareness Training
- Safety Webinars
- Regional Safety Awareness Seminars
- Accident/Employee Injury Review Training

#### 4. WCA Safety Training (Zoom Training)

- Slip/Fall Prevention
- Personal Protective Equipment
- Hazard Communication/Right to Know
- Lockout Tagout
- Bloodborne Pathogen
- Chainsaw Safety
- Excavation/Trenching Safety
- Driver Safety
- Workplace Violence Prevention
- Confined Space Awareness

#### 5. Other Services

- Online Member Safety Resource Center
- Safety Bulletins and E-News
- High Exp. Mod. Review and Consultation

For more information on how we can help you personalize your safety program and help control your workers' compensation costs please contact

Aaron Reader, Director of Client Services

Phone: 866-697-7665 E-mail: areader@wrightinsurance.com www.compalliance.org







### WORKERS COMPENSATION/EMPLOYERS LIABILITY

### **Coverage Details**

Coverage	Employer's liability	
Each Accident	\$100,000	
Disease-Policy Limit	\$500,000	
Disease-Each Employee	\$100,000	• •

Higher Limits may be available upon request Insured ultimately responsible for limits selected This policy is not subject to Audit

#### Classifications

State	Code	Description	Páyroll
NY	5506	Street or Road Construction	\$212.385
NY.	8391	Auto Gasoline Station	\$76,361
NY	8810	Clerical Office Employees	\$480,443
NY	9063	YMCA - All Employees & Clerical	\$306,398
NY	9102	Parks NOC - All Employees & Drivers	\$125,669
NY	9402	Street cleaning & drivers	\$236,653
NY	9410	Municipal Township NOC	\$179,000

#### **Premiums**

Expiring Premium	Renewal Premium
\$93,698.00	\$90,746.00
	सं ( <del>१९८) १, श्रु ६१७६६-४० ४ - जून (४६) १५ ४४ ४४ १८ १५४४ (४८० ४७०</del>

<sup>\*</sup>NYS Assessment is estimated and will be adjusted based on the actual reported payrolls. Estimated annual Assessment for renewal is \$3,127.00 and is not included in the above premium figures.

<sup>\*\*(2)</sup> year option with Comp Alliance is a fixed rate – the premium for year two is guaranteed irrespective of your claims experience in year one (annual renewal funding contribution would be \$45,373.00 compared to expiring \$46,849.00).

You will receive a separate invoice for the estimated New York State assessment shortly. The process for collecting the assessment is explained below and is required by changes in law. Please take a moment to review the assessment process below.

The law and accompanying rules established by the Workers' Compensation Board require that this assessment be calculated based on your payroll and remitted to the State on a quarterly basis along with a quarterly payroll report. They have also reserved the right to make adjustments to the assessment rate during the fiscal year. Accordingly, the carrier will collect the estimated amount based on current payroll and the assessment rate in effect at the time of renewal.

You are responsible for submitting quarterly payroll reports to the carrier so that they may accurately report this information to the Workers' Compensation Board when assessment payments are remitted. The regulations require that the payroll reported to the carrier for each quarter must be consistent with payroll reported to state or federal government agencies for other purposes. The carrier will notify you of any changes in the assessment rate. The amount of your estimated assessment may change based on your quarterly payroll or a change in rates by the Workers' Compensation Board.

This is confidential information and not subject to FOIL

#### NOTICE AND ACKNOWLEDGEMENT OF ASSESSABLE AND FINANCIAL CONDITION

Brown & Brown of New York Inc. and its parent company, Brown & Brown, Inc. (collectively "Brown & Brown") do not certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer or pooling entity. We endeavored to place your coverage with an insurance carrier with an A.M. Best Company financial rating of "A-" or better.\* While Brown & Brown cannot certify, warrant or guarantee the financial soundness or stability of any insurance carrier or alternative risk transfer or pooling entity or otherwise predict whether the financial condition of any such entity might improve or deteriorate, we are hereby providing you with notice and disclosure of financial condition so that you can make an informed decision regarding the placement of coverage. Accordingly, with receipt of this notice you acknowledge the following with regard to the placement and any subsequent renewal of the coverage indicated below:

- Brown & Brown may have other options for your insurance placement, including quotations with insurance carriers
  holding an "A-" or better rating from A.M. Best Company. Alternative quotes may be available with an A- or better
  rated carrier upon your request.
- Your coverage is being placed in, New York State Municipal Workers' Compensation Alliance a self-insurance fund
  which is currently unrated by A.M Best Company. In order to obtain coverage, you are agreeing to membership in
  New York State Municipal Workers' Compensation Alliance and all other underwriting guidelines, conditions and
  requirements set forth by New York State Municipal Workers' Compensation Alliance.
- New York State Municipal Workers' Compensation Alliance is not subject to the protections afforded by any state guaranty fund or association.
- The financial condition of insurance companies and risk transfer or pooling entities such as New York State Municipal Workers' Compensation Alliance may change rapidly and that such changes are beyond the control of Brown & Brown.
- Membership in the New York State Municipal Workers' Compensation Alliance involves certain obligations as well
  as benefits. These are outlined in a membership or participation agreement, which must be signed prior to
  acceptance by the New York State Municipal Workers' Compensation Alliance
- Your attention is directed particularly to that portion of your membership or participation agreement which points out that it is fully assessable. This means to meet loss obligations; each member can be assessed to make up the deficiency. Any assessment will be levied on and payable by all members of the New York State Municipal Workers' Compensation Alliance for the year the deficit occurs, whether you are still a member at the time the assessment is levied. The purpose of bringing this provision to your attention is not to cause undue concern, but simply to alert you that prudent business practices should be observed with regard to proper investigation of the financial condition of any self-insured provider, and to encourage your inquiry about any aspects of the contractual agreements.
- You have had an adequate opportunity to make a thorough and complete inquiry into the New York State Municipal Workers' Compensation Alliance's financial condition and the terms and conditions of membership in the New York State Municipal Workers' Compensation Alliance, including to review it with your accountants, legal counsel and advisors, and enter into your relationship with New York State Municipal Workers' Compensation Alliance knowingly, voluntarily and with a full understanding of the risks.

By: [NAME OF AUTHORIZED REPRESENTATIVE OF INSURED]

Named Insured: Town of Beekman

Line of Coverage(s): Workers Compensation

Policy Number(s): TOBK

215 700

ite si

Policy Period(s): 01/01/2023 - 12/31/2024 Date of Notice: December 8, 2022

\* A.M. Best Rating Guide: Rating for Stability: A++ to D = Highest to lowest rating

Rating for Assets/ Surplus: 15 to 1 - Largest to smallest rating

### A.M. BEST RATING OF PROPOSED CARRIERS

Policy Type		Car	rier		Rating	Admitted/
						Non-Admitted
Workers Compensation	New York St Alliance	The second control of			Not Rated	Admitted
A++, A+	Superior	B++	Good	C++, C	+	Marginal
A, A-	Excellent	B, B-	Fair	C, C-		Weak

#### **General Rating:**

These rating classifications reflect BEST's opinion of the relative position of each company in comparison with others, based upon averages within the Property-Casualty insurance industry. They are reflective of overall company services and standing within the industry.

#### Financial Size Category:

The Financial Size Category is an indication of the size of an Insurer and is based on reported Policyholders' surplus plus conditional or Technical Reserve Funds, such as mandatory securities valuation reserve, other investment and operating contingency funds and/or miscellaneous voluntary reserves in liabilities.

A. M. Best's Insurance Reports provides financial solvency ratings for insurance companies. The following chart explains Best's rating system.

Financial Size Category	Adjusted	l Policyholder's Su	rplus (\$000's)
Class I	Up	to	1,000
Class II	1,000	to	2,000
Class III	2,000	to	5,000
Class IV	5,000	to	10,000
Class V	10,000	to	25,000
Class Vi	25,000	to	50,000
Class VII	50,000	to	100,000
Class VIII	100,000	to	250,000
Class IX	250,000	to	500,000
Class X	500,000	to	750,000
Class XI	750,000	to	1,000,000
Class XII	1,000,000	to	1,250,000
Class XIII	1,250,000	to	1,500,000
Class XIV	1,500,000	to	2,000,000
Class XV	2,000,000	or	Greater

This information has been provided to you so that consideration is given to the financial condition of our proposed carriers. Brown & Brown does not guarantee financial condition of the insurers listed above.

			AGENCY CUSTOMER ID:	
ACORD*	ELECTRON	C DELIV	ERY SUPPLEMENT	Date (Microphyny)
AGENCY	<del></del>	<del></del>	CARRIER	HAIG CODE
POSKÝ NUMBÉR		EFFECTIVE DATE	APPLICANT I NAMED INSURED(S)	
	ELECTRONIC SEL	ECTION / I	REJECTION OPTION FORM	· · · · · · · · · · · · · · · · · · ·
			om insureds prior to engaging in any ele section with the policy. You have the right to	
Select electron	nic delivery:			
Select electro	nic delivery and paper deli	very:		
Reject electron	nic delivery:			
	r consent if you decide you porting documents in co		want to receive electronic delivery of you your insurance policy.	ır insurance policy
SELECTION OF	ELECTRONIC INSURANCE	CE POLICY I	DELIVERY OPTION	
and all those cov	ered under the policy. I ac	knowledge !	connection with my insurance policy electr may no longer receive paper copies of my opies in addition to electronic copies.	
☐ Insurance	e Policy			
☐ Identifica	tion Card			
□ Notices o	of Cancellation			
□ Notices o	of Nonrenewal			
☐ Other su	pporting documents in con	nection with r	ny insurance policy	
SELECTION OF	ELECTRONIC DELIVERY	AND PAPE	R DELIVERY OPTION	
			copies of my insurance policy and/or otherself and all those covered under the policy	
REJECTION OF	ELECTRONIC DELIVERY	OPTION		· .
I reject the option insurance policy copies of such do	electronically, for myself a	e policy and nd all those o	For other supporting documents in connector or control of the continue to the policy. I will continue to	ection with my receive paper
WITHDRAWAL (	OF CONSENT OF ELECT	RONIC DELI	VERY	
I withdraw my po in connection with	evious consent of electron h my insurance policy, for	ic delivery of myself and al	my insurance policy and/or other supporti Il those covered under the policy. I elect to	ng documents receive paper

#### **ELECTRONIC DELIVERY DISCLOSURE**

The policyholder who elects to allow for insurance policy and/or other supporting documents in connection with the insurance policy to be sent to the electronic mail address provided should be diligent in updating the electronic mail address provided to the insurer in the event that the address should change.

APPLICANT/ NAMED WISHRED SIGNATURE DATE (MMRDDYYYY)

copies of such documents in the future.



#### **Member Participation Agreement**

Member: Town of Beekman

Agent: Brown & Brown of NY, Inc.

Participation Period: 1/1/2023 - 12/31/2024

The New York State Municipal Workers' Compensation Alliance (Comp Alliance) is a group self-insurance program — a network of municipal employers that have joined together for the purpose of providing the workers' compensation and employers' liability coverages required by New York State Law. By participating in the Comp Alliance, you are pooling your resources with other municipalities in New York State to obtain workers' compensation coverage for your employees, leading to lower administrative costs, diligent claims management and loss control services specifically tailored to the unique risks faced by municipalities. As a member of the Comp Alliance, there are certain legal responsibilities that you must be aware of and which remain enforceable even in the event of withdrawal from the Comp Alliance. Please review this participation agreement carefully and contact the Comp Alliance with any questions.

How Group Self-Insurance Works: Each member of the Comp Alliance makes an annual funding contribution that is used to pay for claims incurred during the year over the lifetime of the claim. To help ensure that the funding contributions remain fair, they are designed to reflect each member's projected ultimate costs of claims based on their loss experience and payroll. Funds that are not used to pay claims during the year are placed in reserve to pay the future costs of the claims. These future funds are invested so that the interest received can help offset the future costs of the claims. In the event that there are surplus funds after all future liabilities are determined, the excess may be used to offset future rates or be paid back to the member. Conversely, in the event that the funds are not sufficient to pay future liabilities, members may be called upon to pay a supplemental assessment. To protect against this possibility, the Comp Alliance makes every effort to accurately determine the future liabilities of the program to ensure that its assets are sufficient to pay its total liabilities.

#### Joint and Several Liability

Each member shall be responsible, jointly and severally, for all liabilities of the Plan under the Workers' Compensation Law and all rules and regulations enacted pursuant thereto incurred during its respective period of membership in the Comp Alliance.

A supplemental assessment may be levied in the event that the Comp Alliance does not have sufficient assets to meet its anticipated liabilities. The Comp Alliance works diligently to protect against this possibility by ensuring the annual funding contribution collected from members is sufficient to meet its anticipated liabilities each year. It also strives to maintain a modest surplus that may be used to offset any assessment that is required. In the event that supplemental assessments shall ever be required for any given year, the assessments will be distributed equitably among members for that year in accordance with a plan adopted by the Board of Trustees. The proportionate share of the members funding contribution and ultimate loss for the year in question will be considered in distributing the assessment.

Executive Director: Michael Kenneally 518-465-0128

Claims: Maria Luciano VP Member Services: Aaron Reader

516-357-4135 866-697-7665

New York State Municipal Workers' Compensation Alliance

#### A. Coverages Provided by the Comp Alliance

Workers' Compensation Coverage: provides medical and indemnity (lost time) benefits to employees who are injured in the course of their employment with the municipality.

**Employers' Liability Coverage:** provides coverage for third party actions that are brought against the municipalities arising out of an injury to a municipal employee that occurred in course of his or her employment.

The Comp Alliance provides both Workers' Compensation Coverage and Employers' Liability Coverage pursuant to the New York State Workers' Compensation Law.

- The Comp Alliance will pay the medical and indemnity benefits required of its members by the Workers'
   Compensation Law for injuries to employees that arise out of the employment of its employees.
- The Comp Alliance will defend any claim or proceeding against its members for benefits payable under the Workers' Compensation Law.
- The Comp Alliance will pay amounts that its members are obligated to pay to third parties that arise from an injury to an employee caused by an event that occurred in the course of this agreement (Employer Liability payments).
- The Comp Alliance will not pay any amounts that the employer is not obligated to pay under the Workers' Compensation Law, or the rules and regulations adopted pursuant thereto. This includes any payments, or portion thereof, that a member may make that are covered by other insurance that the member may maintain, or that the employer may extend to its employees.
- The Comp Alliance will only make indemnity payments up to the amounts awarded by the Workers' Compensation Board. Any member who has in place a "full pay" or similar policy that grants a greater benefit to its employees will be solely liable for the difference between the amounts so paid and the amounts awarded by the Workers' Compensation Board.

#### **B.** Member Responsibilities

The responsibilities of each member are set forth in detail in the Plan Document. Each member is responsible for knowing its obligations to the Comp Alliance. As a member of the Comp Alliance, you agree to accept and be bound by the terms, conditions and provisions of the Plan Document and Bylaws of the Comp Alliance, and by the New York State Workers' Compensation Law and the regulations promulgated pursuant thereto.

Pursuant to the Plan Document, each member:

- agrees to cooperate with the plan and furnish information necessary for the administration of the plan.
- will timely pay all necessary funding contributions, supplemental assessments and NYS assessments.
- will keep accurate records of all workers' compensation and employers' liability claims.
- is responsible for the prompt reporting of the claims.
- will timely and accurately report its quarterly payroll to the Comp Alliance for NYS assessments.
- will assist the Comp Alliance with the reconciliation of payroll reported on form GA-4 each quarter.

Executive Director: Michael Kenneally 518-465-0128

Claims: Maria Luciano

**VP Member Services: Aaron Reader** 

516-357-4135

866-697-7665



#### C. Services Provided by the Comp Alliance

The Comp Alliance is a full service, workers' compensation program that provides not only for the payment of claims, but a host of other services to help its members understand the workers' compensation law, their responsibilities, and how to minimize losses in the workplace. Among the services provided by the Comp Alliance are:

#### Claims Administration:

- Assist members with the implementation of an internal claims reporting system and, as necessary, train members' personnel to ensure the ongoing effectiveness of the reporting system.
- Review and, as necessary, investigate all reported claims to determine compensability
- Prepare and distribute checks for appropriate payment of medical, lost time benefits and expenses.
- Monitor medical treatment and review all medical bills in an effort to minimize medical costs.
- Pursue subrogation whenever it is reasonably anticipated that the Plan may be reimbursed for payments made.
- Provide each member with loss run on quarterly basis, which shall include, at a minimum, the: file/claim number; date of accident; name and occupation of injured employee/claimant; description of accident; type of injury/body part; status of claim and classification/severity code; and total medical, indemnity and expense incurred, including payments plus outstanding reserves established by the Plan Manager.
- Represent municipality before the workers' compensation board

#### Loss Control Services

- Loss control inspections to all of members on a regular, recurring basis
- Distribution of information on the establishment and maintenance of safety committees
- Development and training on best practice policies and procedures

#### Member Services

- Educate members on the changes to Workers' Compensation Law
- Interactive Website with information and resources on Workers' Compensation Law, municipal risk management.
- Online claims portal to allow members access to their claims information (in development).

#### D. Purpose of Agreement:

The purpose of this Participation Agreement ("the Agreement") is to set forth the respective responsibilities of the Comp Alliance and its members for the efficient and economical evaluation, processing, administration, defense and payment of claims for workers' compensation payments and employers' liability payments through self-insurance and otherwise. The rights and responsibilities set forth in this agreement shall at all times be subject to, and read in conjunction with, the rights, duties and responsibilities of set forth in the Plan Document, the New York State Workers' Compensation Law and all applicable rules, regulations and procedures promulgated by the Workers' Compensation Board of the State of New York.

Executive Director: Michael Kenneally 518-465-0128

Claims: Maria Luciano VP Member Services: Aaron Reader

516-357-4135 866-697-7665



New York State Municipal Workers' Compensation Alliance

#### E. Assessments payable to the Workers' Compensation Board

All members are required to pay an assessment to the New York State Workers' Compensation Board to fund its administration and operations. Until such time as the Workers' Compensation Board implements a system of direct employer charges, the Comp Alliance is required to collect and pay this amount on behalf of its members.

The assessment is charged on a quarterly basis, and is based upon the member's reported payroll for each quarter. This charge is separate from your funding contribution to the Comp Alliance, and an estimated, annual assessment fee is collected from each member with its yearly funding contribution. The collection of an estimated amount up front is necessary to comply with the strict payment schedule set by the Workers' Compensation Board and to help protect members from costly penalties resulting from late reporting and payment.

The assessment that is charged by the Workers' Compensation Board each quarter is based upon the member's actual payroll for the quarter, as reported to the Comp Alliance on form GA-4. Since the actual payroll reported each quarter may deviate from the payroll used to estimate the member's annual assessment charge, the Comp Alliance will reconcile the assessment charges paid on your behalf with the amount that we have collected. The reconciliation will show whether the member's estimated assessment is adequate to cover the *actual* assessment. Where the amount collected (estimated assessment) is more than the actual amount paid out, the member will receive a credit towards the following year's estimated assessment. Where the amount collected is less than the actual amount paid out, the member will receive a debit on the following year's assessment.

The payroll submitted by each member on form GA-4 will be reconciled against the payroll it submits to the NYS Department of Taxation and Finance by the Workers' Compensation Board each quarter. The Comp Alliance will receive this reconciliation and members will be called upon to assist the Comp Alliance in clarifying any discrepancies. The Comp Alliance will then submit a reconciliation report to the Workers' Compensation Board explaining any discrepancies along with a payment, if necessary, for the difference owed to the Workers' Compensation Board from the particular member's assessment funds.

Members who withdraw from the Comp Alliance program remain responsible for any assessments due and owing to the Workers' Compensation Board for the period of time that they were a member. Members who withdraw from the Comp Alliance will receive any overpayments after the assessment for the last quarter of their membership has been paid.

In witness whereof, the parties have executed this participation agreement intending to fully bound by its terms and conditions.

Member: Town of Beekman	Comp Alliance		
Date:	Date: October 1, 2022		
Ву:	By: Michael Kenneally		
Name:	Name: Michael Kenneally		
Title:	Title: Executive Director		
Term: 1/1/2023 - 12/31/2024			

Executive Director: Michael Kenneally 518-465-0128

Claims: Maria Luciano

VP Member Services: Aaron Reader

866-697-7665

516-357-4135

#### TOWN OF BEEKMAN BUDGET PREPARATION & ADMINISTRATION POLICY

#### A. The preparation and administration responsibilities for the annual operating budget.

#### 1. The Town Supervisor shall:

- a. Prepare the Tentative Budget with the assistance of the Finance Office Staff
- b. Attach a Budget Message to the Tentative Budget.
- c. File the Tentative Budget Document with the Town Clerk by September 30.

