

- a. Under what other or former names has your organization operated?
3. If a corporation, answer the following:
 - a. Date of incorporation
 - b. State of incorporation
 - c. President's name
 - d. Vice-president's name(s)
 - e. Secretary's name
 - f. Treasurer's name
4. If an individual or a partnership, answer the following:
 - a. Date of organization
 - b. Name and address of all partners (state whether general or limited partnership)
5. If other than a corporation or partnership, describe organization and name principals.
6. List states and categories in which your organization is legally qualified to do business. Indicate registration or license numbers. List states in which partnership or trade name is filed.

7. We normally perform the following work with our own forces.
8. Have you ever failed to complete any work awarded to you? If so, note when, where and why.
9. Within the last five (5) years, has any officer or partner of your organization ever been an officer or partner of another organization when it failed to complete a construction contract? If so, attach a separate sheet of explanation.
10. On a separate sheet, list major construction projects your organization has in process, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.
11. On a separate sheet, list the major projects your organization has completed in the past five (5) years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.
12. On a separate sheet, list the construction experience of the key individuals of your organization.

13. Trade references.

14. Bank references.

15. Name of bonding company and name and address of agent.

16. Attach a financial statement, audited if available, including contractor's latest balance sheet and income statement showing the following items:

- a. Current assets (i.e. cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses).
- b. Net fixed assets.
- c. Other assets.
- d. Current liabilities (i.e. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes).
- e. Other liabilities (i.e. capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).
- f. Name of firm preparing financial statement and date thereof.
- g. Is this financial statement for the identical organization named on Page One (1)?

- h. If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (i.e. parent-subsidiary).

- i. Will this organization act as guarantor of the contract for construction?

17. Dated at _____ this _____
day of _____, 20_____.

Name of organization: _____

By _____

Title _____

18. _____ being duly sworn deposes and says that he/she is
the _____ of _____
contractor(s) and that answers to the foregoing questions and all statements therein contained
are true and correct.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My commission expires: _____



FORM LS-2
CONTRACTORS CERTIFICATION CONCERNING LABOR
STANDARDS AND PREVAILING WAGES

Recipient:	Contract No:
Activity Name:	

1. I, the undersigned, am submitting a bid to (name of recipient): _____ for the construction of the (name of project): _____ and hereby acknowledge that the following items are included in the bid and will be incorporated by reference into the contract, should I be selected as the contractor for the project.
 - a. Labor Standards Provisions (HUD 4010);
 - b. Wage Decision # _____ Modification # _____ Bid Open Date: _____; and that
 - c. The correction of any infractions of the aforesaid conditions, including infractions by any of my sub-contractors and lower tier sub-contractors, is my responsibility.
2. I hereby certify that:
 - a. To the best of my knowledge, neither I nor any firm, partnership or association in which I have a substantial interest, is designated as an ineligible contractor by the Comptroller General of the United States pursuant to Section 5.6(b) of the Regulations of the Secretary of Labor, Part 5 (29 CFR Part 5) or pursuant to Section 3(a) of the Davis-Bacon Act, as amended [40 U.S.C. 276a-2(a)].
 - b. No part of the aforementioned contract is or will be sub-contracted to any sub-contractor, if such sub-contractor or firm, corporation, partnership or association in which such sub-contractor has a substantial interest is, to the best of my knowledge, designated as an ineligible contractor pursuant to any of the aforementioned regulatory or statutory provisions.
3. I agree to obtain and forward to the aforementioned grantee a Sub-contractor's Certification Concerning Labor Standards and Prevailing Wage Requirements executed by each and every sub-contractor, preferably prior to or where circumstances do not allow within ten (10) days after the execution of any sub-contract, including those executed by his/her sub-contractors and any lower tier sub-contractors.

4. Further, I certify that:

- a. The demographic and business information of the undersigned are:

Contractor Information									
Amount of Contract	Type of Trade Code*	Racial Code*	Hispanic (Y/N)	Women Owned (Y/N)	IRS Tax ID #	SAM.gov UEI#	Section 3 (Y/N)	Construction Firm Legal Name Address, City, State, Zip	AZ License #
\$									

* See Demographic and Trade Code table below for information

Demographic and Trade Codes	
Race	Type of Trade Code
11 White	1 New Construction
12 African American	2 Education/Training
13 Asian	3 Other (i.e. rehabilitation, administration, professional, public services)
14 American Indian or Alaskan Native	
15 Native Hawaiian or other Pacific Islander	
16 American Indian or Alaskan Native and White	
17 Asian and White	
18 African American and White	
19 American Indian or Alaskan Native and White	
20 Other Multi-racial	

b. The undersigned is:

- a sole proprietorship;
- a partnership;
- a corporation organized in the State of _____; or
- another organization (describe) _____

c. The name, title and address of the owners, partners or officers of the undersigned are (list any other legal names/doing business as (dba)):

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
_____	_____	_____

d. The names and addresses of all other persons, both natural and corporate, having a substantial interest in the undersigned and the nature of the interest, are: (indicate if NONE)

<u>NAME</u>	<u>ADDRESS</u>	<u>NATURE OF INTEREST</u>
_____	_____	_____

e. The names, addresses and trade classifications of all other building construction contractors in which the undersigned has a substantial interest are: (indicate if NONE)

<u>NAME</u>	<u>ADDRESS</u>	<u>TRADE CLASSIFICATION</u>
_____	_____	_____

5. I hereby certify that I have the legal authority to complete and submit this document on behalf of:

- a. Name of Contractor: _____
- b. Signature (in ink): _____
- c. Typed or Printed Name: _____
- d. Title: _____
- e. Date: _____

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in part: "Whoever...makes, passes, utters or publishes any statement, knowing the same to be false...shall be fined under this title or imprisoned not more than two (2) years, or both."



Arizona
Department
of Housing

FORM LS-3
SUB-CONTRACTORS CERTIFICATION CONCERNING
LABOR STANDARDS AND PREVAILING WAGES

Recipient:

Contract No:

Activity Name:

1. I, the undersigned, having submitted a bid or having executed a contract with:

(name of contractor or sub-contractor): _____

for (name of project): _____

for (nature of work): _____

in the amount of \$ _____ certify that:

- a. The Labor Standards Provisions (HUD 4010) are included in the aforementioned contract or bid;
- b. Wage Decision # _____; Modification # _____ are included in the aforementioned contract or bid.

2. I hereby certify that:

- a. To the best of my knowledge, neither I nor any firm, partnership or association in which I have a substantial interest, is designated as an ineligible contractor by the Comptroller General of the United States pursuant to Section 5.6(b) of the Regulations of the Secretary of Labor, Part 5 (29 CFR. Part 5) or pursuant to Section 3(a) of the Davis-Bacon Act, as amended [40 U.S.C. 276a-2(a)].
- b. No part of the aforementioned contract has been or will be sub-contracted to any sub-contractor, if such sub-contractor or firm, corporation, partnership or association in which such sub-contractor has a substantial interest is, to the best of my knowledge, designated as an ineligible contractor pursuant to any of the aforementioned regulatory or statutory provisions.

3. Further, I certify that:

- a. The demographic and business information of the undersigned are:

Contractor Information									
Amount of Contract	Type of Trade Code*	Racial Code*	Hispanic (Y/N)	Women Owned (Y/N)	IRS Tax ID #	SAM.gov UEI#	Section 3 (Y/N)	Construction Firm Legal Name Address, City, State, Zip	AZ License #
\$									

* See Demographic and Trade Code table below for information

Demographic and Trade Codes	
<i>Race</i>	<i>Type of Trade Code</i>
11 White	1 New Construction
12 African American	2 Education/Training
13 Asian	3 Other (i.e. rehabilitation, administration, professional, public services)
14 American Indian or Alaskan Native	
15 Native Hawaiian or other Pacific Islander	
16 American Indian or Alaskan Native and White	
17 Asian and White	
18 African American and White	
19 American Indian or Alaskan Native and White	
20 Other Multi-racial	

b. The undersigned is:

- a sole proprietorship;
- a partnership;
- a corporation organized in the State of _____; or
- another organization (describe) _____

c. The name, title and address of the owners, partners or officers of the undersigned are (list any other legal names/doing business as (dba)):

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
_____	_____	_____

d. The names and addresses of all other persons, both natural and corporate, having a substantial interest in the undersigned and the nature of the interest, are: (indicate if NONE)

<u>NAME</u>	<u>ADDRESS</u>	<u>NATURE OF INTEREST</u>
_____	_____	_____

e. The names, addresses and trade classifications of all other building construction contractors in which the undersigned has a substantial interest are: (indicate if NONE)

<u>NAME</u>	<u>ADDRESS</u>	<u>TRADE CLASSIFICATION</u>
_____	_____	_____

5. I hereby certify that I have the legal authority to complete and submit this document on behalf of:

- a. Name of Contractor: _____
- b. Signature (in ink): _____
- c. Typed or Printed Name: _____
- d. Title: _____
- e. Date: _____

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in part: "Whoever...makes, passes, utters or publishes any statement, knowing the same to be false...shall be fined under this title or imprisoned not more than two (2) years, or both."