#### 2. The Town Board shall:

- a. Perform Board reviews on the budget.
- b. Prepare the Preliminary Budget and file with the Town Clerk by legal deadline.
- c. Hold a Public Hearing on the Preliminary Budget.
- d. Adopt the Final Budget by November 20, with amendments to the Preliminary Budget.

#### 3. The Finance Department shall:

- a. Develop the budget reporting formats on the Town's computer system.
- Respond to any budget informational needs for the Town Supervisor and Town Board.
- c. Review and analyze budget requests for accuracy and for compliance with established instructions. Particular attention to be paid to budget targets and required expenses.
- d. Ensure the expenditure and revenue assumptions are realistic and achievable.
- e. Determining cost effectiveness of department programs or services.
- f. Prepare the Preliminary budget after the Town Board action and changes.
- g. Verify that all line item detail is accurate for the final adopted budget.
- h. Coordinate with the KVS Information Systems to "roll over" the line item budget tables into the financial system to prepare for the new fiscal year.
- i. Submit the Adopted budget to the Town Clerk for filing with the County.

#### 4. The Town Clerk shall:

a. Present the Tentative Budget to the Town Board as required by law.

- b. Issue required legal notices for Public Hearings on the Preliminary Budget.
- c. Submit the Adopted Budget to the County for Tax Levy.

#### 5. The department administrators shall:

- a. Develop budget request and complete all required forms according to the specific instructions and submit to Town Supervisor for the Tentative Budget.
- b. List all services and programs provided by the department and rank the priorities.
- c. Submit the Requests for building and land improvements requests for their consideration, prioritization, and inclusion into the Town Capital Improvement Plan.
- d. Present the budget request to the Town Supervisor or Town Board, if necessary, at scheduled meeting(s). Submit a one page executive summary highlighting policy issues.

#### B. The Policies and Guidelines for the Town Budget includes the following.

#### 1. The Annual Operating Budget

- a. The Town will cover the current expenditures with current revenue, where possible. The town will avoid budgetary practices that delay current expenditures at the expense of meeting future expenditures, such as rolling over short term debt.
- b. The budget will provide for adequate maintenance of capital, plant, and equipment, and for orderly replacement of needed assets.
- c. The Town will maintain an interactive budgetary control system including monthly budget performance reports.
- d. The Town, where possible, will integrate performance measurement in the budget.
- e. The Town will establish a policy of budgeting for indirect costs in programs to insure that full costs are reflected in every program and every fund.
- f. The budget shall provide for a Contingency Account equivalent to a minimum of 1% and maximum of 5% of estimated annual operating expenditures for emergencies.

g. The budget shall avoid large tax rate increases from one year to the next except where there is a recovery of a fund balance deficit. It is preferable that a gradual correction of a deficit be planned over a two year period.

#### 2. Capital Improvement Budget

- a. The Town will develop and administer a multi-year plan for capital improvements and update it annually.
- b. The Town will budget for major capital projects in accordance with priorities.
- c. The Town will determine the future operating costs associated with new capital improvements and the projection will be included in operating budgets.
- d. The Town will seek Federal, State and County Funds for Projects where possible.



Civil & Environmental Engineering Consultants 174 Main Street, Beacon, New York 12508 Phone: 845-440-6926 Fax: 845-440-6637 www.HudsonLandDesign.com

December 15, 2022

Supervisor Mary Covucci and Members of the Town Board Town of Beekman 4 Main Street Poughquag, New York 12570

Re:

Gardner Hollow Road Bridge Replacement Project

Contractor Request for Payment #3

Dear Supervisor Covucci and Members of the Town Board:

Hudson Land Design (HLD) is in receipt of Application and Certificate for Payment #3 dated October 31, 2022 from OCS Industries, Inc. requesting payment in the amount of \$538,431.86 less 10% retainage (\$53,843.19) less previous payments totaling \$209,216.97 for a total of \$275,371.70 (see attached). The contractor has requested full or partial payment of the items on the continuation sheet that is attached to the payment request application, covering the period of October 1, 2022 through October 31, 2022. HLD has reviewed the request and agrees with the quantity of work completed per the continuation sheet.

Therefore, we suggest that the Town Board authorize payment to OCS Industries, Inc. in the amount of \$275,371.70 in order to satisfy Application and Certification for Payment #3. Should you have any questions, please feel free to call me at 845-440-6926.

Sincerely,

Daniel G. Koehler, P.E.

Principal

cc:

Tom Carey, Town Financial Consultant (via email)

Linda Bloomer, Town Bookkeeper (via email)

Laureen Abbatantuono, Town Clerk (via email) Wallace & Wallace, Town Attorney (via email)

Michael A. Bodendorf, P.E. (HLD file)

enc:

Application and Certificate for Payment #3 with Continuation Sheets

Certified Payroll Partial Release

Voucher

APPLICATION AND CERTIFICATION	FOR PAYMENT		PAGE ONE OF \$ PAGES 3
Owner: Town of Beekman	<u>Project:</u> Gardner Hollow Brids	ve	APPLICATION NO: 3 Distribution to:  APPL DATE October 31, 2022 X OWNER
Dutchess County, NY	Dutchess County, N		PERIOD TO: October 31, 2022 X CONTRACTOR  PERIOD TO: October 31, 2022 X CONTRACTOR
<u>Contractor:</u> OCS Industries, Inc. 327 Mill Street Poughkeepsic, NY 12601	Engineer: Hudson Land Design 174 Main Street, Beacon, NY 12508		Contract Number RFB-OC052-22  CONTRACT DATE:
CONTRACTOR'S APPLICATION FOI Application is made for payment, as shown below, in connection we Continuation Sheet, AIA Document G703, is attached.			The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.
1. ORIGINAL CONTRACT SUM - 2. Net change by Change Orders - additional work request 3. Allowance Overrun 4. CONTRACT SUM TO DATE (Line(s) 1-3) 5. TOTAL COMPLETED	\$\$ \$	711,491,00 387,61 0.00 711,878,61 538,431,86	CONTRACTOR: OCS Industries  Michael DiValentino  By:
7. RETAINAGE:  a. 10 %-of-Completed-Work S (Column D + E on G703)  b. 0 % of Stored Material S (Column F on G703)  Total Retainage (Lines 5g + 5h or	\$ 53,843,19		
Total 8. TOTAL EARNED LESS RETAINAGE 9. Previous Certificate(s) for Payment	\$s	53,843,19 484,588,67 209,216,97	CERTIFICATE FOR PAYMENT In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor
10. CURRENT PAYMENT DUE BALANCE TO FINISH	\$ <u></u>	275,371.70 173,446.75	is entitled to payment of the AMOUNT CERTIFIED.  AMOUNT CERTIFIED
CHANGE ORDER SUMMARY  Total changes approved in previous months by Owner  Total approved this Month	ADDITIONS DEDUC	TIONS	(Attach explanation if amount expirited differs from the amount applied, Initial all figures on this Application and anthe Communican Sheet that are changed to conform with the amount certified.)  By:  Date: 12 8 2022
TOTALS	\$387.61	\$0.00	This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor fiamed herein. Issuance, payment and acceptance of payment are without
NIST CHANGES by Change Order	\$387.61 \$387	7.61	prejudice to any rights of the Owner or Contractor under this Contract.

OWNER: Town of Beekman

**Dutchess County, NY** 

4 Main St

Poughquag NY 12570

ENGINEER: Hudson Land Design

174 Main Street Beacon, NY 12508

## PAYMENT APPLICATION FORM

 Project Name:
 Gardner Hollow Bridge

 Contract #:
 RFB-OC052-22

 Application #:
 3

 Period Ending:
 October 31, 2022

 Attention:
 Daniel Koehler

CONTRACTOR:
OCS Industries, Inc.
327 Mill Street
Poughkeepsie, NY 12601

Spec. #	4 B	Unit	Bid	Unit	Contract			Quantity Completed	<u> </u>	Work
Act ID	Item Description	#	QTY	Price	Price	Comp	Previous	This Period	Total	Remaining
		194 a nota 1 Sept.		remarks of the second	\$ 115.143.00	100.00%	445 442 00	\$ 7	115 143 00	S 1.25.25
到秦司镇等等	Phase I	- 1 3 min - 1 5 min	a water out t	\$8.20 10.000 10.002.0	7 San 4 F	100.00%			\$ 22,272.00	
1A	Mobilization-MPT-Temp Facilities-Access			\$22,272	4 22,27,27,27				\$ 6,600.00	
1B	Clearing and Grubbing	1	1	\$6,600		100.00%			\$ 21,850,00	
1C	Set up Sump and Remove Existing Features	1	1	\$21,850	\$ 21,850.00	100.00%				
1D	Install Culvert Extension	1	1	\$16,142	\$ 16,142.00	100.00%			\$ 16,142.00	
1E	Temp Road Surface & Barriers	1	1	\$42,081	\$ 42,081.00	100.00%			\$ 42,081.00	
1F	MPT	1	1	\$6,198		100.00%			\$ 6,198.00	
2	Phase II	1.36 V. 1.38 P. 19		作例的 副外籍關係	\$ 464,875.00	90.97%		\$ 305,968.57		\$ 41,973.75
2A	Excavation Demolition of Existing Developments	1	1	\$85,505	\$ 85,505.00	100.00%			\$ 85,505.00	
2B	Cast in Place Concrete	1	1	\$162,231	\$ 162,231.00	100.00%				
2C	Backfill and New Scour Install	1	1	\$137,145	\$ 137,145.00	100.00%	\$	\$ 137,145.00		
2D	Install Bridge Seat	1	1	\$10,295	\$ 10,295.00	100.00%	\$ -	\$ 10,295.00		
2E	Moisture Barrier and Sealer	1	1	\$12,034	\$ 12,034.00	100.00%	-	\$ 12,034.00	\$ 12,034.00	
2F	Set Bridge on Abutments	1	1	\$45,165	\$ 45,165.00	25.00%	\$ -	\$ 11,291.25	\$ 11,291.25	\$ 33,873.75
	Survey	1 -	1	\$12,500		35.20%	\$ 4,400.00	\$ -	\$ 4,400.00	\$ 8,100.00
2G	Phase III		Faller der.	Professional Control	\$ 131,473.00	0.00%	\$ 2 TO SEE THE	\$	<b>\$</b> 11 \$5 \$2 \$5 \$2	\$ 131,473.00
是相談。		4	1	\$34,165		0.00%		\$ -	\$ -	\$ 34,165.00
3A	Establish Grade for New Bridge	<del>- 1</del>	- 1	\$31,275		0.00%		\$ -	\$ -	\$ 31,275.00
3B	Paving	4		\$36,572		0.00%		s -	\$ -	\$ 36,572.00
3C	Remove Bypass and Dispose		<del></del>	\$15,585		0.00%		s -	\$ -	\$ 15,585.00
3D	Final Grade and Lansdcape	. 1	1	\$13,876		0.00%		\$ -	s -	\$ 13,876.00
3E	Guide Rail	1	1		\$ 711,491.00	0.00%		\$ 305,968.57	\$ 538,044.25	
	BASE BID TOTAL					100.00%			\$ 387.61	127 000 1100 1000 1000 1000 1000 1000 10
1	Supply of nuts and bolts not in inventory for Mabie Bridge		1	\$ 387.61	<i>⊅</i> 367.61	100.00%	337.01	<del>"</del>		<del> </del>
					4 744 070 64	4 4 540/	\$ 115,530.61	\$ 305,968,57	\$ 538,431.86	\$ 173,446.75
TCICO	FIXED. UNITCONTRACT INCLUDING COS	1	I ·		\$ 711,878.61	14.51%	φ (10,030,01.	Ψ 303,306,37,	T 9 330,431.00	110,770.10

Wage and Hour Division

#### PAYROLL



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

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

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 327 Mill St OMB No.: 1235-0008 Poughkeepsie, NY 12601 OCS Industries, Inc. Expires: 01/31/2015 PAYROLL NO. PROJECT AND LOCATION PROJECT OR CONTRACT NO. FOR WEEK ENDING Gardner Hollow Bridge Replacement 22-043 #9 10/02/2022 2022-0113-2 Gardner Hollow Bridge (1) (2) (3) (4) DAY AND DATE (6) (9) DEDUCTIONS М w S S T T F NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** 27 28 29 30 WAGES 2 Medicare NYS (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$1,925.12 Buchner, Brian (8700) Operator 0.00 0.00 0.00 0.00 \$119.36 \$284.45 \$27.92 \$101.11 \$189.59 \$722,43 \$1,202.69 32.00 60.16 0.00 8.00 K 00 8.Q0 K (10) 0.00 0.00 \$1,578.93 Mills, Rich (2600) Laborer 0.00 1.50 0.00 0,00 0.00 0.00 0.00 1.50 \$69.15 \$97.89 \$244.67 \$22.89 \$79.94 \$213.92 \$659.31 \$919,62 0.00 8.00 6.00 8.00 K.00 0.00 0.00 32.00 46.10 Poladian, Harry (7490) Laborer 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0,00 0.00 0.00 0.03 o on 0.00 0.00 43.30 \$846,40 Carney, Mike (7764) Labor Foreman 0.00 0.03 8.00 0 00 1300 0.00 0.00 \$52.48 \$43.82 \$12.27 \$34.22 \$56.60 \$199.39 \$647.01 0.00 0.00 0.00 00 0 0.00 16.00\$692.80 Delaney, Jordan (3495) Laborer 0.00 1.50 0.00 0.00 CU.0 00,0 0.00 1.50 \$48.99 \$80.84 \$11.46 \$33.80 \$65.89 \$240.98 \$451.82 8.00 8.00 0.00 0.00 0.00 0.00 16.00 0.00 \$177.76 Quigley, Patrick (1019) Laborer Apprentice 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$11.02 \$0.00 \$2.58 \$1.42 \$24,71 \$39.73 \$138.03 00,0 മെമി 0.00 8 00 0.00 0.00 8.00 22.22 0.00 \$346,40 Crawford, Kyle (0689) Laborer 0.00 0.00 0.00 0.00 8 00 0.00 0.00 \$21.47 \$18.01 \$5.02 \$8.37 \$30,37 \$83.24 \$263.16 8.00 8.00 **U.00** 00.0 0.00 00.0 0.00 0.00 43.30 \$1,039,20 Kehr, Michael (0602) Laborer 0.00 0.00 0.00 0.00 0.00 0.00 0 00

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. §§ 3.3, 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 wages paid each employed during the preceding week." U.S. Department of Labor (plot) 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 proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies recaiving this information review the information to determine that employees have received legally required wages and fringe benefits.

0.00

24.00

\$48.99

\$80.88

\$11.46

\$33.80

\$65.89

\$241.02

\$798.18

#### **Public Burden Statement**

0.00 8.00 0.00 8.00

We estimate that is 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, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 10/3/2022		(b) MUCOC C	DINCE DENERITE ADE DAID	MICAGU
, Michael DiValentino	President		RINGE BENEFITS ARE PAID	
(Name of Signatory Party)	(Title)		as indicated on the payroll,	listed in the above referenced payroll has been paid, , an amount not less than the sum of the applicable
do hereby state:	•		basic hourly wage rate plus	s the amount of the required fringe benefits as listed noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons empl	oyed by	(c) EXCEPTIO	)NS	• •
OCS Industries, Inc.		on the	·	
(Contractor or Subcontractor)		EXC	EPTION (CRAFT)	EXPLANATION
	ring the payroll period commencing	ng on the		·
(Building or Work) 26 day of September 2022, and ending the	2 day of October	2022		
all persons employed on s aid project have been paid t he full we been or will be made either directly or indirectly to or on behalf of	ekly wages earned, that no rebat	ates have		
OCS Industries, Inc.	fro	om the full		
(Contractor or Subcontractor)		<del></del>		
weekly wages earned by any person and t hat no deduc tions har from the full wages earned by any person, other than permissible 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and of the start of	deductions as defined in Regulation ne Copeland Act, as amended (48	ions. Part		
		REMARKS:		
(2) That any payrolls otherwise under this contract required correct and complete; that the wage rates for laborers or mechan applicable wage rates contained in any wage det emination classifications set forth therein for each laborer or mechanic conformation (3) That any apprent ices employed in the above period apprenticeship program registered with a State apprent iceship Apprenticeship and Training, United States Department of Labor, State, are registered with the Bureau of Apprenticeship and Training.	ics contained therein are not less incorporated int o t he c ontract; torm with the work he performed.  If are duly registered in a born agency recognized by the Buor if no such recognized agency expenses.	period are s than the t hat t he  pona fide Bureau of exists in a		
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPRO  in addition to the basic hourly wage rates the above referenced payroll, payments or have been or will be made to appropriemployees, except as noted in section 4(c)	paid to each laborer or mechanic of fringe bene fits as listed in the ia te progra ms for the bene fit	c listed in President c contract  Michael DiValentin President THE WILLFUL FALSIF	FICATION O FANY O FT HE ABO CIVIL OR CRIMINAL PROSECUTION	VEST ATEMENTS M AY SUBJ ECT T HE CO NTRACTOR O R I. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

## U.S. Department of Labor Wage and Hour Division

NAME OF CONTRACTOR [7]

OR SUBCONTRACTOR

#### **PAYROLL**

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



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 ADDRESS 327 Mill St OMR No : 1235-0008

	OCS Industries, Inc.									Poughkeepsie, NY 12601										: 1235-0008 01/31/2015
PAYROLL NO. 22-043 #10	000 111	<del></del>	FOR WEEK ENDING 10/09/2022						_	PROJECT AND LOCATION PROJECT OR CONT Gardner Hollow Bridge Replacement 2022-0113-2 Gardner Hollow Bridge								RACT NO.		
(1)	(2) SNOI	(3)	OR ST.	М	Т	4) DA	Y AN	1	т-	s	(5)	(6)	(7)			DED	(B) UCTIONS			(9) NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	01.0	3	4 HOUR	5 S WC	6 RKE	7 D EA	8 CH D/		TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS	OTHER	TOTAL DEDUCTIONS	WAGES PAID
Buchner, Brian (8700)		Operator	o s		0.50 X.00		<del> </del> —	0,00 8.00	╂	0.00			\$1,849.92	\$102.57	\$153.21	\$32.05	\$81.38	\$136,45	\$505.66	\$1,344.26
Mills, Rich (2600)		Laborer	0	0.00	0.00	0.00		8.00	-	0.00	0.50		\$1,786.38	\$110.75	\$290.31	\$25.91	\$92.43	\$242.43	\$761.83	\$1,024.55
Wardell, Christopher (4988)		Сагрептег	o	0.00	0.00	0.00	0.00	0.00	9.00	0.00	-		\$1,299.00	\$73.44	\$35.99	\$17.18	\$56.24	\$150.65	\$333.50	\$965.50
Carney, Mike (7764)		Labor Foreman	o	0.00	-	-	-	0.00	0.00	0.00		\$2.90	\$1,375.40	\$85.28	\$107.30	\$19.94	\$65.17	\$98.63	\$376.32	\$999.08
Delaney, Jordan (3495)		Laborer	o	0.00 8.00	0,00	-	-	╁	+	0.00	10.00	<del> </del>	\$1.764.48	\$109.40	\$285.49	\$25.58	\$91.07	\$151.37	\$662.91	\$1,101.57
Quigley, Patrick (1019)		Laborer Apprentice	o	-	0.00	├	├-	0.50	+	╁	0.50	\$33.33	\$905.47	\$56.14	\$74.82	\$13.12	\$40.55	\$122.69	\$307.32	\$598.15
Crawford, Kyle (0689)		Laborer	o	-	0.00	-	-	0.50	╂	0.80	0.50		\$725.28	\$44.97	\$63.12	\$10.52	\$30.00	\$62.06	\$210.67	\$514.61
Kehr, Michael (0602)		Laborer	0	ļ	0.00	<u> </u>	3.00	0.50	0 0.00	0.00	0.50	49.55	\$1,504.68	\$93.29	\$112.89	\$21.82	\$74.98	\$129.04	\$432.02	\$1,072.66
	- 1	Ī	1	1	1	1	1 .	1	I	_1		1	.V.	1	I	1	l	I	1	i .

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. §§ 3.3, 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 wages paid each employee during 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 is 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date10/10/2022		/6\ WHERE CO	RINGE BENEFITS ARE PAID	D IN CASU
, Michael DiValentino	President	<u></u>		
(Name of Signatory Party)	(Title)	- ∐-	<ul> <li>Each laborer or mechanic as indicated on the payor.</li> </ul>	c listed in the above referenced payroll has been paid, olf, an amount not less than the sum of the applicable
do hereby state:			basic hourly wage rate pla	us the amount of the required fringe benefits as listed in the insection 4(c) below.
(1) That I pay or supervise the payment of the person	s employed by		, ,	TICKE III SCOUCH TO DEIDW.
OCS Industries, In	nc.	(c) EXCEPTION	NS	
(Contractor or Subcontractor)	tor) on the		PTION (CRAFT)	EXPLANATION
	hat during the payroll period commencing on the	ne <del></del>		
(Building or Work)  3 day of October, 2022, and ending	the 9 day of October 2022			
all persons employed on said project have been paid t he been or will be made either directly or indirectly to or on bet	full weekly wages eamed, that no rebates have	ve		
OCS Industries, Ind	from the	full		
(Contractor or Subcontra				
weekly wages earned by any person and that no deduc ti from the full wages earned by any person, other than permi 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor u 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145)	ssible deductions as defined in Regulations, Pander the Copeland Act, as amended (48 Stat. 9	art		
		<del></del>		
		REMARKS:		
(2) That any payrolls otherwise under this contract re- correct and complete; that the wage rates for laborers or mapplicable wage rates contained in any wage determined classifications set forth therein for each laborer or mechanical.	echanics contained therein are not less than the action incorporated int oit he contract; that the	he (		
(3) T hat any apprent ices em ployed in the above apprenticeship program regis tered with a State apprent Apprenticeship and Training, United States Department of State, are registered with the Bureau of Apprenticeship and	iceship agency recognized by the Bureau abor, or if no such recognized agency exists in	of		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO A  in addition to the basic hourly wage	rates paid to each laborer or mechanic listed	Michael DiValentino President	)	SIGNATURE
the above referenced payroll, payn have been or will be made to a employees, except as noted in secti	nents of fringe benefits as listed in the contro ppropria te progra ms for the bene fit of su on 4(c) below.	act THE WILLFUL FALSIFI Ch SUBCONTRACTOR TO C 31 OF THE UNITED STA	CIVIL OR CRIMINAL PROSECUTIO	O VEST ATEMENTS M AY SUBJECT THE CONTRACTOR OF INC. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

#### **PAYROLL**



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 327 Mill St OMB No.: 1235-0008 Poughkeepsie, NY 12601 OCS Industries, Inc. Expires: 01/31/2015 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 22-043 #11 Gardner Hollow Bridge Replacement 10/16/2022 2022-0113-2 Gardner Hollow Bridge (1) (2) (4) DAY AND DATE (3) (9) (8) DEDUCTIONS М Т Т F S S NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS 13 14 15 WITH-(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WAGES WORK TOTAL Medicare NYS RATE **AMOUNT** HOLDING TOTAL NUMBER) OF WORKER PAID CLASSIFICATION HOURS WORKED EACH DAY OF PAY HOURS EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK Buchner, Brian (8700) \$2,406,40 Operator 0.00 0.00 1.50 1.00 0.00 \$165.05 \$460.58 \$38.60 \$156.46 \$259.96 \$1,080.65 \$1,325,75 40.0d 8.00 8,00 8.00 90.8 8 00 60.16 Mills, Rich (2600) \$1.844.00 Laborer 0.00 0.50 0.00 0.00 0.50 0.00 0.00 1.00 \$124.33 \$342,66 \$29.07 \$106.15 \$271.89 \$874.10 \$969.90 8.00 8.00 1,00 40.00 46.10 8.00 8.00 0,00 0.00 \$1,385.60 Wardell, Christopher (4988) Carpenter 0.00 0.00 0.00 0.00 0.00 0.00 \$78.33 \$45,47 \$18.31 \$60.86 \$160.66 \$363.63 \$1,021.97 0.00 8.00 8.00 B.00 K.00 0.00 32.0d 0.00 43.30 \$1,433,78 Regelski, Anthony (3298) Operating Engineer 0.00 0.00 1.50 0.00 a ca 0.00 0.00 1.50 \$81.93 \$88.90 \$171.28 \$20.79 S71.45 \$22.11 \$374.53 \$1,059,25 0.00 8.00 8.00 8.00 n na 0.00 24.00 54.62 \$692.80 Papula, Lawrence (2454) Laborer 0,00 0.00 0,00 0,00 0.00 0.00 \$42.96 \$0.24 \$10.05 \$27.49 S60.14 \$140.88 \$551,92 0,00 0.00 8.00 8.00 0.00 0.00 0.00 16.0d \$888.80 Quigley, Patrick (1019) Laborer Apprentice 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$55.11 \$72.82 \$12.89 \$39.57 \$121.14 \$301,53 \$587.27 40.00 03.8 8.00 8.00 8.00 8.00 0.00 0.00 22.22 \$1,732.00 Crawford, Kyle (0689) Laborer 0.00 0,00 .00 G 0.00 0.00 0.00 0.00 \$107.38 \$260.16 \$25.12 \$89.04 \$421.34 \$903.04 \$828.96 8.00 8.00 8.00 8.00 8.00 00.0 0.00 40.00 43.30 \$1,385.60 Garitta, Vincent (1568) Laborer 0.00 0.00 0.00 0.00 0.00 0.00 \$85.90 \$165.76 \$20.10 \$68.63 \$119.68 \$460.07 \$925.53 8.00 8,00 8,00 8.00 0,00 0.00 32.0d

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. §§ 3.3, 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 wages paid each employee during 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

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Date	10/17/2022			/b) MUCDC CDI	NOT DENETTE ADE O	AID IN GACU
	Michael DiValentino	President			INGE BENEFITS ARE PA	
',	(Name of Signatory Party)	(Title)		□-	Each laborer or mecha	anic listed in the above referenced payroll has been paid, yroll, an amount not less than the sum of the applicable
do hereb	y state:	. ,			basic hourly wage rate	plus the amount of the required fringe benefits as listed
(1)	That I pay or supervise the payment of the persons employ	yed by			. ,	as noted in section 4(c) below.
	OCS Industries, Inc.		46	(c) EXCEPTION	IS	
	(Contractor or Subcontractor)		on the	EXCER	PTION (CRAFT)	EXPLANATION
	Gardner Hollow Bridge ; that duri	ng the payroll period comme	ncing on the			
	(Building or Work)					
1.0	day of October 2022, and ending the 1	6 day of October		<del></del>		
all persor been or v	ns employed on s aid project have been paid t.he full wee vill be made either directly or indirectly to or on behalf of sa	ekly wäges earned, that no r aid	ebates have			
	OCS Industries, Inc.		from the full	<del></del>		
	(Contractor or Subcontractor)	· · · · · · · · · · · · · · · · · · ·			<del></del>	
from the t	ages earned by any person and t hat no deduc tions hav full wages earned by any person, other than permissible d	eductions as defined in Regu	lations Part			•
3 (29 C:F	R. Subtitle A), issued by the Secretary of Labor under the 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and de	Copeland Act as amended	(48 Stat: 948,			
	100, 12 0,000 000, 10 0,000, 10 0,000, 3 0 1 10,7 0,110 00	2001,502,501011,				
					<del> </del>	
				•		
				REMARKS:		<del></del>
40) 7						
correct a	That any payrolls otherwise under this contract required to nd complete; that the wage rates for laborers or mechanic e wage rates contained in any wage det ermination in	s contained therein are not l	ess than the	ļ		
classifica	tions set forth therein for each laborer or mechanic confor	m with the work he performe	d.			
apprentic	hat any apprent ices em ployed in the above period teship program regis tered with a State apprent iceship teship and Training, United States Department of Labor, o	agency recognized by the	Bureau of			
	e registered with the Bureau of Apprenticeship and Training					
(4) T	hat:					
.,,	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROV	/ED PLANS, FUNDS, OR PF	ROGRAMS	NAME AND TITLE		SIGNATURE-
	in addition to the hadis bounds upper rates in	old to pook labour	opio lista di :-	Michael DiValentino President		
	in addition to the basic hourly wage rates p the above referenced payroll, payments of			THE WILLFUL FALSIFIC	ATION O FANY O FT HE	ABO VE ST ATEMENTS M'AY SUBJ ECT T HE CO NTRACTOR O R
	have been or will be made to appropria employees, except as noted in section 4(c) b	te programs for the bene		SUBCONTRACTOR TO CI 31 OF THE UNITED STATE	IVIL OR CRIMINAL PROSECU	TION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

#### PAYROLL



Wage and Hour Division

## (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 ADDRESS 327 Mill St NAME OF CONTRACTOR OR SUBCONTRACTOR OMB No.: 1235-0008 Expires: 01/31/2015 Poughkeepsie, NY 12601 OCS Industries, Inc. PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. Gardner Hollow Bridge Replacement 10/16/2022 2022-0113-2 22-043 #11A Gardner Hollow Bridge (9) (4) DAY AND DATE (5) (6) (7) (1) (3) (8) DEDUCTIONS S М W T F S NAME AND INDIVIDUAL IDENTIFYING NUMBER GROSS WITH-WAGES 12 13 14 15 16 Medicare NYS AMOUNT HOLDING TOTAL (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE PAID FICA OTHER DEDUCTIONS FOR WEEK CLASSIFICATION HOURS WORKED EACH DAY OF PAY EARNED TAX NUMBER) OF WORKER HOURS Operator 0.00 0.00 0.00 0,00 60.16 0.00 (a) (b) 0.00 0.00 a (va 0.00 0.00 \$737.60 Laborer 0.00 0.00 0 00 0.00 0.08 0.00 Kehr, Michael (0602) Ø.00 \$42.95 S19.47 \$10.00 \$27.49 \$60.14 \$160.05 \$577.55 0.00 0.00 0.00 0.00 16.00 46.10 8,00 8.00 0.00 Carpenter 0.00 0.00 0.00 0.00 0.00 0.00 00.0 0.00 0.00 43.30 0.00 0.00 0.09 0.00 a.no Operating Engineer 0.00 0.00 0.00 0.00 0.00 0.00 00.00 52.90 0.00 00.0 0.00 0.00 0.00 Laborer 0.00 0.00 0.00 0.00 0.00 0.00 0.00 9.00 43.30 0.00 0.00 0.00 0.00 0.00 0.00 Laborer Apprentice 0.00 0.00 0.00 0,00 0.00 22.22 0.00 0.00 0.00 0.00 0.00 9,00 o no 0.00 Laborer 0.00 0.00 0.00 0.00 0.00 43.30 Laborer 0.00 0.00 0.00 0.00 0.00 0.00

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. §§ 3.3, 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 wages paid each employee during 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.

43.30

#### Public Burden Statement

0.00 0.00 0.00 0.00

We estimate that is 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, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	10/17/2022			(b) WHERE FRI	NGE BENEFITS ARE PAID	IN CASH
,	Michael DiValentino	President			Cook laborer or machania	listed in the above referenced payroll has been paid,
'	(Name of Signatory Party)	(Title)		L ~	as indicated on the payroll,	an amount not less than the sum of the applicable
do herel	by state:				basic hourly wage rate plus in the contract, except as r	s the amount of the required fringe benefits as listed noted in section 4(c) below.
(1)	That I pay or supervise the payment of the per	sons employed by		(-) EVOEDTION		
	OCS Industrie	es; Inc.	on the	(c) EXCEPTION	S	
	(Contractor or Subcor	ntractor)	urtile	EXCEP	TION (CRAFT)	EXPLANATION
	Gardner Hollow Bridge	; that during the payroll period comm	encing on the			
	(Building or Work)	40 Ostabas	2022			
10		ding the 16 day of October				
all perso been or	ons employed on s aid project have been paid will be made either directly or indirectly to or or	t he full weekly wages earned, that no n behalf of said	rebates have			
	OCS Industries,	, Inc.	from the full			
	(Contractor or Subc	ontractor)				
weekly	wages earned by any person and that no ded	uc tions have been m ade either direct	ly or indirectly			
3 /29 C	e full wages earned by any person, other than p F.R. Subtitle A), issued by the Secretary of Lat	oor under the Copeland Act, as amend	gulations, Part ed (48 Stat. 948,	_w.w.=,		
63 Stan	. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	1145), and described below:	- '			
				REMARKS:		· · · · · · · · · · · · · · · · · · ·
correct	That any payrolls otherwise under this contra and complete; that the wage rates for laborers ble wage rates contained in any wage det cations set forth therein for each laborer or med	or mechanics contained therein are no ermination incorporated int o t he c on	tract; t hat t he			
appren	T hat any apprent ices em ployed in the at ticeship program regis tered with a State app ticeship and Training, United States Department are registered with the Bureau of Apprenticeship	prent iceship agency recognized by ot of Labor, or if no such recognized ag	tne Bureau of ency exists in a			
(4)	That	TO ADDROVED DI AMO CUMDO OD	DDAGDAMS	NAME AND TITLE		SIGNATURE
	(a) WHERE FRINGE BENEFITS ARE PAID	TO APPROVED PLANS, FUNDS, OR	LUOGIVAINS	Michael DiValentino		
	— in addition to the basic hourly	wage rates paid to each laborer or me	chanic listed in	President		THE ST. PENELTON AND IN LEGIT IN CO. APPROXIMATION OF
	the above referenced navroll	payments of fringe benefits as listed to appropria te progra ms for the be	in the contract	THE WILLFUL FALSIFIC SUBCONTRACTOR TO C 31 OF THE UNITED STATE	IVIL OR CRIMINAL PROSECUTIO	VEST ATEMENTS MAY SUBJECT THE CONTRACTOR OF N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

### Wage and Hour Division

## **PAYROLL**



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

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

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONT	RACTOR										ADDR	ESS	327 Mill S	t						OMB No.	: 1235-0008
	OCS In	dustries, Inc.											Poughkee	epsie, NY 126	301 						01/31/2015
PAYROLL NO. 22-043 #12		FOR WEEK ENDING		0/23/	/2022	2			PROJECT AND LOCATION Gardner Hollow Bridge Replacement Gardner Hollow Bridge									PROJECT ( 2022-01	OR CONTRAC	T NO.	
(1)	(2) SNO	(3)	ST.	м	,	4) DA	Y ANI	_	re s	s	(5)		(6)	(7)				(B) UCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT, OR		18 HOUR		20	21	22	23	4		RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Buchner, Brian (8700)		Operator	o s	1.00 8.60	0.50 x (u)		0.00 8.00	├	╁	+	-	4	2.16	\$2,406.40	\$165.05	\$460.58	\$38.60	\$156.46	\$259.96	\$1,080.65	\$1,325.75
Mills, Rich (2600)		Laborer	0	6.00	0.50	0.50	1.00	0,00	0.00	0.00	2.00			\$1,844.00	\$122.90	\$337.13	\$28.75	\$104.68	\$268.36	\$861.82	\$982.18
			g	8.00	8.00	8.00	8,00	8.00	0.00	0.00	40.0	46	5.10	\$346.40				3104.00		.8001.02	3702.16
Wardell, Christopher (4988)		Carpenter	o s		0.00		-	├	0.00	0.00	+	) 43	3.30		\$19.58	\$0.00	.\$4.57	\$6.52	\$40.61	\$71.28	\$275.12
		Operating Engineer	0	0.00	tì.(jr)	0.00	0.00	0.00	0 00	0.00											
	-		S		9.00	_	-	H	6.00	+	+	57	2.90	\$1,060.85							
Papula, Lawrence (2454)		Laborer	0	8.00	8.00	ļ	-	0.00	╁	0.00	<del> </del>		3.30		\$65.77	\$40.40	\$15.39	\$49.02	\$91.77	\$262.35	\$798.50
Quigley, Patrick (1019)		Laborer Apprentice	0	0.00	0.00	0,00	1.00	0.00	0.00	0.01		+		\$888.80	\$57.17	\$76.82	\$13.37	\$41.52	612421	6212.00	067671
			s	W.00	K.00	8.00	8.00	8.00	0.00	0.0	40.0	)( 2	2,22	21 030 30	\$57.17	\$70.82	\$13.37	\$41.32	\$124.21	\$313.09	\$575.71
Crawford, Kyle (0689)		Laborer	0	-	0,08 (90,8		0.00	╀	+	+	-	)( <u>a</u>	3.30	\$1,039,20	\$64.43	\$107.74	\$15.07	\$48.37	\$89.91	\$325.52	\$713.68
	1	Laborer	0	0.00	8.00	0.00	0.00	0,00	0.00	0.0		<del> </del>							<u> </u>		
			s	0,00	0.00	0.00	0.00	0.00	0.00	0.0	,	4	3.30								

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. §§ 3.3, 5.5(a). The Copetand 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 wages paid each employee during the preceding week." U.S. Department of Labor (DCL) 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 contracting to remark that sheen paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fringe benefits.

#### **Public Burden Statement**

We estimate that is 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, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	10/24/2022			(b) MILEDE EDII	NGE BENEFITS ARE PAID I	IN CAPIL
	Michael DiValentino	President		(b) WHERE FRI	NGE BENEFITS ARE PAID I	IN CASH
·,	(Name of Signatory Party)	(Title)		□ -	Each laborer or mechanic t	isted in the above referenced payroll has been paid, an amount not less than the sum of the applicable
do hereby		<b>,</b>			basic hourly wage rate plus in the contract, except as n	the amount of the required fringe benefits as listed
(1) T	That I pay or supervise the payment of the person	ons employed by		(-) EVOCOTION		( <b>-</b> )
	OCS Industries	, Inc.	on the	(c) EXCEPTION	S	
	(Contractor or Subcontr	ractor)		EXCEP	TION (CRAFT)	EXPLANATION
		_; that during the payroll period commen	icing on the		<del></del>	
		ng the 23 day of October		<del></del>		<del></del>
all persons been or wi	s employed on s aid project have been paid t r ill be made either directly or indirectly to or on b	ne full weekly wages earned, that no re behalf of said	ebates have			
	OCS Industries, I	nc.	from the full			-
	(Contractor or Subcon	itractor)	, ii oili tile luii		<del></del>	
from the fu 3 (29 C.F.I	ages earned by any person and that no deduc ull wages earned by any person, other than per R. Subtitle A), issued by the Secretary of Labor 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 314	missible deductions as defined in Regul r under the Copeland Act, as amended	lations. Part			
				REMARKS:		
correct an applicable	hat any payrolls otherwise under this contract id complete; that the wage rates for laborers or a wage rates contained in any wage det em tions set forth therein for each laborer or mecha	r mechanics contained therein are not le mination incorporated int o t he c ontrac	ess than the ct; t hat t he			
apprentice Apprentice	hat any apprent ices em ployed in t he aboveship program regis tered with a St ate appreeship and Training, United States Department or registered with the Bureau of Apprenticeship a	ent iceship agency recognized by the of Labor, or if no such recognized agenc	Bureau of cy exists in a			
(4) Th		2 AB200/62 BLANC 51972 55 55	0001110	NAME AND TITLE		SIGNATURE /
	(a) WHERE FRINGE BENEFITS ARE PAID TO	D APPROVED PLANS, FUNDS, OR PRO	UGRAMS	Michael DiValentino		SIGNATURE
		ge rates paid to each laborer or mecha		President		
	the above referenced payroll, pa	lyments of fringe benefits as listed in to appropria te progra ms for the bene	the contract	THE WILLFUL FALSIFIC SUBCONTRACTOR TO CIT 31 OF THE UNITED STATE	VIL OR CRIMINAL PROSECUTION,	VEST ATEMENTS M AY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

## PAYROLL

Wage and Hour Division

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

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Rev. Dec. 2008

NAME OF CONTRACTOR	OR SUBCONTRA	CTOR											ADDRE	SS 327 Mill S	St						OMP No	.: 1235-0008	
	. 00	CS In	dustries, Inc.												epsie, NY 126	301					Expires:	01/31/2015	
PAYROLL NO.			FOR WEEK ENDING	;						-				CT AND LOCAT					PROJECT (	OR CONTRAC	CONTRACT NO.		
22-043 #13				10	0/30/									Iner Hollow E Iner Hollow E	iridge Replac iridge	ement		豱	2022-01	13-2			
(1)		(2)	(3)	ST.	м	τ	(4) DA	Y AN	_	_	Т	s	(5)	(6)	(7)			DED	(8) UCTIONS			(9)	
NAME AND INDIVIDUAL IDENTIFYIN (e.g., LAST FOUR DIGITS OF SOCIAL NUMBER) OF WORKER	IG NUMBER L SECURITY	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT, OR S	24	25	26	27	2	8 2	9	30	TOTAL HOURS	RATE	GROSS AMOUNT	510.	WITH- HOLDING	Medicare30			TOTAL	NET WAGES PAID	
Buchner, Brian (8700)		4 > W	Operator	0		0.50	$\Gamma$	T-		Ī	$\neg$	$\neg$	2.00	OF PAY	\$2,406.40	FICA	TAX			OTHER	DEDUCTIONS	FOR WEEK	
	ĺ			s	8.00	8,00	8.00	8.00	80	0 1	n 0	0,00	40.00	60.16		\$160.39	\$442.54	\$37.50	\$150.58	\$251.91	\$1,042.92	\$1,363.48	
Mills, Rich (2600)			Laborer	٥	0.00	0.50	0.50	0.50	0.5	0.0	0 0	1.00	2.00		\$1,844.00								
				s	8.00	8,00	8 00	8.00	8.0	0.0	ю 0	0.00	40.00	46.10		\$122.91	\$337.13	\$28.74	\$104.68	\$268.36	\$861.82	\$982.18	
			Carpenter	o	0.00	0,00	0.00	0.00	0.0	0.0	yo 0	0.00											
	ļ		!	Ś	0.00	0.00	0.00	0.00	0.0	0 0.0	м	2.00		43.30			ļ					ļ	
			Operating Engineer	0	0.00	Œ (NO	0.00	0.00	0.0	0 04	in c	1,00											
				s:	0.00	0.00	0.03	0.00	0.0	0 00	X) C	1,00		52,90								}	
Papula, Lawrence (2454)			Läborer	0	0,00	0,00	0.00	0,00	0.6	n a.c	) (	0.00			\$346.40	50.45	20.00		à- aa				
	-			s	0.00	0,00	8.00	0.00	0.0	0,0	ж	1.00	8.00.	43.30		\$21:47	\$0.00	\$5.02	\$7.89	\$30.37	\$64.75	\$281.65	
Quigley. Patrick (1019)			Laborer Apprentice	٥	00.0	0.00	0.00	0.50	0.0	o a	0 0	0.00	0.50		\$888.80	\$56.14	\$74.82	\$13.13	\$40.55	\$122.69	\$307.33	\$581.47	
				s	8,00	8.00	8,00	8,00	0 8,0	0.0	20 0	0.00	40:00	22.22		350.14	\$74.02	\$13.13	340,55	\$122.09	\$307.33	3301.47	
Kehr, Michael (0602)			Laborer	Q	0.00	0.00	0.00	0,00	g (a,t	u a,	20 0	000			\$346.40	\$21.48	\$0.00	\$5.02	\$7.89	\$30.37	\$64.76	\$281.64	
				s	u.ipa	0,00	8,00	0.00	0 0,0	0.0	20 (	0.60	8:00	43.30		321190	\$0.00	33.02	31.03	\$30.37	304.70	3401.04	
		-	Laborer	٥	0.00	0.00	0.00	0.04	0 0.0	o a.	00	0 0:0											
				s	0.00	0.00	0.00	0.9	0,0	0.	∞   ·	0.00		43.30									

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Date	10/31/2022			(b) WHERE FRINGE BENEF	FITS ARE PAID IN CASH	
	Michael DiValentino	President		<u></u>		
· —	(Name of Signatory Party)	(Title)	<del></del>		rer or mechanic listed in the above referenced payroed on the payroll, an amount not less than the sum o	
do hereby s	state;			basic hour	ract, except as noted in section 4(c) below.	benefits as listed
(1) Th	nat I pay or supervise the payment of the persons emp	ployed by			ract, except as noted in Section 4(c) below.	
• • •	OCS Industries, Inc.			(c) EXCEPTIONS		
	(Contractor or Subcontractor)		on the	EXCEPTION (CRAF	EXPLANATION	J
	Gardner Hollow Bridge : that d	luring the payroll period comme	ncing on the			·
	(Building or Work)					
d	day of October , 2022, and ending the	30 day of October				
all persons been or will	employed on s aid project have been paid t he full w be made either directly or indirectly to or on behalf or	veekly wages earned, that no r f said	rebates have			
	OCS Industries, Inc.		from the full			
	(Contractor or Subcontractor)	)			<del></del>	<del></del>
weekly wag	ges earned by any person and that no deductions h	ave been m ade either directly	or indirec tly			
from the full	Il wages earned by any person, other than permissible R. Subtitle A), issued by the Secretary of Labor under	e deductions as defined in Regulation Regulations as amended	ulations, Part			
63 Start. 10	08, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and	described below.	(40 0101, 540,			
				<del></del>		<del></del>
				<del></del>	<del></del>	<del></del>
				***************************************		
		•		REMARKS:		
(2) The	at any payrolls otherwise under this contract require	d to be a ubmitted for the abou	e poriod are			
	at any payrons obtained under this contract required complete; that the wage rates for laborers or mecha					
	wage rates contained in any wage det ermination					
classificatio	ons set forth therein for each laborer or mechanic con	itom with the work he penorme	<b>10.</b>			
(3) T h	hat any apprent ices em ployed in the above peri	od are duly registered in	a bona fide			
apprentices	ship program regis tered with a St ate apprent ices ship and Training, United States Department of Labor	hip agency recognized by the r or if no such recognized agen	e Bureau of acvexists in a			
State, are r	registered with the Bureau of Apprenticeship and Trai	ning, United States Department	t of Labor.			-
(4) Tha	at·					
(4) 1116	al. (a) WHERE FRINGE BENEFITS ARE PAID TO APPR	ROVED PLANS, FUNDS, OR PE	ROGRAMS	NAME AND TITLE	SIGNATURE	
				Michael DiValentino President		
	- in addition to the basic nounty wage rate:	s paid to each laborer or mech	nanic listed in		NO. ET US AGO AS STATSMENTON AVENUE SOTT	
	the above referenced payroll, payments have been or will be made to approp			SUBCONTRACTOR TO CIVIL OR CRIMIN	NY OF THE ABOVE STATEMENTS MAY SUBJECT THE NAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SI	ECTION 231 OF TITLE
	employees, except as noted in section 4(			31 OF THE UNITED STATES CODE.		<del></del>

# CONTRACTOR/SUBCONTRACTOR PARTIAL RELEASE AND LIEN WAIVER

July 28, 2022 Date: December 15, 2022 Contract Date: Contract Price: \$711,491.00 Project: Gardner Hollow Road Bridge Net Extras & Deductions: \$387.61 Address: Gardner Hollow Road \$711,878,61 City: Poughquag, New York 12570 Adjusted Contract Price: \$209.216.97 Amount Previously Paid: County: Dutchess \$275,371,70 Current Payment Due: State: New York \$173,446.75 Owner: Town of Beekman Balance Due:

In the consideration of payment made by TOWN OF BEEKMAN to OCS Industries, Inc. for all work, labor, materials, equipment and services furnished through the period ending October 31, 2022 and pursuant to Payment Application #3 in connection with the project named above.

The UNDERSIGNED hereby releases the Contractor/Subcontractor listed above, through the date of this Partial Release and Waiver of Lien, from any and all claims and demands of every kind and character, including, but not limited to claims for labor and/or materials and/or equipment and/or additional work and/or delays under the aforesaid contract in any way growing out of or connected with said contract. The undersigned does hereby covenant and agree not to claim or file a mechanic's lien or any other lien against the contract and/or premises for materials furnished or labor performed in connection with such a project to date listed above.

## The UNDERSIGNED further warrants that:

OCS Industries, Inc.

Contractor:

- 1) All subcontractors employed by the undersigned upon this project have been fully paid to this date hereof;
- 2) All workmen employed by it or its subcontractors upon this project have been fully paid to this date hereof;
- 3) All materialmen from whom the undersigned or its subcontractors have purchased materials used in this project have been paid for the materials delivered on or prior to this date;
- 4) None of such workmen and/or materialmen have any claims or demand or right of lien; and
- 5) He/She is an authorized officer with full power to execute this Partial Release and Waiver of Lien.

IN WITNESS WHEREOF, the contractor or subcontractor named below has executed this Partial Release and Lien Waiver this 15<sup>th</sup> day of December, 2022.

CONTRACTOR/SUBCONTRACTOR:

Signature: Michael Divalentina
Title: President

STATE OF NEW YORK )
) ss.:
COUNTY OF Dutchess )

On this 15 day of December, in the year 2022, before me personally came Michael DiValentino, to me known,

who, being by me duly sworn, did depose and say that he resides at <u>Harrison</u>. NY that he is the President of the OCS Industries, Inc., the corporation described in and which executed the foregoing Partial Release and Lien Waiver, and that he signed his name thereto by authority of the Board of Directors of the corporation.

Notary Public

MICHELLE WOODRUFF
NOTARY PUBLIC-STATE OF NEW YORK
No. 01W06345920
Qualified in Ulster County
My Commission Expires 05-04-2024

## **VOUCHER**

# P

Voucher	
Number	

I O WII OI D	eek	man
4 Main S	Stre	et
oughquag,	ŅΥ	12570

Date Received	
Fund-Appropriation	Amount
H.5120.0500	\$275,371.70
Total	§

OCS Industries, Inc. Claimants 327 Mill Street Name & Poughkeepsie, NY 12601 3080

Capital Projects

Dept.

Detailed invoices may be attached and total entered on this voucher Certification below must be signed.

INVOICE DATE	INVOICE#	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
WOODE BY THE	1144 O.O.E #	G07((1))	BESSIAI TION OF MINIERALES OF SERVICES	91111	
10/30/2022			ow Road Bridge Replacement Project equest for Payment #3		\$275,371.70
			Total		\$275,371.70

Michael Divolentino CLAIMANT'S CERTIFICATION 70 is true and correct; that the items, services, and disbursements were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied: that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due. Approval for Payment Department Approval This claim is approved and ordered paid The above services or materials were rendered from the appropriations indicated above or furnished to the municipality on the dates stated and the charges are correct. **Auditing Board** Date Date **Authorized Official** 



Civil & Environmental Engineering Consultants 174 Main Street, Beacon, New York 12508 Phone: 845-440-6926 Fax: 845-440-6637 www.HudsonLandDesign.com

December 15, 2022

Supervisor Mary Covucci and Members of the Town Board Town of Beekman 4 Main Street Poughquag, New York 12570

Re:

Gardner Hollow Road Bridge Replacement Project

Contractor Request for Payment #3

Dear Supervisor Covucci and Members of the Town Board:

Hudson Land Design (HLD) is in receipt of Application and Certificate for Payment #3 dated October 31, 2022 from OCS Industries, Inc. requesting payment in the amount of \$538,431.86 less 10% retainage (\$53,843.19) less previous payments totaling \$209,216.97 for a total of \$275,371.70 (see attached). The contractor has requested full or partial payment of the items on the continuation sheet that is attached to the payment request application, covering the period of October 1, 2022 through October 31, 2022. HLD has reviewed the request and agrees with the quantity of work completed per the continuation sheet.

Therefore, we suggest that the Town Board authorize payment to OCS Industries, Inc. in the amount of \$275,371.70 in order to satisfy Application and Certification for Payment #3. Should you have any questions, please feel free to call me at 845-440-6926.

Sincerely,

Daniel G. Koehler, P.E.

Principal

cc:

Tom Carey, Town Financial Consultant (via email)

Linda Bloomer, Town Bookkeeper (via email)

Laureen Abbatantuono, Town Clerk (via email)

Wallace & Wallace, Town Attorney (via email)

Michael A. Bodendorf, P.E. (HLD file)

enc:

Application and Certificate for Payment #3 with Continuation Sheets

Certified Payroll

Partial Release

Voucher

Owner:	Project:	APPLICATION NO: 3 Distribution to:
Town of Beekman	Gardner Hollow Bridge	APPL DATE October 31, 2022 x OWNER
Dutchess County, NY	Dutchess County, NY	The second secon
•		Adelinget
		PERIOD TO: October 31, 2022 x CONTRACTOR
Contractor:	Engincer:	
OCS Industries, Inc.	Hudson Land Design	
327 Mill Street	174 Main Street,	Contract Number RFB-OC052-22
Poughkeepsic, NY 12601	Beacon, NY 12508	<del></del>
		CONTRACT DATE:
CONTRACTOR'S APPLICATION FOR pplication in connection will publication is made for payment, as shown below, in connection will outfur attached.		The unidersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now the.
ORIGINAL CONTRACT SUM -	711,491.00	
Net change by Change Orders - additional work request Allowance Overrun	\$	CONTRACTOR: OCS Industries
CONTRACT SUM TO DATE (Line(s) 1-3)	\$ 711,878.61	Affichael DiValentino
TOTALCOMPLETED	S538,431.86	ilda.
RETAINAGE:		Date: 11 3 22
a. 10 % of Completed Work S	\$ 53,843,19	
(Column D + E on G703) b. 0 % of Stored Material S	0:	
(Column F on G703)		
Total Retainage (Lines 5a + 5b or		CERTIFICATE FOR DAYBURNE
Total TOTÁL EARNED LESS RETAINAGE	\$\$ 53,843:19 \$ 484,588.67	CERTIFICATE FOR PAYMENT In accordance with the Contract Documents, based on oil-site observations and the data
come manage most policinate	#0-1400GX17	comprising the application, the Architect certifies to the Owner that to the best of the
Previous Certificate(s) for Payment	6 200 247 42	Architect's knowledge, information and belief the Work has progressed as indicated,
	S 209.216.97	the quality of the Work is in accordance with the Contract Documents, and the Contractor
CURRENT PAYMENT DUE	S 275:371:70	is entitled to payment of the AMOUNT CERTIFIED.
ALANCE TO FINISH	S <u>173.446.75</u>	AMOUNT CERTIFIEDs 275, 371.70
		AMOUNT GERTIFIED
CHANGE ORDER SUMMARY	ADDITIONS DEDUCTIONS	(Attive) explanation if amount excepted differs from the amount applied. Initial all figures on this
Total changes approved in previous months by Owner		Application and anthe Confirmation Sheet that are changed to conform with the amount certified.)
		By: 12 8 2022
Total approved this Month	\$ 387.61	
TOTALS	S387.61 S0.00	This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without
NET CHANGES by Change Order	\$387.61 \$387.61	prejudice to any rights of the Owner or Contractor under this Contract

OWNER: Town of Beekman

**Dutchess County, NY** 

4 Main St

Poughquag NY 12570

ENGINEER: Hudson Land Design

174 Main Street Beacon, NY 12508

## **PAYMENT APPLICATION FORM**

 Project Name:
 Gardner Hollow Bridge

 Contract #:
 RFB-OC052-22

 Application #:
 3

 Period Ending:
 October 31, 2022

 Attention:
 Daniel Koehler

CONTRACTOR:
OCS Industries, Inc.
327 Mill Street
Poughkeepsie, NY 12601

Spec.#	Item Description	Unit	Bid	Unit	Contract			Quantity Completed	i	Work
Act ID	Rem Sescription	#	QTY	Price	Price	Comp	Previous	This Period	Total	Remaining
Z2416325	Phase I	20120210000	Prinsa, 149	vzene	\$ 115,143.00	100.00%	\$ 115,143.00	\$1.00	\$ 115,143.00	\$ ( 125-000/505)
	Mobilization-MPT-Temp Facilities-Access	1	1	\$22,272	\$ 22,272.00	100.00%			\$ 22,272.00	\$ -
	Clearing and Grubbing	1	1	\$6,600	\$ 6,600.00	100.00%	\$ 6,600.00	\$ -	\$ 6,600.00	\$ -
	Set up Sump and Remove Existing Features	1	1	\$21,850	\$ 21,850.00	100.00%	\$ 21,850.00	\$ -	\$ 21,850.00	\$ -
	Install Culvert Extension	1	1	\$16,142	\$ 16,142.00	100.00%	\$ 16,142.00	\$ -	\$ 16,142.00	\$ -
	Temp Road Surface & Barriers	1	1	\$42,081	\$ 42,081.00	100.00%	\$ 42,081.00	\$ -	\$ 42,081.00	\$ -
	MPT	1	1	\$6,198	\$ 6,198.00	100.00%	\$ 6,198.00	\$ -	\$ 6,198.00	\$ -
1 2 2	Phase II	<b>欧东北部</b> 华军	学的性格的是自	是多年的學學	\$ 464,875.00	90.97%	\$100 LAMES	\$ 305,968.57	\$ 422,901.25	\$ 41,973.75
2A	Excavation Demolition of Existing Developments	1	1	\$85,505	\$ 85,505.00	100.00%	\$ 85,505.00		\$ 85,505.00	
2B	Cast in Place Concrete	1	1	\$162,231	\$ 162,231.00	100.00%			\$ 162,231.00	
2C	Backfill and New Scour Install	1	1	\$137,145	\$ 137,145.00	100.00%	\$ -	\$ 137,145.00	\$ 137,145.00	\$ -
2D	Install Bridge Seat	1	1	\$10,295	\$ 10,295.00	100.00%	\$ -	\$ 10,295.00		
2E	Moisture Barrier and Sealer	1	1	\$12,034		100.00%		\$ 12,034.00		
2F	Set Bridge on Abutments	1	1	\$45,165		25.00%		\$ 11,291.25		\$ 33,873.75
2G	Survey	1	1	\$12,500		35.20%		\$	\$ 4,400.00	\$ 8,100.00
3 TO 3 SEC. 10	Phase III	語の生む。「大学		<b>经工程的基础</b> 。	\$ 131,473.00		\$ Add	\$ 12 C. T. C. S.	\$2,775.24 A. 2019	\$ 131,473.00
3A	Establish Grade for New Bridge	1	1	\$34,165		0.00%		\$ -	\$ -	\$ 34,165.00
3B	Paving	1	1	\$31,275		0.00%	<del></del>	\$ -	\$ -	\$ 31,275.00
3C	Remove Bypass and Dispose	11	1	\$36,572				\$ -	\$ -	\$ 36,572.00
3D	Final Grade and Lansdcape	1	1	\$15,585		0.00%		\$ -	\$ -	\$ 15,585.00
3E	Guide Rail	11	1	\$13,876		0.00%		\$ -	\$ -	\$ 13,876.00
	BASE BID TOTAL			_	\$ 711,491.00	/	\$ 115,143.00		\$ 538,044.25	<b>3</b> 173,446.75
1	Supply of nuts and bolts not in inventory for Mable Bridge	1	1	\$ 387. <u>61</u>	\$ 387.61	100.00%	\$ 387.61	5 -	\$ 387.61	
				L	4 744 070 04	44.5404	A45,500 C4	A 205 050 57	£ 520 424.06	6 472 AAC 75
TCICO	FIXED, UNITCONTRACT INCLUDING COS				\$ 711,878.61	14.51%	\$ 115,530.61	\$ 305,968.57	\$ 538,431.86	\$ 173,446.75

Wage and Hour Division

## **PAYROLL**



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

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NAME OF CONTRACTOR OR SUBCONTE	PACTOR		-40	200		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	-10 00	meca	017 0				·	y valid OM	& control nu	moer.			Rev. De	c. 2008
<del>_</del>		LI dustries, Inc.									AL	DURE	SS 327 Mill S Poughke	St epsie, NY 120	501						.: 1235-000 01/31/2015
PAYROLL NO. 22-043 #9		FOR WEEK ENDING		0/02	/202	2					G	3ard	CT AND LOCAT ner Hollow B ner Hollow B	ridge Replac	ement		ES	PROJECT 2022-01	OR CONTRAC	T NO.	
(1)	(2) SNO	(3)	OR ST.	M		4) DA	_	_	-	T :	┨ ं	(5)	(6)	(7)			DEC	(8) DUCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	0.10		27 HOUF		29 ORKE		) I	Z AY	110	TAL URS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Buchner, Brian (8700)		Operator	Н	0.00		0.00	├-	-	0.0	+	_	2.00	60,16	\$1,925.12	\$119.36	\$284.45	\$27.92	\$101.11	\$189.59	\$722.43	\$1,202.69
Mills, Rich (2600)	-	Laborer	H	0.00	-		-	╀		0.0	+	.50	\$69.15	\$1,578.93	507.00						
			Э	0.00	8,00	8.00	8.00	8.04	0.0	0.0	0 32	2.00	46.10		\$97.89	\$244.67	\$22.89	\$79.94	\$213.92	\$659.31	\$919.62
Poladian, Harry (7490).		Laborer	Н	0.00	0.00	0.00	<del> </del>	╀	+	╀	+		43.30								
Carney, Mike (7764)		Labor Foreman		6.00		0.00	-	+	┼-	1	+		43.30	\$846.40							
			s	£.00	× na	0.00	0.00	0.00	0.00	) 00	10	5.00	52.90		\$52.48	\$43.82	\$12,27	\$34.22	\$56.60	\$199,39	\$647.01
Delaney, Jordan		Laborer	Н	0.00	<u> </u>	0.00	0,00	6,00	0.00	0.0	1.	.50		\$692.80	\$48.99	\$80.84	\$11,46	\$33.80	\$65.89	\$240.98	S451.82
			s	8.00	8.00	0,00	0.00	0.80	0.00	0.0	16	5.00	43.30	\$177.76							
Quigley, Patrick		Laborer Apprentice	H		0.00 0.00	-	0.00	╀	╁	+	+	.00	22.22		\$11.02	\$0.00	\$2.58	\$1.42	\$24.71	\$39.73	\$138,03
Crawford, Kyle		Laborer	0	0.00	6 00	0.00	6.00	0.66	3 (1.0)	0.0	10			\$346,40	\$21.47	\$18.01	\$5.02	\$8.37	\$30,37	\$83.24	\$263.16
			3	B.00	_	0.00	-	+	+-	+	+-	.00	43.30	\$1,039.20	32,,,,				500.57	, , , , , , , , , , , , , , , , , , , ,	7202,10
Kehr, Michael		Laborer	o s	0.00	8.00	8.00	H	╁	+	╁	-	4.00	43.30		\$48.99	\$80.88	S11.46	\$33.80	\$65.89	\$241.02	\$798.18

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. §§ 3.3, 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 wages paid each employee during the praceding 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 is 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	10/3/2022			# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Michael DiValentino	President		(b) WHERE FRINGE BENEFITS ARE	PAID IN CASH
3,	(Name of Signatory Party)	(Title)	<del></del>	— Each laborer or med	hanic listed in the above referenced payroll has been paid,
do hereb	by state:			basic hourly wage ra	eayroll, an amount not less than the sum of the applicable te plus the amount of the required fringe benefits as listed of as noted in section 4(c) below.
(1)	That I pay or supervise the payment of the per	rsons employed by			or as moted in section 4(c) below,
	OCS Industrie	s, Inc.	on this	(c) EXCEPTIONS	
	(Contractor or Subcor	ntractor)	on the	EXCEPTION (CRAFT)	EXPLANATION
	Gardner Hollow Bridge	; that during the payroll period comm	nencing on the		EXPLANATION
26	(Building or Work) day of September 2022 and end	ding the2_ day ofOctober			
all person been or v	ns employed on s aid project have been paid t will be made either directly or indirectly to or on	t he full weekly wages earned, that no	rebates have		, , , , , , , , , , , , , , , , , , ,
	OCS Industries,	, Inc.	francis de la F. II		,
	(Contractor or Subco	ontractor)	from the full		
from the f	vages earned by any person and t hat no dedt full wages earned by any person, other than person. Subtitle A), issued by the Secretary of Lab 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	ermissible deductions as defined in Re	mulations Dart		
				REMARKS:	
correct ar applicable classifica (3) T apprentic Apprentic	That any payrolls otherwise under this contract and complete; that the wage rates for laborers of the wage rates contained in any wage det elections set forth therein for each laborer or mechant in the set of the program regis tered with a St. at appreciation and Training, United States Department is registered with the Bureau of Apprenticeship.	or mechanics contained therein are no emination incorporated int o t he contained into the contained into the perform over the perform over the performance of the p	ot less than the tract; t hat t he ned.  a bona fide the Bureau of ency exists in a		
<b>(4)</b> .T	(a) WHERE FRINGE BENEFITS ARE PAID TO THE	rage rates paid to each laborer or med payments of fringe bene fits as listed in to appropria te programs for the be	chanic listed in	NAME AND TITLE Michael DiValentino President THE WILLFUL FALSIFICATION O F ANY O F T HE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSEC 31 OF THE UNITED STATES CODE.	SIGNATURE  E ABO VE ST ATEMENTS M AY SUBJ ECT T HE CO NTRACTOR O R UTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

## **PAYROLL**



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

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Rev. Dec. 2008

NAME OF CONTRACTOR OR	SUBCONTRACTOR											ADDRE	SS 327 Mill S	St					<del></del>	OMD No	. 4225 0000
	OCS Ir	ndustries, Inc.									Poughkeepsie, NY 12601								OMB No.: 1235-0008 Expires: 01/31/2015		
PAYROLL NO. 22-043 #10		FOR WEEK ENDING	10/09/2022						•	Gard	CT AND LOCAT Iner Hollow E Iner Hollow E	Iridge Replac	ement		63	2022-01	OR CONTRAC	ACT NO.			
(1)	(2) 9 9 9 9	(3).	R ST.	М	т	(4) DA W	_	-i		 ; [	S	(5)	(6)	(7)				(8) DUCTIONS		<del></del>	(9)
NAME AND INDIVIDUAL IDENTIFYING (e.g., LAST FOUR DIGITS OF SOCIAL S NUMBER) OF WORKER		WORK CLASSIFICATION	OT. OR	3	4 HOUF	5 8 W	6 ORKE	1				TOTAL HOURS	RATÉ OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS	OTHER	TOTAL	NET WAGES PAID FOR WEEK
Buchner, Brian (8700)		Operator	] o	0.00	0.50	0.00	0.00	0.0	0.0	x) (	0.60	0.50	\$90.24	\$1,849.92	\$102.57	\$153.21	\$32.05	\$81.38	\$136.45		
			s	0.00	K.00	v w	8,00	8.0	0 0.0	x0 0	1.00	30.00	60,16		3102.57	0133.21	332.03	φ61.36	\$130.43	\$505.66	\$1,344.26
Mills, Rich (2600)		Laborer	٥	9.00	0.00	0.00	0.00	0.5	0.0	20 0	$\dashv$	0.50	\$69.15	\$1,786.38	\$110.75	\$290,31	\$25.91	\$92.43	\$242.43	\$761.83	\$1,024,55
			s	8.00	8.00	6.00	8.00	8.0	ю <b>О</b> .С	ю 0	00.0	38.00	46.10	\$1,299.00							
Wardell, Christopher	ļ	Carpenter	0 s	0,00	0.00	2.00	1	+	0 0.0	0 0	$\dashv$	30.00	<del></del> ,	\$1,299.00	\$73.44	\$35.99	\$17.18	\$56.24	\$150.65	\$333.50	\$965.50
Camey, Mike (7764)		Labor Foreman	0	0.00	-	0.00	-	+	4	ю 0	+	30,00	43.30	\$1,375.40					<u> </u>		
			s	8.00	8,00	4.00	6.00	0.0	0 00	xî O	1.00	26.00	52.90		\$85.28	\$107.30	\$19.94	\$65.17	\$98.63	\$376.32	\$999.08
Delaney, Jordan		Laborer	0	0.00	0.00	0.00	0.00	0.5	0 0.0	0 0	00	0.50	\$64.95,	\$1,764.48	\$109.40	6205.40	005.50	no. nir	0.51.55	25.42.01	
			s	8.00	8.00	8.00	8.00	8.0	0.0	<b>xo</b> 0	.00	40.00	43.30		\$109.40	\$285.49	\$25.58	\$91.07	\$151.37	\$662.91	\$1,101.57
Quigley, Patrick		Laborer Apprentice	٥	0.00	0,06	0.00	0.00	0.5	0 0.0	0 0	0.00	0.50	\$33.33	\$905.47	\$56.14	\$74.82	\$13.12	\$40.55	\$122.69	\$307.32	\$598.15
**************************************			s	90.8	8.00	8.00	8,00	8.0	0 0.0	0 0x	00.0	40.00	22.22	222 20							
Crawford, Kyle		Laborer	0	0.00	0.00	-	0.00	+	+-	+	-+	0.50	\$64.95	\$725.28	\$44,97	\$63.12	\$10.52	\$30.00	\$62.06	\$210.67	\$514.61
		<u> </u>	s	0.00	0.00	0.00	8,00	+-	0.0	+	-	16,00	43.30	\$1,504.68			<u> </u>				
Kehr, Michael	1:	Laborer	0	0.00	├	0.00	$\vdash$	+-	0.0	+	-	0.50	\$64.95	31,304.08	\$93.29	\$112.89	\$21.82	\$74.98	\$129.04	\$432.02	\$1,072.66
			s	8.00	8.00	2.00	8,00	8.0	0 0,0	0	0,00	34.00	43.30					1			

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. §§-3.3, 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 wages paid each employee during 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

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Date	10/10/2022					
	Michael DiValentino	President		(b) WHERE FRINGE BENEF	ITS ARE PAID IN CASH	
١,	(Name of Signatory Party)	(Title)		☐ − Each labore	er or mechanic listed in th	ne above referenced payroll has been paid,
do herel	by state:	(1143)		basic hourl	d on the payroll, an amou y wage rate plus the amo act, except as noted in se	int not less than the sum of the applicable unt of the required fringe benefits as listed
(1)	That I pay or supervise the payment of the perso	ns employed by			act, except as noted in Se	ection 4(c) below.
	OCS Industries,			(c) EXCEPTIONS		
	(Contractor or Subcontra		on the	EXCEPTION (CRAFT	ח	EXPLANATION
_	Gardner Hollow Bridge	that during the payroll period comme	ncina on the		<u></u>	EAFEANATION .
	(Building or Work)	- , , ,	J			
3	· · · · · · · · · · · · · · · · · · ·	the 9 day of October				
all perso been or	ons employed on said project have been paid t he will be made either directly or indirectly to or on be	e full weekly wages earned, that no re chalf of said	ebates have			
	OCS Industries, In	c.	from the full			
	(Contractor or Subcont	ractor)	_ irom the iui			
from the 3 (29 C.1	wages earned by any person and that no deducte full wages earned by any person, other than pern F.R. Subtitle A), issued by the Secretary of Labor 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145	nissible deductions as defined in Reguunder the Copeland Act, as amended	lations Part			
					-	
				REMARKS:		<u>-</u>
correct a applicab classific (3) apprenti Apprenti	That any payrolls otherwise under this contract reand complete; that the wage rates for laborers or one of the wage rates contained in any wage determinations set forth therein for each laborer or mechan. That any apprent ices employed in the aboviceship program regis tered with a State apprericeship and Training, United States Department of re registered with the Bureau of Apprenticeship and	mechanics contained therein are not lination incorporated int oit held ontra ic conform with the work helperformed eleperiod are duly registered in a ticeship agency recognized by the Labor, or if no such recognized agency	ess than the ct; t hat t he f.  bona fide Bureau of cy exists in a			
(4) <sup>-</sup>	the above referenced payroll, payr	e rates paid to each laborer or mecha ments of fringe bene fits as listed in appropria te progra ms for the bene	anic listed in the contract	NAME AND TITLE Michael DiValentino President THE WILLFUL FALSIFICATION OF ANY SUBCONTRACTOR TO CIVIL OR CRIMINA 31 OF THE UNITED STATES CODE.	SIGNATO YO FT HE ABO VE ST ATE AL PROSECUTION, SEE SECT	MENTS M AY SUBJ ECT T HE CO NTRACTOR O ION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

#### PAYROLL



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

Rev. Dec. 2008

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NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 327 Mill St OMB No.: 1235-0008 OCS Industries, Inc. Poughkeepsie, NY 12601 Expires: 01/31/2015 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 22-043 #11 Gardner Hollow Bridge Replacement 10/16/2022 2022-0113-2 Gardner Hollow Bridge (1) (3) (4) DAY AND DATE (9) DEDUCTIONS М W Т T S NAME AND INDIVIDUAL IDENTIFYING NUMBER 10 12 GROSS WITH-11 13 15 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WAGES Medicare NYS RATE AMOUNT HOLDING TOTAL PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$2,406,40 Buchner, Brian (8700) Operator 1.50 0.00 0.50 00.1 0.00 0.00 \$165.05 \$460.58 \$38,60 \$156.46 \$259.96 \$1,080.65 \$1,325,75 8.00 40:00 60.16 E),(8) 8,00 0.00 0.00 Mills, Rich (2600) \$1,844.00 Laborer 0.00 0.50 0.00 0.50 0.00 0.00 0,00 1.00 \$124.33 \$342.66 \$29.07 \$271.89 \$106.15 \$874,10 \$969.90 8.00 8.00 8.00 8.00 0.00 40.00 0,00 \$1,385.60 Wardell, Christopher Carpenter 0.00 0.00 0,00 0.00 00.0 0.00 n on \$78.33 \$45.47 \$18.31 \$60.86 \$160.66 \$1,021,97 \$363.63 0.00 8 00 8.00 8.00 8.60 0.00 0.00 32.00 43.30 \$1,433.78 Regelski, Anthony Operating Engineer 0.00 0,00 1,50 0.00 O.HO 1.50 \$81.93 0.00 0.00 \$88.90 \$171,28 \$20.79 \$71.45 \$22.11 \$374,53 \$1,059,25 0.00 0.00 8,00 8.00 8.00 0.(\*) 0.00 24.00 54.62 \$692.80 Papula, Lawrence Laborer 0.00 0.00 0.00 0.00 0.00 0.00 \$42.96 \$0.24 \$10.05 \$27.49 \$60.14 \$140.88 \$551.92 0.00 0.00 0.00 0.00 8.00 8.00 16.00 \$888.80 Quigley, Patrick Laborer Apprentice 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$55.11 \$72.82 \$12.89 \$39.57 \$121.14 \$301.53 \$587.27 00.8 8.00 8.00 8,00 0.00 0.00 40.00 \$1,732.00 Crawford, Kyle Laborer 0.00 0.00 0.00 0.00 0.80 0.90 \$107.38 \$260.16 \$25.12 \$89.04 \$421.34 \$828.96 \$903.04 8,00 X.00 8,00 8,00 0.00 0.00 40.00 \$1,385.60, Garitta, Vincent Laborer 0.00 0.00 0.00 0.00 0.00 0.00 0.00 \$85.90 \$165.76 \$20.10 \$68.63 \$119.68 \$460.07 \$925.53 0.00 B.00 8.00 8.00 8.60 0.00

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. §§ 3.3, 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 wages paid each employee during 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 is 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, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	10/17/2022			(b) WHERE FRINGE BENEFITS ARE PAID	או האבת
,	Michael DiValentino	President			
•,	(Name of Signatory Party)	(Title)		as indicated on the payro	c listed in the above referenced payroll has been paid, II, an amount not less than the sum of the applicable
dó héret	by state:			basic hourly wage rate pl	us the amount of the required fringe benefits as listed noted in section 4(c) below.
(1)	That I pay or supervise the payment of the p	persons employed by			( <b>-</b> ) <b>33.</b> (-) <b>33.</b> (-)
	OCS Industr	ries, Inc.	on the	(c) EXCEPTIONS	
	(Contractor or Subc	contractor)	urue	EXCEPTION (CRAFT)	EXPLANATION
	Gardner Hollow Bridge (Building or Work)	; that during the payroll period comm	nencing on the		
10_	, - ,	ending the 16 day of October	2022		
all perso been or	ons employed on said project have been pai will be made either directly or indirectly to or	id t he full weekly wages earned, that no on behalf of said	rebates have.		
	OCS Industrie	es, Inc.	from the full		
	(Contractor or Sub	ocontractor)			
from the	wages earned by any person and t hat no de full wages earned by any person, other than F.R. Subtitle A), issued by the Secretary of L	n permissible deductions as defined in Re	egulations. Part		
63 Start:	. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	abor under the Copeland Act, as amend § 3145), and described below:	eo (48 Stat. 948,		
				· · · · · · · · · · · · · · · · · · ·	
				<del></del>	
		,		REMARKS:	
correct a applicab	That any payrolls otherwise under this contraind complete; that the wage rates for laborer ole wage rates contained in any wage delations set forth therein for each laborer or me	rs or mechanics contained therein are no it ermination incorporated int oit he c on	ot less than the tract; t hat t he		
apprenti Apprenti	T hat any apprent ices em ployed in t he a iceship program regis tered with a St ate a iceship and Training, United States Departm re registered with the Bureau of Apprentices!	apprent iceship agency recognized by ent of Labor, or if no such recognized age	the Bureau of ency exists in a		
(4)	That: (a) WHERE FRINGE BENEFITS ARE PAI	D TO APPROVED PLANS, FUNDS, OR	PROGRAMS	NAME AND TITLE Michael DiValentino	SIGNATURE
	<b>7</b> - 20500 4- 00- 1-5-5-1-1-1-1		anatara makau sa	President	
	<ul> <li>in addition to the basic houng</li> </ul>	y wage rates paid to each laborer or me I, payments of fringe benefits as listed i			VEST ATEMENTS M AY SUBJECT THE CONTRACTOR OF
		le to appropria te progra ms for the be		SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE UNITED STATES CODE.	N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Wage and Hour Division

MANE OF CONTRACTOR ET

## **PAYROLL**



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

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Rev. Dec. 2008

OK SUBCONTA	CACTOR	L										ADDR	ES	<sup>S</sup> 327 Mill S	St .						OMP No	: 1225 0000
	OCS Ir	dustries, Inc.												Poughkee	epsie, NY 120	601					Expires:	.: 1235-0008 01/31/2015
PAYROLL NO. 22-043 #11A		FOR WEEK ENDING		0/16	/202	22						Gar	dn	T AND LOCATI er Hollow B er Hollow B	ridge Replac	ement	PROJECT OR CONTRACT NO. ent 2022-0113-2					
(1)	(2) SNO SNO	(3)	R ST.	м	_	<del>-</del>	AY AN		<del></del>	s	s	(5)		(6)	(7)		, ,,,,,		(8) UCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	oT.0	<u> </u>			13 ORKE	- 1	14 ACH			TOTAL HOURS		RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS	OTHER	TOTAL	NET WAGES PAID FOR WEEK
		Operator	0		├	┼	3 0.0	┿	$\dashv$	$\dashv$	0.00		-									
Kehr, Michael		Laborer	s		-	┼	0.0	╀	+		0,00		.6	60.16	\$737.60							
			s	_	-	+	0.00	╀		_	0.00	16.0	d 4	16,10		\$42.95	S19.47	\$10.00	\$27.49	\$60.14	\$160.05	\$577.55
		Carpenter	0	0.00	0.00	0.00	0 0	0,	no o	1.00	0,00											<del> </del>
	ļ		s	0.00	0.00	0.60	0.00	0.	.00 0	1.00	0.60		4	43.30				-				
		Operating Engineer	٥	—	├	-	0.00	+	+			-				:						
		Laborer	S Q	0.00	├	0.00	0.00	╀	.00 0				-	52.90								<del></del>
	:		s	0.00	0.60	0.00	0.00	0.1	00 0	1.00	0.00		-	43.30			:					l
		Laborer Apprentice	٥	0 00	0.00	0.00	0.00	0.1	00 0	0.00	0.00											<del></del>
<del></del>			s	0.00	0.00	0.00	0.00	) a.	00 0	0,00	0.00		]:	22.22								<u> </u>
		Laborer	٥		├	0,00	+	0.0	+	0.60			L	· ·								
	-	Laborer	9	0.00	├	0.00	╂	0.1	00 0	00.00	-		4	43,30					<del></del>			<del> </del>
		Laboror	Н	0.00	┝	+-	0.00	╀	+	-4			-	43,30								

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. §§ 3.3, 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 wages paid each employee during 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 finge benefits.

#### Public Burden Statement

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Date	10/17/2022					
	Michael DiValentino	President		(b) WHERE FRI	NGE BENEFITS ARE PAID	IN CASH
١,	(Name of Signatory Party)	(Title)		□ -	Each laborer or mechanic	listed in the above referenced payroll has been paid,
do hereby	y state:	()			basic hourly wage rate plu	i, an amount not less than the sum of the applicable is the amount of the required fringe benefits as listed noted in section 4(c) below.
(1) T	That I pay or supervise the payment of the persons	s employed by			in the contract, except as	noted in section 4(c) below.
	OCS Industries, In	nc.	41	(c) EXCEPTION	S	
	(Contractor or Subcontract		on the	EXCEP	TION (CRAFT)	EXPLANATION
	Gardner Hollow Bridge	hat during the payroll period comm	encina on the			EXPLANATION
40	(Building or Work)		_			
	day of October , 2022, and ending to	he 16 day of October	2022			
all person been or w	is employed on s.aid project have been paid t he f ill be made either directly or indirectly to or on beh	full weekly wages eamed, that no all of said	rebates have			
	OCS Industries, Inc.		finns Man f. II			
	(Contractor or Subcontra	ctor)	_ from the full			
from the fr 3 (29 C.F.	ages earned by any person and t hat no deduc tio ull wages earned by any person, other than permis R. Subtitle A), issued by the Secretary of Labor ur 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145),	ssible deductions as defined in Reg	ulations Part			
				REMARKS:	· · · · · · · · · · · · · · · · · · ·	
correct an applicable classificat (3) T	that any payrolls otherwise under this contract required complete; that the wage rates for laborers or me wage rates contained in any wage det eminations set forth therein for each laborer or mechanic that any apprent ices em ployed in the above eship program regis tered with a State apprent ices.	echanics contained therein are not atton incorporated int o t he c ontr conform with the work he performe period are duly registered in	less than the act; t hat t he act.			
Apprentice State, are	eship and Training, United States Department of L registered with the Bureau of Apprenticeship and	abor, or if no such recognized ager	ncy exists in a			
<u>(</u> 4) Tr	(a) WHERE FRINGE BENEFITS ARE PAID TO A in addition to the basic hourly wage the above referenced payroll, payme have been or will be made to ap	rates paid to each laborer or mech ents of fringe benefits as listed in propria te progra ms for the ben	nanic listed in the contract	SUBCONTRACTOR TO CI	VIL OR CRIMINAL PROSECUTION	VE ST ATEMENTS M AY SUBJ ECT T HE CO NTRACTOR O F I. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
	employees, except as noted in section	n 4(c) below.		31 OF THE UNITED STATE	こう こしじと.	· · · · · · · · · · · · · · · · · · ·

Wage and Hour Division

#### PAYROLL



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Rev. Dec. 2008

NAME OF CONTRACTOR OR SI	UBCONTRACTOR	П	7-		,									ily valid Olv	o control no	moer.			Rev. Dec	c. 2008
		idustries, Inc.									ADDIX	SS 327 Mill S Poughke	St epsie, NY 12	601					OMB No. Expires:	.: 1235-0008 01/31/2015
PAYROLL NO. 22-043 #12		FOR WEEK ENDING		)/23/	2022	2					Gard	CT AND LOCAT Iner Hollow E Iner Hollow E	Bridge Replac	ement			PROJECT 0	OR CONTRAC	CT NO.	
(1)	(2) SNOI	(3)	RST.	М	Т	4) DA'	Y AND	DA1		s	(5)	(6)	(7)			DEC	(8) DUCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NU (e.g., LAST FOUR DIGITS OF SOCIAL SEC NUMBER) OF WORKER		WORK CLASSIFICATION	o.r.o				20 RKE	•			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Buchner, Brian (8700)		Operator	0	1,00 8.90	0,50 8,00	9.00 8.00	0.00	-	_		1.50 40.00	<b>1014</b>	\$2,406.40	\$165.05	\$460.58	\$38.60	\$156.46	\$259.96	\$1,080.65	\$1,325.75
Mills, Rich (2600)		Laborer	0	8.00			ļ	0.00	60.00 60.0	<u> </u>		60.16	\$1,844.00							
			s	8.00	8,00	8.00	00,8	N.09	0.00	0.00	40.00	46.10		\$122.90	\$337.13	\$28.75	\$104.68	\$268.36	\$861.82	\$982.18
Wardell, Christopher		Carpenter	$\dashv$					├-	0.00				\$346.40	\$19.58	\$0.00	\$4.57	\$6.52	\$40.61	\$71.28	\$275.12
		Operating Engineer	s	8.00			0.00		-	0.00	8.00	43,30	K	<u> </u>						
			$\dashv$	0.00			ļ	-	0.00			52.90								
Papula, Lawrence		Laborer-	0.	0.00	0.60	0,00	0.00	0,80	0.00	0,00			\$1,060,85	665.22	840.40					
			s	8.60	8.00	8.00	0,50	0.00	0,00	0.00	24.50	43,30	\$888.80	\$65.77	\$40.40	\$15.39	\$49.02	\$91.77	\$262.35	\$798.50
Quigley, Patrick		Laborer Apprentice	0			_	1.00	⊢	├	<del> </del>			3888.80	\$57.17	\$76.82	\$13.37	\$41,52	\$124.21	\$313.09	\$575.71
Crawford, Kyle			0	8.00 0.00	erun 8'08	.0.00		$\vdash$	├-	0.00	40.00	32.22	\$1,039.20							
			s	K.00	8,00	8.00	0,00	5,00	- (1,00	0.00	24.00	43.30		\$64.43	\$107.74	\$15.07	\$48.37	\$89.91	\$325.52	\$713.68
		Laborer	٥	9.06	0.00	00,0	0.00	0.00	0.00	0,00										
			s	0.00	0.00	0.00	0,00	0.00	-0.00	0.00		43.30								

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#### Public Burden Statement

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Date	10/24/2022			(N) MUEDE EDINGE DENEETE ADE DATE	AIN CACH			
	Michael DiValentino	Preside	ent	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH				
(Name of Signatory Party)		(1)	itle)	Each laborer or mechanic	listed in the above referenced payroll has been paid,			
do hereb	y state:	·	·	basic hourly wage rate plu	I, an amount not less than the sum of the applicable is the amount of the required fringe benefits as listed noted in section 4(c) below.			
(1)	That I pay or supervise the payment of the per	rsons employed by			moted in accidit 4(d) below.			
	OCS Industrie	es, Inc.	on the	(c) EXCEPTIONS				
	(Contractor or Subcor	ntractor)	arule	EXCEPTION (CRAFT)	EXPLANATION			
	Gardner Hollow Bridge	; that during the payroll perio	od commencing on the					
17	(Building or Work)  day of October 2022, and end	ding the23 _ day of0	ctober 2022					
all person been or v	ns employed on said project have been paid will be made either directly or indirectly to or or	t he full weekly wages eamed, n behalf of said	that no rebates have					
	OCS Industries,	, Inc.	from the full					
	(Contractor or Subco	ontractor)	nom the ida					
from the	rages earned by any person and t hat no dedi full wages earned by any person, other than p F.R. Subtitle A), issued by the Secretary of Lat 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3	ermissible deductions as define	ed in Regulations Part					
		•	٠	REMARKS:				
correct a applicable	That any payrolls otherwise under this contract and complete; that the wage rates for laborers be wage rates contained in any wage det eations set forth therein for each laborer or mechange.	or mechanics contained thereis	n are not less than the he c ontract; t hat t he					
apprentic Apprentic	Finatiany apprent ices em ployed in the ab- ceship program regis tered with a Strate app ceship and Training, United States Departmen e registered with the Bureau of Apprenticeship	prent iceship agency recognize at of Labor, or if no such recogn	ed by the Bureau of ized agency exists in a					
(4) T	That:  (a) WHERE FRINGE BENEFITS ARE PAID  in addition to the basic hourly we the above referenced payroll, phave been or will be made employees, except as noted in second	vage rates paid to each labore payments of fringe benefits as to appropria te progra ms for	r or mechanic listed in	NAME AND TITLE Michael DiValentino President THE WILLFALSIFICATION OF ANY OF THE ABO SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION 31 OF THE UNITED STATES CODE.	VE ST ATEMENTS M AY SUBJ. ECT T. HE CO. NTRACTOR O. F. N. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE			

Wage and Hour Division

PAYROLL

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



S. Wase and Hour Division Rev. Dec. 2008

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OR SUBCONTRACTOR ADDRESS 327 Mill St NAME OF CONTRACTOR [7] OMB No.: 1235-0008 Poughkeepsie, NY 12601 Expires: 01/31/2015 OCS Industries, Inc. PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. Gardner Hollow Bridge Replacement 10/30/2022 22-043 #13 2022-0113-2 Gardner Hollow Bridge (9) (4) DAY AND DATE (2) (3) (1) (8) DEDUCTIONS S w NET NAME AND INDIVIDUAL IDENTIFYING NUMBER-GROSS WITH-WAGES 27 29 Medicare30 NYS 24 25 26 28 30 TOTAL AMOUNT HOLDING PAID (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE WORK OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK NUMBER) OF WORKER HOURS CLASSIFICATION \$2,406.40 2.00 Operator 0.50 0,56 8.50 0 00 0.00 Buchner, Brian (8700) \$160.39 \$442,54 \$37.50 \$150.58 \$251.91 \$1.042.92 \$1,363.48 40.00 60.16 8.00 8.00 8.00 00.0 0.00 8.00 \$1,844,00 2.00 Mills, Rich (2600) Laborer 0,50 0.50 9,50 8:50 00.0 0.00 \$122.91 \$337.13 \$28.74 \$104.68 \$268.36 \$861,82 \$982,18 60.8 8.00 0,00 40.00 8.00 8,00 0.00 0.00 Carpenter 0.00 0.00 0.00 0 00 0.00 0.00 0.00 0.00 0.00 0.00 43,30 0.00 0.00 0.00 0.00 00.00 Operating Engineer 0.00 0.00 0.00 0.00 0.00 0,00 52.90 0.00 5346.40 0.00 0,00 00.0 00.0 0.00 Laborer 1. 0.00 Papula, Lawrence \$21.47 \$0.00 \$5.02 \$7.89 \$30:37 \$64.75 \$281.65 0.00 0.00 0.00 8.00 9.00 8.00 S888.80 0.50 0.00 0.00 0.00 0.50 0.00 00.0 0.00 Laborer Apprentice Quigley, Patrick \$581.47 \$56.14 \$74.82 \$13.13 \$40.55 \$122.69 \$307.33 8;00 0,00 40.00 22.22 8,00 8.00 8,00 3.00 0.00 \$346,40 0.00 6.00 0.00 Laborer 0.00 Kehr, Michael \$281.64 \$64.76 \$21.48 \$0.00 \$5.02 \$7,89 \$30.37 8.00 0.00 0,00 8.00 0.00 00.0 0.00 0,00 43.30 0,00 Laborer 0.00 0.00' 0.00 9.00 0.00 0.00 0.00 0.00 0,00 0,00

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. §§ 3.3, 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 wages paid each employee during 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 is 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 including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date	10/31/2022			# 14#1505 FD		
	Michael DiValentino	President			INGE BENEFITS ARE PAID	
l,	(Name of Signatory Party)	(Title)		<b>-</b>	Each laborer or mechanic	listed in the above referenced payroll has been paid,
do hereby	state:	<b>\</b>			basic hourly wage rate plu	, an amount not less than the sum of the applicable s the amount of the required fringe benefits as listed noted in section 4(c) below.
(1) T	hat I pay or supervise the payment of the persons	• • •		(c) EXCEPTION		
	OCS Industries, Industries		on the	(c) CAOCI TION		
	(Contractor or Subcontractor	or)		EXCER	PTION (CRAFT)	EXPLANATION
	Gardner Hollow Bridge ; th (Building or Work)	at during the payroll period commen	icing on the		·	
24	` •	e 30 day of October	2022	<del></del>		
	s employed on said project have been paid the fu ill be made either directly or indirectly to or on beha		bates have			
	OCS Industries, Inc.		from the full			
	(Contractor or Subcontrac	tor)	non the ten			
from the fu 3 (29 C.F.I	ages earned by any person and t hat no deduc tion ull wages earned by any person, other than permiss R. Subtitle A), issued by the Secretary of Labor und 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145),	sible deductions as defined in Regul	ations, Part			
					·	
	•					
		,		REMARKS:		
correct and applicable classification (3) Trapprentice Apprentice	nat any payrolls otherwise under this contract requid complete; that the wage rates for laborers or me wage rates contained in any wage det erminations set forth therein for each laborer or mechanic that any apprent ices employed in the above paship program regis tered with a State apprent ices hip and Training, United States Department of Laregistered with the Bureau of Apprenticeship and Training apprenticeship apprenticeship and Training apprenticeship apprentices	chanics contained therein are not le tion incorporated int o t he c ontrac conform with the work he performed period are duly registered in a peship agency recognized by the abor, or if no such recognized agence	ss than the at t hat t he bona fide Bureau of y exists in a	-		
(4) Th	nat: (a) WHERE FRINGE BENEFITS ARE PAID TO AF  in addition to the basic hourly wage returned payroll, payme have been or will be made to appending employees, except as noted in section	ates paid to each laborer or mecha nts of fringe benefits as listed in to propria te progra ms for the bene	nic listed in the contract	NAME AND TITLE Michael DiValentino President THE WILLFUL FALSIFIC SUBCONTRACTOR TO CI 31 OF THE UNITED STAT	VIL OR CRIMINAL PROSECUTION	VE ST ATEMENTS M AY SUBJ ECT T HE CO NTRACTOR O R. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

# CONTRACTOR/SUBCONTRACTOR PARTIAL RELEASE AND LIEN WAIVER

Date: December 15, 2022 July 28, 2022 Contract Date: Gardner Hollow Road Bridge Project: Contract Price: \$711,491.00 Address: Gardner Hollow Road Net Extras & Deductions: \$387.61 City: Poughquag, New York 12570 \$711.878.61 Adjusted Contract Price: Dutchess \$209.216.97 County: Amount Previously Paid: New York State: Current Payment Due: \$275,371.70 \$173.446.75 Owner: Town of Beekman Balance Due:

In the consideration of payment made by TOWN OF BEEKMAN to OCS Industries, Inc. for all work, labor, materials, equipment and services furnished through the period ending October 31, 2022 and pursuant to Payment Application #3 in connection with the project named above.

The UNDERSIGNED hereby releases the Contractor/Subcontractor listed above, through the date of this Partial Release and Waiver of Lien, from any and all claims and demands of every kind and character, including, but not limited to claims for labor and/or materials and/or equipment and/or additional work and/or delays under the aforesaid contract in any way growing out of or connected with said contract. The undersigned does hereby covenant and agree not to claim or file a mechanic's lien or any other lien against the contract and/or premises for materials furnished or labor performed in connection with such a project to date listed above.

## The UNDERSIGNED further warrants that:

OCS Industries, Inc.

Contractor:

- 1) All subcontractors employed by the undersigned upon this project have been fully paid to this date hereof;
- 2) All workmen employed by it or its subcontractors upon this project have been fully paid to this date hereof;
- 3) All materialmen from whom the undersigned or its subcontractors have purchased materials used in this project have been paid for the materials delivered on or prior to this date;
- 4) None of such workmen and/or materialmen have any claims or demand or right of lien; and
- 5) He/She is an authorized officer with full power to execute this Partial Release and Waiver of Lien.

IN WITNESS WHEREOF, the contractor or subcontractor named below has executed this Partial Release and Lien Waiver this 15<sup>th</sup> day of December, 2022.

CONTRACTOR/SUBCONTRACTOR:

\_

Signature:		
Print Name:	Michael	Divalentino
Title:	President	•

STATE OF NEW YORK	)
	) ss.:
COUNTY OF Dutchess	)

On this 15 day of December, in the year 2022, before me personally came Michael DiValentino, to me known,

who, being by me duly sworn, did depose and say that he resides at <u>Harrison, NY</u> that he is the President of the OCS Industries, Inc., the corporation described in and which executed the foregoing Partial Release and Lien Waiver, and that he signed his name thereto by authority of the Board of Directors of the corporation.

Notary Public

MICHELLE WOODRUFF
NOTARY PUBLIC-STATE OF NEW YORK
No. 01W06345920
Qualified in Ulster County
My Commission Expires 05-04-2024

## VOUCHER

## Town of Beekman 4 Main Street Poughquag, NY 12570

Voucher	
Number	

Auditing Board

Date

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1

	. oug	ilquag, ivi 12					
Dept.	Capital Projects			Fund-Appro	priation	Amount	
Бори.	Capital 1 Tojects		<del></del>	H.5120.0500	· · · · · · · · · · · · · · · · · · ·	\$275,371.70	
		-			····	<b>4270,071110</b>	
Claimants	OCS Industrie	es. Inc.	I				
Name &	327 Mill Street	•					
	Poughkeepsie,						
	 	1.2 22002	3080				
	L	-	0000				
Detailed invoice	s may be attached and	l total entered on	this voucher	Tota	1		
Certification belo	ow must be signed.						
INVOICE DATE	INVOICE#	QUANTITY	DESCRIPTION OF MATERIAL	S OR SERVICES	UNIT PRICE	AMOUNT	
		QO/WITT	BESONN HOW OF WITHERWAY		ONT THIS		
10/30/2022			ow Road Bridge Replaceme	ent Project		\$275,371.70	
		Contractor R	equest for Payment #3				
						İ	
						:	
					<u> </u>		
			Total			\$275,371.70	
L.	. ~ ( - 1 :		CLAIMANT'S CERTIFICATION	70	<u> </u>	+2.0,0,0	
Michael	Divolentin	y y that the above	account in the amount of \$ 275	37   70 is true and co	orrect; that the		
	and disbursements we	ere rendered to or	r for the municipality on the dates s	tated; that no part has	been paid		
or satisfied: that	taxes, from which the	municipality is ex	empt, are not included; and that the	e amount claimed is a	_		
12/15/22				_	res	ident	
Date	•		Signature	<del> </del>		Title	
	Donard-mont A	•		<b>A</b>	rount for Dove-	nnt.	
	Department Approva ces or materials were i				Approval for Payment  This claim is approved and ordered paid		
	ne municipality on the				ropriations indic		
stated and the c	harges are correct.			<del></del>			

Authorized Official

Date



Civil & Environmental Engineering Consultants 174 Main Street, Beacon, New York 12508 Phone: 845-440-6926 Fax: 845-440-6637 www.HudsonLandDesign.com

December 15, 2022

Supervisor Mary Covucci and Members of the Town Board Town of Beekman 4 Main Street Poughquag, New York 12570

Re:

Beekman Recreation Baseball Field 1 Project

Contractor Request for Payment #2

Dear Supervisor Covucci and Members of the Town Board:

Hudson Land Design (HLD) is in receipt of Application and Certificate for Payment #2 dated November 18, 2022 from Sport-Tech Construction Corp. requesting payment in the amount of \$100,500.00 less 5% retainage (\$5,025.00) less previous payments totaling \$30,875.00 for a total of \$64,600.00 (see attached). The contractor has requested full or partial payment of the items on the continuation sheet that is attached to the payment request application, covering the period of August 4, 2022 through November 11, 2022. HLD has reviewed the request and agrees with the quantity of work completed per the continuation sheet.

Therefore, we suggest that the Town Board authorize payment to Sport-Tech Construction Corp. in the amount of \$64,600.00 in order to satisfy Application and Certification for Payment #2. Should you have any questions, please feel free to call me at 845-440-6926.

Sincerely,

Daniel G. Koehler, P.E.

Principal

cc:

Tom Carey, Town Financial Consultant (via email)

Linda Bloomer, Town Bookkeeper (via email)

Laureen Abbatantuono, Town Clerk (via email)

Wallace & Wallace, Town Attorney (via email)

Michael A. Bodendorf, P.E. (HLD file)

enc:

Application and Certificate for Payment #2 with Continuation Sheets

Certified Payroll Partial Release

Town Voucher

APPLICATION AND CERTIFICATE FOR PAYMENT	PAGE 1 OF 2 PAGES
TO OWNER: Town of Beekman  4 Main Street Poughquag, NY 12570 FROM CONTRACTOR: Sport-Tech Construction Corp. 410 Route 22 Brewster, NY 10509 PROJECT: Beekman Recreation Baseball Field 1 (RFP: 2022-0113-1)	APPLICATION #: 2 Distribution to: seball Field 1 (RFP: 2022-0113-1 PERIOD TO: 11/11/22 PROJECT NOS: RFP: 2022-01 X Owner Const. Mgr Architect Contractor
CONTRACTOR'S APPLICATION FOR PAYMENT  Application is made for payment, as shown below, in connection with the Contract.  Continuation Sheet is attached.	The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown therein is now due.
1. ORIGINAL CONTRACT SUM \$ 156,000.00  2. Net change by Change Orders \$ \$  3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$ 156,000.00  4. TOTAL COMPLETED & STORED TO DATE-\$ 100,500.00  (Column G on Continuation Sheet)  5. RETAINAGE:  a. 5.0% of Completed Work \$ 5,025.00  (Columns D+E on Continuation Sheet)  b of Stored Material \$ (Column F on Continuation Sheet)  Total Retainage (Line 5a + 5b or  Total in Column 1 of Continuation Sheet \$ 5,025.00  6. TOTAL EARNED LESS RETAINAGE \$ 95,475.00  (Line 4 less Line 5 Total)  7. LESS PREVIOUS CERTIFICATES FOR PAYMENT  (Line 6 from prior Certificate) \$ 30,875.00	State of:  County of:  Beth Golden  Notary Public New York  Subscribed and sworn to before, me this  Notary Public:  My Commission expires:  Notary Public:  Notary Public:  My Commission expires:  Notary Public:  Notary Public:  Notary Public:  Notary Public:  Notary Public:  Notary Public New York  Reg. No. 01GO6216912  Notary Public:  Notary Publ
8. CURRENT PAYMENT DUE————————————————————————————————————	AMOUNT CERTIFIED  (Attach explanation if emount certified diffes from the amount applied for. Initial all figures on this application and on the Continuation Sheet that are changed to conform to the amount certified.)  ARCHITECT:  By:  Date: 12 0 2012  This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.

Page 1 of 1 Pages

APPLICATION NUMBER:

APPLICATION DATE:

11/18/22

PERIOD TO:

11-Nov-22

ARCHITECT'S PROJECT NO: REP: 2022-0113-1

PROJECT:	
Beekman Recreation Baseball Field 1 (RFP: 2022-0113-1)	

31 Recreation Road

Hopewell Junction, NY 12533

Α	В	С	D	E	F	G		Н	
Item	Description of Work	Scheduled	Work Co		Materials	Total %		Balance	Retainage
No.		Value	From Previous	This Period	Presently	Completed	(G/C)	To Finish	
			Application		Stored	And Stored	l	(C - G)	
	·		(D+E)		(Not In	To Date			
					D or E)	(D + E + F)			
1	Mobilization	30,000.00	15,000.00	7,500.00		22,500.00	75%	7,500.00	1,125.00
2	Bond/Insurance	20,000.00	10,000.00	10,000.00		20,000.00	100%		1,000.00
3	Demolition	10,000.00	7,500.00	2,500.00		10,000.00	100%		500.00
4	Fencing	21,000.00		10,500.00		10,500.00	50%	10,500.00	525.00
5	Safety Netting	70,000.00		35,000.00		35,000.00	50%	35,000.00	1,750.00
6	Grade Clay	5,000.00		2,500.00		2,500.00	50%	2,500.00	125.00
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26			1				]		
27									:
28		156,000.00	32,500.00	68,000.00		100,500.00	64%	55,500.00	5,025.00
l	SUBTOTALS PAGE 1	100,000.00	02,000.00	02,020,00	* .		·	<u></u>	

Wage and Hour Division

#### PAYROLL



## (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR **ADDRESS** 410 Route 22 OMB No.:1235-0008 Sport-Tech Construction Corp. Brewster, NY 10509 Expires: 07/31/2024 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. Beekman Recreation Baseball Field 1 2 08/07/2022 RFP: 2022-0113-1 31 Recreation Road, Hopewell Junction, NY 12533 (1) (2) (3) (4) DAY AND DATE (5) (9) (8) DEDUCTIONS Fri Sat Sur Ther NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS 8/6 WITH-HOLDING (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY 8/1 8/2 8/3 8/4 8/5 8/7 WORK WAGES IATOI RATE AMOUNT TOTAL NUMBER) OF WORKER PAID CLASSIFICATION HOURS WORKED EACH DAY Medicare NYS Tax HOURS OF PAY EARNED FICA TAX OTHER DEDUCTIONS FOR WEEK \$571.20 Enrique Acosta - 2906 118 Palmer Avenue Apt. 10 Laborer 0 \$34.71 \$35,41 \$8.28 \$20.39 \$2.92 \$101.71 Mamaroneck, NY 10543 \$469.49 8.00 8.00 44.50 26.90 \$726.08 Juan Acosta - 2265 118 Palmer Avenue Apt. 10 Operator 0 \$53.29 \$45.02 \$10.53 \$29.45 \$3.71 \$142.00 Mamaroneck, NY 10543 \$584.08 8.00 58.16 32.60 8.00 \$571.20 Victor Acosta - 4635 430 Favette Avenue #2 Laborer 0 \$34.71 \$35.41 \$8:28 \$20:39 \$2.92 \$101.71 \$469.49 Mamaroneck, NY 10543 8.00 8.00 44.50 26:90

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. §§.3.3, 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 wages paid each employee during the preceding week." U.S. Department of Labor (DCL) 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-Becon prayalling wage rate for the work performed. DOL and federal contracting agencies receiving this information to determine that employees have received legally required wages and fifting benefits.

#### Public Burden Statement

We estimate that is 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, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date _	August 8, 2022				<b></b>
	Katherine Bicari	Office Manager		(b) WHERE FRINGE BENEFITS ARE	E PAID IN CASH
l,	(Name of Signatory Party)	(Title)		✓ – Each laborer or me	chanic listed in the above referenced payroll has been paid,
do boro	eby state:	(Tide)		as indicated on the	payroll, an amount not less than the sum of the applicable
	•		•	in the contract, exc	ate plus the amount of the required fringe benefits as listed ept as noted in section 4(c) below.
(1	) That I pay or supervise the payment of the pers	• • •			, , , , , , , , , , , , , , , , , , , ,
	Sport-Tech Construc	· · · · · · · · · · · · · · · · · · ·	on the	(c) EXCEPTIONS	
_	(Contractor or Subcont	tractor)	Gruic	EXCEPTION (CRAFT)	EXPLANATION
E	eekman Recreation Baseball Field 1	_; that during the payroll period comme	ncing on the		3.5.0,000
1st	(Building or Work)	741	0000		
		ng the 7th day of August	_, _2022		
all pers been or	ons employed on said project have been paid the will be made either directly or indirectly to or on	full weekly wages earned, that no reb behalf of said	ates have		
	Sport-Tech Constructi	on Corp.	from the full		
	(Contractor or Subcor	ntractor)	_ trom the full		
weekly	wages earned by any person and that no deduct	tions have been made either directly or i	ndirectly		
from the	e full wages earned by any person, other than per F.R. Subtitle A), issued by the Secretary of Labo	rmissible deductions as defined in Dog	dations Dort		
63 Stat.	108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 314	or under the Copeland Act, as amended [5], and described below:	(48 Stat. 948,		
<del></del>		*	·		
		•			
			· · · · · · · · · · · · · · · · · · ·		
				REMARKS:	
		<u> </u>		DEMARKS:	
(2)	That any payrolls otherwise under this contract	required to be submitted for the above p	period are		
applicat	and complete; that the wage rates for laborers or ole wage rates contained in any wage determinati	r mechanics contained therein are not le on incorporated into the contract: that th	ess than the		
	therein for each laborer or mechanic conform wi		,		
(3)	That any apprentices employed in the above peri	od are duly registered in a hona fide and	orenticeshin		
program	registered with a State apprenticeship agency re	ecognized by the Bureau of Apprentices	hip and		
	, United States Department of Labor, or if no suc Bureau of Apprenticeship and Training, United S		re registered		
		dates bepartment of Labor.			,
(4)	That (a) WHERE FRINGE BENEFITS ARE PAID TO	ADDDOVED DI ANG ELINDO OD DD	OCDAME.	NAME AND TITLE	SIGNATURE/
	(a) ANDRE I KINGE DERELITO METAID TO	S VILL HOARD EDWING! FORDO! OU EU	OGIVAING.	Katherine Bicari, Office Manager	1-1/1/
		ge rates paid to each laborer or mecha			Matherne/Sean
	the above referenced payroll, pay	yments of fringe benefits as listed in the	ne contract	THE WILLFUL FALSIFICATION OF ANY OF THE AB	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR CUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
	except as noted in section 4(c) bel	opriate programs for the benefit of such ow.	empioyees,	TITLE 31 OF THE UNITED STATES CODE.	OTION. SEE SECTION 1001 OF THEE 18-AND SECTION 3729 OF
				·	
					•

Wage and Hour Division

#### **PAYROLL**



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

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

NAME OF CONTRACTOR: OR SUBCONTE	RACTOR										ADDR	ESS ,	10 Rou	·- 00		***************************************				1 11011	<del></del>
Sport	-Tech (	Construction Corp.										- 4		te 22 , NY 10509						OMB No. Expires:	.:1235-000 07/31/2024
PAYROLL NO. 3		FOR WEEK ENDIN	08/14/2022						Bee	kman	Recrea	ion Ition Baseball pad, Hopewell	Field 1 Junction	NY 1253	3	}	OR CONTRAC 22-0113-1	T NO.			
(1)	(2) SNO	(3)	ST.	Mon						t Sun	(5)		(6)	(7)			DEC	(8) DUCTIONS		H	(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	9.5						2 8/13 CH D/	8/14 AY	TOTAL HOURS		RATE F PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS Tax	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Enrique Acosta - 2906 118 Palmer Avenue Apt. 10 Mamaroneck, NY 10543	o	Laborer	o s	<u> </u>	8.00	_	8,00	8.00		<u> </u>	32.00	44.50	26.90	\$2,284.80	\$370.03	\$141.66	\$33.13	\$125.58	\$11.68	\$682.08	\$1,602.72
Juan Acosta - 2265 118 Palmer Avenue Apt. 10 Mamaroneck, NY 10543	Ó	Operator	0	ļ	8.00	8.00	8.00	8.00			40.00	58.16	32.60	\$3,630.40	\$701.87	\$225.08	\$52.64	\$229.86	\$18.55	\$1,228.00	\$2,402.40.
Victor Acosta - 4635 430 Fayette Avenue #2 Mamaroneck, NY 10543	0	Laborer	o	8.00	8.00	8.0ó:	8.00	8.00					26.90	\$2,856.00	\$507.12	\$177.07	\$41.41	\$169.05	\$14.59	\$909.24	\$1,946.76
Brian Pascale - 0201 8 E. Salem Road Fishkill, NY 12524	0	Laborer	o			6,25					6.25	44.50	26.90	\$446.25	\$19.72	\$27.67	\$6.47	\$13.08	\$2.28	\$69.22	\$377.03
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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 contractors contractors and subcontractors and subcontractors and subcontractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during 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. DQL 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 is 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 time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing time for reviewing instructions, 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, U.S. Department of Labor; Room \$3502, 200 Constitution Average, N.W. Washington, D.C. 20210

DateAugust 15, 2022				
. Katherine Bicari	Office Manager		(b) WHERE FRINGE BENEFITS ARE PA	AID IN CASH
	Office Manager		7 - Fach laborer or macha	Dia lintad in the share at a second
(Name of Signatory Party)	(Title)		as indicated on the pay	nic listed in the above referenced payroll has been paid, roll, an amount not less than the sum of the applicable
do hereby state:			Dasic hourly wade rate i	plus the amount of the required frings banefits as listed
(1) That I pay or supervise the payment of the person	ris employed by		in the contract, except a	as noted in section 4(c) below.
Sport-Tech Constructi	* * *		(c) EXCEPTIONS	
(Contractor or Subcontra		on the		
Dealess December D. J. S. S. A.	,		EXCEPTION (CRAFT)	EXPLANATION
(Building or Work)	that during the payroll period commen	cing on the		
	the 14th day of August	2022		
all persons employed on said project have been paid the fu				
been or will be made either directly or indirectly to or on be	half of said	tes have		
Sport-Tech Construction		from the full		
(Contractor or Subcontr	actor)			
weekly wages earned by any person and that no deductio from the full wages earned by any person, other than perm	issible deductions as defined in Denut	stiana Dant		
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor t 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145)	under the Copeland Act, as amended ( , and described below:	48 Stat. 948,		
	**************************************			
			REMARKS:	
			REMARKS.	. "
(2) That any payrolls otherwise under this contract recorrect and complete; that the wage rates for laborers or mapplicable wage rates contained in any wage determination	echanics contained therein are not les	s than the		
set forth therein for each laborer or mechanic conform with	the work he performed.	ciassincations		
(3) That any apprentices employed in the above period	are duly registered in a bona fide appr	enticeship		
program registered with a State apprenticeship agency reci Training, United States Department of Labor, or if no such	ognized by the Bureau of Apprenticeshi	ip and		
with the Bureau of Apprenticeship and Training, United Sta	tes Department of Labor.	e redizieren	[	
Can The cale	·	•		
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO A	APPROVED PLANS FUNDS OR PRO	GRAMS	NAME AND TITLE	SIGNATURE
(-,		uno	Katherine Bicari, Office Manager	12/11 -1
in addition to the basic hourly wage	rates paid to each laborer or mechan	ic listed in		Matherine Decare
	ents of fringe benefits as listed in the		THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE	STATEMENTS MAY SUBJECT THE CONTRACTOR OR ON, SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
except as noted in section 4(c) below		mpioyees,	TITLE 31 OF THE UNITED STATES CODE.	NV. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
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Wage and Hour Division

#### **PAYROLL**



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

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NAME OF CONTRACTOR OR SUBCONTR		Construction Corp.			•					ADDRI	410 100	ute 22 er, NY 10	509				****	<del></del>	OMB No.	:1235-000 07/31/2024
PAYROLL NO.	FOR WEEK ENDING										ECT AND LOCA	TION				· · · · · · · · · · · · · · · · · · ·	PROJECT	OR CONTRAC		
4			0	8/21/						Beekman Recreation Baseball Field 1 31 Recreation Road, Hopewell Junction, NY 12533						RFP: 20	22-0113-1			
(1)	(2)	(3)		<u> </u>		DAY A	-,	<del>,</del>		(5)	(6)	(7					(8)	****		(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER	FIONS		OT, OR ST	<b></b>	Tues W						ļ					DED	(8) UCTIONS			NET
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO, OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ot.		8/16: 8/ OURS \					TOTAL		GRO AMOL EARN	INT	FICA	WITH- HOLDING TAX	Medicare	NYS Tax		TOTAL	WAGES
Enrique Acosta - 2906			0		T	T	T					\$571.20		1 1100	1///		<del> </del>	OTHER	DEDUCTIONS	FOR WEEK
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Juan Acosta - 2265 118 Palmer Avenue Apt. 10	0	Operator	o									\$726.08	/	1			l			
Mamaroneck, NY 10543	0	opolato.	S	8.00			T			8.00	58.16 32.60	1/		\$53.29	\$45.02	\$10.53	\$29.45	\$3,71	\$142.00	\$584.08
Victor Acosta - 4635 430 Fayette Avenue #2		1 -1	0			1						\$571.20	/							<del>                                     </del>
Mamaroneck, NY 10543	0	Laborer	s	8.00		1	T	П	1	8.00	44.50 26.90	1/		\$34.71	\$35.41	\$8.28	\$20.39	\$2.92	\$101.71	\$469.49
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White completion of Form Wi+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. §§ 3.3.5(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 wages paid each employee during 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.

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Washington, D.C. 20210

Wage and Hour Division

#### **PAYROLL**



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

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

NAME OF CONTRACTOR   OR SUBCONTI	RACTOR	П									ADDR	ESS .	140 5			·				THEY. DE	***************************************
	Tech C	Construction Corp.										_	10 Rout Brewster	te 22 , NY 10509						OMB No. Expires:	.:1235-0008 07/31/2024
FAYROLL NO. 5	1 / //	FOR WEEK ENDIN		09/11/2022 Beekman Recreation Baseball Field 1 31 Recreation Road, Hopewell Junction, NY 12533 RFP: 2022-0																	
NAME AND INDIVIDUAL IDENTIFYING NUMBER	NO. OF WITHHOLDING (3) EXEMPTIONS	(3)	TS BO		Tues	Wed T	Thurs .	Fri	Sat		(5)		(6)	(7)			DEC	(8) PUCTIONS	,	- 11 M. Page 1	(9)
(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHH EXEMP	WORK CLASSIFICATION	o To	9/5	9/6 HOURS	9/7 S WORI	9/8 KED I	9/9 EACH	9/LO LDAY	9/11	TOTAL		RATE IF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	Medicare	NYS Tax	OTHER	TOTAL	NET WAGES PAID
Anthony Barna - 6092 16 Styvesant Road Carmel, NY 10512	Ö	Laborer	s				-	1,00			1.00	44.50	26,90	\$71.40		\$4.43	\$1.04		\$0.36	DEDUCTIONS \$5.83	\$65:57
Sandro Velasquez - 5679 632 Mamaroneck Avenue Mamaroneck, NY 10543	2	Laborer	0	┞		1	1	1.00	1		1.00	44.50	26.90	\$71.40		\$4.43	\$1.04		\$0.36	\$5,83	\$65.57
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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. §§ 3.3, 5.6(a). The Copelland 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 wages paid each employee during 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 egency 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 fifting benefits.

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Katherine Bloari (Name of Signatory Party) (Tille)	Date September 12, 2022			(b) WHERE FRII	NGE BENEFITS ARE PAID	IN CASH
(Name of Signatory Party)  (In that I pay or supervise the payment of the persons employed by Sport-Tech Construction Corp.  (Contractor or Subconfactor)  Beekman Reccreation Baseball Field 1 ; that during the payroll period commoncing on the (Guilding or Wort)  (Gu	Katherine Bicari	Office Manager		. [7]	Fach laborar or machania	listed in the above referenced payroll has been paid
(1) That I pay or supervise the payment of the persons employed by Sport-Tech Construction Corp.  (Continactor or Subcontractor)  Sport-Tech Construction Corp.  (Continactor or Subcontractor)  Sport-Tech Construction Corp.  (Quilliding or Work)  Sith day of September 2022, and ending the 11th day or September 2022, all persons employed on said project have been paid the full weelphy wages earned, that no rebates have been or will be made either decity or indirectly or on behalf of said  Sport-Tech Construction Corp.  (Contractor or Subcontractor)  (Contractor or Subcontractor or Subcon	(Name of Signatory Party)	(Title)		[₹] :-	as indicated on the payrol	II, an amount not less than the sum of the applicable
Sport-Tech Construction Corp.  (Contractor or Subcontractor)  Beekman Recreation Baseball Field 1	do hereby state:					
Sport-Tech Construction Corp.  Gentrated or sibsonariactor)  Beekman Recreation Baseball Field 1 ; that during the payroll period commending on the (Budfing or Work)  Sith day of September 2022 and ending the 11th day of September 2022 at present the second of the sec	(1) That I pay or supervise the payment of the person	ons employed by		(c) EXCEPTION	S	
Contractor or Subcontractor)   Boekman Recreation Baseball Field 1	• • • • • • • • • • • • • • • • • • •	•	on the	(4) 2.132. 1131.	<u>-</u>	T
(8) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborars or mechanics contained therein are not less than the desainfications set for the three pays gar rates contained in any wage determination with the wage rates for laborar or mechanics contained therein are not less than the desainfications set for thirt there are designed with a State appendices with a St	(Contractor or Subcontr	actor)		EXCEP	TION (CRAFT)	EXPLANATION
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  Sport-Tech Construction Corp.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CF.R. Subtite A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 949, 93 Stat. 108, 72 Stat. 957; 76 Stat. 357; 40 U.S.C. § 3149), and described below.  (2) That any payrolis otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract, that the tealselfications set forth therein for each laborer or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract, that the tealselfications set forth therein for each laborer or mechanic contrained therein are not less than the project of the second		; that during the payroll period con	nmencing on the		·	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said  Sport-Tech Construction Corp.  (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CF.R. Subtite A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 949, 93 Stat. 108, 72 Stat. 957; 76 Stat. 357; 40 U.S.C. § 3149), and described below.  (2) That any payrolis otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract, that the tealselfications set forth therein for each laborer or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated in the contract, that the tealselfications set forth therein for each laborer or mechanic contrained therein are not less than the project of the second	5th day of September 2022 and endin	g the 11th day of Septemb	per 2022			
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(Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 957; 76 Stat. 357; 40 U.S.C. § 3145), and described below.  (2) That any payrolls otherwise under this contract, required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the dassifications set forth therein for each laborer or mechanic conforts with the work the performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized gety revealed in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor. of if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (b) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (c) That any apprenticeship and Training, United States Department of Labor.  (d) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (d) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (d) That apprenticeship and Training, United States began and the programs for the benefit of such employees.  (e) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (f) That any apprenticeship and Training, United States began and	Sport-Tech Construction	on Corp.	from the full			
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the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees,	(a) WHERE FRINGE BENEFITS ARE PAID TO				ce Manager	SIGNATURE
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Wage and Hour Division

#### PAYROLL



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

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

Rev. Dec. 2008

AME OF CONTRACTOR OR SUBCONTRACTOR											ADDRE	4	10 Rou	te 22 r, NY 10	ENO.						OMB No.	:1235-0008 )7/31/2024
Sport-	Tech C													<u> </u>	509				PROJECT C	R CONTRAC		
PAYROLL NO.	6 10/30/2022										Beel	kman	ND LOCA Recre ation R	ation Bas	eball ewell	Field 1 Junction,	NY 12533	3		22-0113-1	., NO.	
(1)	(2) ♀ <u>∞</u>	(3)	1	Mon		Wed		_		Sun	(5)		(6)	(7)	Ĭ			DEDI	(8) UCTIONS			(9)
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SÖCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OR	10/24	10/25		10/27	10/28	10/29	10/30	TOTAL HOURS		RATE OF PAY	GROS AMOU EARN	INT	FICA	WITH- HOLDING TAX	Medicare	NYS Tax	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Enrique Acosta - 2906 118 Palmer Avenue Apt. 10 Mamaroneck, NY 10543	o	Laborer	o	$\vdash \vdash$	8.00		8,00	7.50			23.50	44.5	0 26.90	\$1,677.	90	\$230.06	\$104.03	\$24.33	\$85.13	\$8.57	\$452.12	\$1,225.78
Juan Acosta - 2265		Operátor		<del>-</del>	0.00									\$2,132.	86/	0222.57	#120 Q4	670.07	011442	\$10.90	\$622.07	61 510 70
118 Palmer Avenue Apt. 10 Mamaroneck, NY 10543	0	Operator	s		8.00		8.00.	7.50			23.50	58:1	6 32,60		oo /	\$333.57	\$132.24	\$30.93	\$114.43	\$10.90	\$622.07	\$1,510.79
Victor Acosta - 4635 430 Fayette Avenue #2 Mamaroneck, NY 10543	0	Laborer	o s		8.00		8.00	7.50			23.50	44.5	0 26.90	\$1,677.	.90	\$230.06 \$104.03 \$24.33		\$24.33	\$85.13	\$8.57	\$452.12	\$1,225.78
Anthony Barna - 6092 16 Styvesant Road Carmel, NY 10512	Ō	Läborer	0	┨╼╂				6.75			6.75	.44.5	0 26,9	\$481.9	5/	\$24.00	\$29.88	\$6,99	\$15.17	\$2.46	\$78.50	\$403,45
Brian Pascale - 0201 8 E. Salem Road Fishkill, NY 12524	0	Laborer	o	1 1			5,00	8.75		:	13.7	44.4	50 26.9	\$981.7	5/	\$83.97	\$60.87	\$14.24	\$44.4İ	\$5.02	\$208.51	\$773.24
Bayron Sari-Chapa-1945 45 Starr Avenue Danbury, CT 06811	0	Laborer	o	<del>  </del>				6,75			6.75	44.	50 26.9	\$481.9	5/	\$24.00	\$29.88	\$6.99	\$15:17	\$2.46	\$78.50	\$403.45
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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. §§ 3.3, 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 wages paid each employee during the preceding week." U.S. Department of Labor (POL) regulations at

29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls for 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

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

29 C.F.R. § 5.5(a)(3)(iii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting general payrolls are construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer

29 C.F.R. § 5.5(a)(3)(iii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting general payrolls are constructed to the work performed. Dotte and the proper Davis Bacon prevailing wage rate for the work performed. Dotte and the proper Davis Bacon prevailing wage and firing being first to the proper Davis Bacon prevailing wage rate for the work performed. Dotte and the proper Davis Bacon prevail payrolls are constructed to the proper Davis Bacon prevail payrolls are constructed to the proper Davis Bacon prevail payrolls are constructed to the proper Davis Bacon prevail payrolls

#### Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and complete this collection, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and complete this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

ate October 31, 2022		(b) WHERE FRIN	NGE BENEFITS ARE PAID IN C	ASH
Katherine Bicari	Office Manager			
(Name of Signatory Party)	(Title)	☑ -	Each laborer or mechanic liste	d in the above referenced payroll has been paid amount not less than the sum of the applicable
hereby state:			Dasic nouny wade rate plus the	2000 of the required frings honofits as listed
(1) That I pay or supervise the payment of the pe	rsons employed by		in the contract, except as noted	l in section 4(c) below.
Sport-Tech Constr	uction Corp.	(c) EXCEPTIONS		
(Contractor or Subco	ntractor) on the	EYCÉPT	TION (CRAFT)	
(building of work)	en; that during the payroll period commencing on the		TOTA (CRAFT)	EXPLANATION
24th day of October 2022, and en	ding the 30th day of October 2022			
persons employed on said project have been paid the n or will be made either directly or indirectly to or or	ne full weekly wages earned, that no rebates have n behalf of said	,		
Sport-Tech Construc	tion Corp. from the full			
(Contractor or Subc	ontractor)			
ekly wages earned by any person and that no dedu m the full wages earned by any person, other than p 29 C.F.R. Subtitle A), issued by the Secretary of Lat Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 31	emissible deductions as defined in Regulations, Part			
		<del></del>		
		REMARKS:		
olicable wage rates contained in any wage determination forth therein for each laborer or mechanic conform (a) That any apprentices employed in the above pergram registered with a State apprenticeship apency.	or mechanics contained therein are not less than the tion incorporated into the contract; that the classifications with the work he performed.  Indicate the second seco	5		
(4) That				
	O APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE		NATURE
_ in addition to the basic hourly w	age rates paid to each laborer or mechanic listed in	Katherine Bicari, Office	Manager	Mother o Bearing
the above referenced payroll, pa	ayments of fringe benefits as listed in the contract ropriate programs for the benefit of such employees,	THE WILLFUL FALSIFICATION	ON OF ANY OF THE ABOVE STATEM	ENTS MAY SUBJECT THE CONTRACTOR OR SECTION 1001 OF TITLE 18 AND SECTION 3729 OF

Wage and Hour Division

#### PAYROLL.



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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Rev. Dec. 2008 NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 410 Route 22 OMB No.: 1235-0008 Sport-Tech Construction Corp. Brewster, NY 10509 Expires: 07/31/2024 PAYROLL NO. FOR WEEK ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO. 7 Beekman Recreation Baseball Field 1 11/06/2022 RFP: 2022-0113-1 31 Recreation Road, Hopewell Junction, NY 12533 (1) (2) (3) (4) DAY AND DATE (9) (8) DEDUCTIONS Vα Fri Sat Sun NAME AND INDIVIDUAL IDENTIFYING NUMBER NET GROSS 11/1 11/2 11/3 (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY 11/4 11/5 WITH 11/6 WORK WAGES TOTAL RATE AMOUNT EARNED HOLDING NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DA Medicare TOTAL PAID NYS Tax HOURS FICA TAX OTHER FOR WEEK Enrique Acosta - 2906 \$553.35 118 Palmer Avenue Apt. 10 Laborer ٥ \$32.57 \$34.31 \$8.02 \$19.35 Mamaroneck, NY 10543 \$2.83 \$97.08 \$456,27 7.75 7.75 44.50 26.90 Juan Acosta - 2265 \$703.39 118 Palmer Avenue Apt. 10 Operator n \$50.57 \$43.61 \$10.20 \$28.12 \$3,59 Mamaroneck, NY 10543 \$136.09 \$567.30 s 7.75 58.16 32.60 7.75 \$553.35 Victor Acosta - 4635 lο 430 Fayette Avenue #2 Laborer 0 \$32.57 \$34.31 \$8.02 \$19.35 \$2.83 \$97.08 \$456.27 Mamaroneck, NY 10543 7 75 7.75 44.50 26.90 \$1,338.75 Anthony Bama - 6092 16 Styvesant Road 0 Laborer \$155.45 \$83.00 \$19.41 \$65.29 \$6.84 Carmel, NY 10512 \$329,99 \$1,008.76 6.25 18.75 6.50 6.00 44.50: 26 90 \$517.65 Jose Bautista - 9017 197 S Regent St 0 Laborer \$28.28 \$32.09 \$7.51 \$17.26 \$2.65 \$87.79 \$429.86 Port Chester, NY 10573 7.25 7.25 44.50 26.90 \$517.65 Miquel Bautista - 4848 256 Mamaroneck Ave 0 Laborer \$28.28 \$32.09 \$7.51 \$17.26 \$2.65 \$87.79 \$429.86 Mamaroneck, NY 10543 **7.25** 7.25 44.50 26.90 \$892.50 Brian Pascale - 0201 8 E. Salem Road Laborer Ŏ. \$73.26 \$55.34 \$12.94 \$39.19 \$4.56 \$185:29 \$707.21 Fishkill, NY 12524 6.00 1.50 2.00 3.00 12.50 -44.50 26.90 \$553.35 Bayron Sari-Chapa-1945 45 Starr Avenue n Laborer \$32.57 \$34.31 \$8.02 \$19.35 \$2.83 \$97.08 \$456.27 Danbury, CT 06811 7.75 7.75 44.50 26,90

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. §§ 3.3, 5.5(a). The Copetand 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 wages paid each employee during 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 to determine that employees have received legally required wages and fringe benefits.

#### **Public Burden Statement**

We estimate that is 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 complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date November 7, 2022				•
Katherine Bicari	Office Manager	(b) WHERE FR	INGE BENEFITS ARE PAID	IN CASH
(Name of Signatory Party)	(Title)	<del></del> 🛛	Each laborer or mechanic	listed in the above referenced payroll has been paid, I, an amount not less than the sum of the applicable
do hereby state:			basic hourly wage rate plu	is the amount of the required fringe benefits as listed noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons		(c) EXCEPTION		noted in section 4(c) below.
Sport-Tech Constructio		the (c) EXCEPTION	10	
(Contractor or Subcontrac Town of Stanford-Recreation Park Improvemen; (Building or Work)	.or)	EXCEF	PTTON (CRAFT)	EXPLANATION
(Building or Work)	at during the payroll period commencing on	he -		
31st day of October 2022, and ending t	he 6th day of November 202			
all persons employed on said project have been paid the full been or will be made either directly or indirectly to or on beh	weekly wanes earned that no tabaton have	•		
Sport-Tech Construction	Corp.	£.11		
(Contractor or Subcontra	ctor) from the	tuli		
weekly wages earned by any person and that no deductions from the full wages earned by any person, other than permis 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor un 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145),	sible deductions as defined in Regulations, F	art948,		
		, , , , , , , , , , , , , , , , , , , ,		
***		REMARKS:		
(2) That any payrolls otherwise under this contract requ	ired to he submitted for the above period are		·	
correct and complete: that the wage rates for laborers or me	chanics contained therein are not less than t	he I		
applicable wage rates contained in any wage determination is set forth therein for each laborer or mechanic conform with the	corporated into the contract; that the classific work he performed.	ations		
(3) That any apprentices employed in the above period a	re dilly redistered in a hono fide apprenticed	in		
program registered with a State apprenticeship agency recog Training, United States Department of Labor, or if no such re with the Bureau of Apprenticeship and Training, United State	nized by the Bureau of Apprenticeship and cognized agency exists in a State, are registed	`		
(4) That:				
(a) WHERE FRINGE BENEFITS ARE PAID TO AP	PROVED PLANS, FUNDS, OR PROGRAMS		4.	SIGNATURE
_ in addition to the basic hourly wage ra	ates paid to each laborer or mechanic listed	Katherine Bicari, Offic	ce Manager	Nother - h.
the above referenced payroll, payments have been or will be made to appropria	nts of fringe benefits as listed in the contra the programs for the benefit of such employee	THE WILLFUL FALSIFICA SUBCONTRACTOR TO CIV	IL OR CRIMINAL PROSECUTION. :	ATEMENTS MAY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
except as noted in section 4(c) below.		TITLE 31 OF THE UNITED S	STATES CODE.	/

#### PAYROLL

**WHE** 

Wage and Hour Division

## (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. ADDRESS OR SUBCONTRACTOR NAME OF CONTRACTOR 410 Route 22 OMB No.:1235-0008 Expires; 07/31/2024 Brewster, NY 10509 Sport-Tech Construction Corp. PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. Beekman Recreation Baseball Field 1 11/13/2022 RFP: 2022-0113-1 8 31 Recreation Road, Hopewell Junction, NY 12533 (9) (4) DAY AND DATE (3) (1) (8) DEDUCTIONS Fri Sat Mon Wed Thors Sun Ture NET WAGES NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WITH-11/8 11/9 11/10 11/11 11/12 11/7 HA: (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY TOTAL RATE AMOUNT HOLDING TOTAL PAID WORK Medicare NYS Tax EARNED FICA OTHER FOR WEEK HOURS WORKED EACH DAY OF PAY TAX CLASSIFICATION NUMBER) OF WORKER \$392.70 Anthony Barna - 6092 \$56.51 Laborer \$14.37 \$24.35 \$5,69 \$10.09 \$2.01 \$336.19 16 Styvesant Road O 5.50 Carmel, NY 10512 44.50 26.90 5.50 \$517.65 Jose Bautista - 9017 Laborer \$28.28 \$17,26 \$2.65 \$87.79 \$429.86 \$32.09 \$7.51 197 S Regent St 0 Port Chester, NY 10573 7.25 44.50 26.90 7,25 \$517.65 Miquel Bautista - 4848 \$2.65 \$429.86 Laborer \$28.28 \$32.09 \$17.26 \$87.79 256 Mamaroneck Ave \$7.51 0 Mamaroneck, NY 10543 7,25 7.25 l 44.50 26.90 \$535.50 Brian Pascale - 0201 \$30:42 S2.74 \$92.42 \$443.08 \$33.20 \$7.76 \$18.30 Laborer 8 E. Salem Road 0 Fishkill, NY 12524 7.50 44.50 26.90 7.50 \$517.65 Sandro Velasquez - 5679 \$17.26 \$2.65 \$68.56 \$449.09 632 Mamaroneck Avenue 2 Laborer \$9.05 \$32.09 \$7.51 Mamaroneck, NY 10543 7.25 7.25 44.50 26.90

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. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to the wages paid each employee during the preceding week.\* U.S. Department of Labor (DOL) regulations at (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to the wages paid each employee during 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 payrolis to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolis 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 to determine that employees have received legally required wages and fringe benefits.

#### **Public Burden Statement**

We estimate that is 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, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date November 14, 2022		(b) WHERE FRINGE BENEFITS ARE P	PAID IN CASH
Katherine Bicari	Office Manager	[7] Foot labour or most	anic listed in the above referenced payroll has been paid,
(Name of Signatory Party)	(Title)	as indicated on the pa	ayroll, an amount not less than the sum of the applicable
do hereby state:			e plus the amount of the required fringe benefits as listed t as noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons	employed by	(c) EXCEPTIONS	
Sport-Tech Construction	n Corp on the	(c) EXCEL HONG	
(Contractor or Subcontract	or)	EXCEPTION (CRAFT)	EXPLANATION
Town of Stanford-Recreation Park Improvemen ; tr	nat during the payroll period commencing on the		
7th day of October 2022, and ending the	ne 13th day of November 2022		
all persons employed on said project have been paid the full been or will be made either directly or indirectly to or on behi	weekly wages earned, that no rebates have		
Sport-Tech Construction	Corp. from the full		
(Contractor or Subcontractor)	·		
weekly wages earned by any person and that no deductions from the full wages earned by any person, other than permis 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor un	sible deductions as defined in Regulations, Part der the Copeland Act. as amended (48 Stat. 948,	-	
63. Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145),	and described below:		
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
		REMARKS:	
(2) That any payrolls otherwise under this contract req correct and complete; that the wage rates for laborers or mapplicable wage rates contained in any wage determination set forth therein for each laborer or mechanic conform with the contract of the contract of the conform with the contract of the contract of the conform with the conform with the contract of the conform with the conform with the contract of the conform with the conform with the conform with the conform with the conform with the conform with the conform with the conformal confor	echanics contained therein are not less than the incorporated into the contract; that the classifications		
(3) That any apprentices employed in the above period program registered with a State apprenticeship agency reco Training, United States Department of Labor, or if no such re with the Bureau of Apprenticeship and Training, United State	gnized by the Bureau of Apprenticeship and ecognized agency exists in a State, are registered		
(4) That:	DDD OUTS SLANG THINDS OF BROCKARS	NAME AND TITLE	SIGNATURE
(a) WHERE FRINGE BENEFITS ARE PAID TO A		Katherine Bicari, Office Manager	Lathan Burning
- in addition to the basic hourly wage	rates paid to each laborer or mechanic listed in ents of fringe benefits as listed in the contract	THE WILLFUL FALSIFICATION OF ANY OF THE ABO	OVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
have been or will be made to appropr	iate programs for the benefit of such employees,	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTIFLE 31 OF THE UNITED STATES CODE.	UTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
except as noted in section 4(c) below	•		/

# CONTRACTOR/SUBCONTRACTOR PARTIAL RELEASE AND LIEN WAIVER

Date:. Project:	November 18, 2022  Beekman Recreation – Baseball Field 1	Contract Date: Contract Price:	July 28, 2022 \$156,000
Address:	31 Recreation Road	Net Extras & Deductions:	
City:	Hopewell Junction, New York 12533	Adjusted Contract Price:	
County:	Dutchess	Amount Previously Paid:	
State:	New York	Current Payment Due:	\$64,600,00
Owner:	Town of Beekman	Balance Due:	
Contractor:	Sport-Tech Construction Corp.	·	

In the consideration of payment made by TOWN OF BEEKMAN to Sport-Tech Construction Corp. for all work, labor, materials, equipment and services furnished through the period ending November 11, 2022 and pursuant to Payment Application #2 in connection with the project named above.

The UNDERSIGNED hereby releases the Contractor/Subcontractor listed above, through the date of this Partial Release and Waiver of Lien, from any and all claims and demands of every kind and character, including, but not limited to claims for labor and/or materials and/or equipment and/or additional work and/or delays under the aforesaid contract in any way growing out of or connected with said contract. The undersigned does hereby covenant and agree not to claim or file a mechanic's lien or any other lien against the contract and/or premises for materials furnished or labor performed in connection with such a project to date listed above.

## The UNDERSIGNED further warrants that:

- 1) All subcontractors employed by the undersigned upon this project have been fully paid to this date hereof;
- 2) All workmen employed by it or its subcontractors upon this project have been fully paid to this date hereof;
- All materialmen from whom the undersigned or its subcontractors have purchased materials used in this project have been paid for the materials delivered on or prior to this date;
- 4) None of such workmen and/or materialmen have any claims or demand or right of lien; and
- 5) He is an authorized officer with full power to execute this Partial Release and Waiver of Lien.

IN WITNESS WHEREOF, the contractor or subcontractor named below has executed this Partial Release and Lien Waiver this 18th day of November, 2022.

CONTRACTOR/SUBCONTRACTOR:

Signature: Print Name: Robert Tranchida
Title: Secretary

STATE OF NEW YORK	)
0 ,	) ss.:
COUNTY OF PUMAM	)

On this 18<sup>th</sup> of November, in the year 2022, before me personally came Robert Tranchida, to me known, who, being by me duly sworn, did depose and say that he resides at 14 Scotts Lane, South Salem, NY 10590, that he is the President of the Sport-Tech Construction Corp., the corporation described in and which executed the foregoing Partial Release and Lien Waiver, and that he signed his name thereto by authority of the Board of Directors of the corporation.

Notary Public

Beth Golden
Notary Public New York
Reg. No. 01GO6216912
My Commission Expires Feb. 1202

## **VOUCHER**

## Town of Beekman 4 Main Street Poughquag, NY 12570

Voucher	
Number	

	14011001		
an 2570	Date Received		
	Fund-Appropriation	Amount	
	: :		
Corp.			
'			
n this voucher	Total	\$ -	

Detailed invoices may be attached and total entered on this voucher Certification below must be signed.

**Sport-Tech Construction** 

Brewster, NY 10509

410 Route 22

Dept.

Claimants

Name &

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INVOICE DATE	INVOICE #	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
11/18/2022	Application #2	Town of Beekman Beekman Recreation Baseball Field 1 Project (RFP:2022-0113-1)	: :	\$64,600.00
			# 	
		Total	**	\$64,600.00

## **CLAIMANT'S CERTIFICATION** I, Eric Pu, liese, certify that the above account in the amount of \$30, \$64,600.00 is true and correct; that the items, services, and disbursements were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied: that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due. 12/12/2022 President Signature Title **Department Approval** Approval for Payment The above services or materials were rendered This claim is approved and ordered paid from the appropriations indicated above or furnished to the municipality on the dates stated and the charges are correct. **Auditing Board Authorized Official** Date Date



FOLKES HOME SERVICES 850 Route 9 - Fishkili, NY 12524 www.FolkesHomeServices.com Estimate 60537028
Project 60044257
Estimate Date 12/20/2022
Technician Jarrett Sciongay

Job Address Town of Beekman Town Hall 4 Main Street Poughquag, NY 12570 USA

Billing Address Town of Beekman Town Hall 4 Main Street Poughquag, NY 12570 USA

FIRST YEAR MAINTENANCE VISIT

#### **Estimate Details**

Weil McLain steam oil boiler: REPLACEMENT OF EXISTING STEAM BOILER. COMPLETE REMOVAL AND COMPLETE INSTALLATION. PERMIT INCLUDED.

Task # Description Quantity **Your Price Your Total** \$23,533,00 \$23.533.00 HI-100 WEIL MCLAIN NATURAL DRAFT, OIL FIRED STEAM BOILER 1.00 MODEL SGO-6 **BECKETT AFG OIL BURNER ENERGY EFFICIENCY: 85% AFUE** 245K BTU INPUT - 158K BTU NET (658 SQ. FT. STEAM) 10 YEAR HEAT EXCHANGER WARRANTY FROM MANUFACTURE 1 YEAR PART WARRANTY FROM MANUFACTURE 5 YEAR LABOR WARRANTY FROM FOLKES ALL NEW NEAR BOILER STEAM PIPING ALL NEW BOILER COMPONENTS (HIGH LIMIT CONTROL, LOW WATER CUT OFF, AUTOMATIC WATER FEEDER, RELIEF VALVE) RECONNECT OIL SUPPLY PIPING WITH NEW OIL FILTER NEW LINE VOLTAGE SWITCH WITH EMERGENCY PLATE COVER **GFCI RECEPTACLE** NEW EXHAUST PIPING FROM BOILER TO CHIMNEY REMOVAL OF OLD EQUIPMENT PERMITS REQUIRED BY BUILDING DEPARTMENT

Sub-Total

\$23,533.00

Tax

\$0.00

Total

\$23,533.00

Est. Financing

\$372.59

## CUSTOMER SERVICE IS OUR #1 PRIORITY

We are committed to providing you with the highest level of customer service. If you are not completely satisfied for any reason or you need us to do anything better, please let us know. Your feedback is very important to us.

THANK YOU FOR CHOOSING US FOR YOUR SERVICE NEEDS!