Date _____	(Name of Signatory Party) _____	(Title) _____		
do hereby state:		<p>(1) That I pay or supervise the payment of the persons employed by _____ ; that during the payroll period commencing on the _____ (Contractor or Subcontractor) _____ ; that during the payroll period commencing on the _____ (Building or Work) _____ day of _____, _____, and ending the _____ day of _____, _____ ; 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 _____</p>		

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(1) That I pay or supervise the payment of the persons employed by

(Contractor or Subcontractor)

(Building or Work) _____; that during the payroll period commencing on the _____ day of _____, and ending the _____ day of _____, _____ 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

from the full
(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. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below.

THE JOURNAL OF CLIMATE

REMARKS:

10

(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 classifications set forth therein for each laborer or mechanic conform with the work he 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 by the Bureau of Apprenticeship and Training, United States Department of Labor; or 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

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in 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 except as noted in section 4(c) below.

NAME AND TITLE _____
SIGNATURE _____

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1031 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

THIS CLAUSE MUST BE INCLUDED IN ALL SECTION 3 COVERED RFPs, RFQs, BIDS AND CONTRACTS

Section 3 Clause

The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that the employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low - and very low-income persons in the project area.

The parties to this contract agree to comply with HUD's regulations in 24 CFR part 75, which implement Section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the part 75 regulations.

The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this Section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the Section 3 preference; job titles subject to hire; availability of apprenticeship and training positions; the qualifications for each; the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

The contractor agrees to include this Section 3 clause in every subcontract subject to compliance with regulations in 24 CFR part 75 and agrees to take appropriate action, as provided in an applicable provision of the subcontractor in this Section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR part 75. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 75.

The contractor will certify that any vacant employment positions, including training positions, that are filled: 1) after the contractor is selected but before the contract is executed; and 2) with persons other than those to whom the regulations of 24 CFR part 75 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR part 75.

Noncompliance with HUD's regulations in 24 CFR part 75 may result in sanctions, termination of this contract for default and debarment or suspension from future HUD assisted contracts.

THIS DOCUMENT AND A COMPLETE PERMANENT AND PROJECT WORKFORCE BREAKDOWN SPREADSHEET (FORM S3B-1) **MUST** BE SUBMITTED BY THE BIDDER WITH THE BID DOCUMENTS

Section 3 Assurances (Form S3B-1)

Name of Official Representative	
Business/Contractor Name	
Project Name or Bid Number	

I, the undersigned, as official representative of the above-named business/contractor hereby certify that:

1. A complete permanent and project workforce breakdown form (S3B-2) has been submitted with this bid for the above-named business/contractor and each subcontractor that is known to be a party to this project.
2. The above-named business will comply with Section 3 requirements, to include recordkeeping and reporting, and will cause any subcontractor to comply with Section 3 requirements, to include recordkeeping and reporting, for the above-named project
3. The above-named business/contractor will make, and cause any subcontractor to make every attempt to hire qualified Section 3 and Targeted Section 3 workers for any unfilled positions.
4. The above-named business/contractor will make every attempt to hire subcontractors that are Section 3 businesses.
5. I understand that failure to comply may result, in whole or in part, in contract cancellation, termination or suspension.

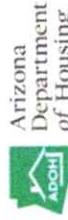
Signature

Date

S3B-2 INSTRUCTIONS

Form S3B-2 collects information necessary to identify existing and planned Section 3 workers by job classification and requires the bidder:

1. Enter an employee identifier or indicate if a position is vacant;
2. Select a position classification from a dropdown menu;
3. Indicate if the position is part of the permanent workforce;
4. Provide the total estimated labor hours the employee will work on the project;
5. Indicate if the employee is a Section 3 worker or Targeted Section 3 worker;
6. Indicate if the employee is paid hourly or salary; and
7. Enter an approximate date of hire if the position is vacant.



Arizona
Department
of Housing

PERMANENT AND PROJECT WORKFORCE BREAKDOWN (FORM S3B-2)

Enter information only in green-shaded cells.

Submit one attachment for the prime contractor and one for each subcontractor

ATTACHMENT A - PERMANENT AND PROJECT LABOR FORCE

Recipient Name	Project Name/Bid Number
ADOH Contract Number	Contractor or Subcontractor Name
Activity Number	Section 3 Business

Select yes or no from the dropdown menu. The definition of a Section 3 business is included in Tab 2.

This information to be provided by recipient
This information to be provided by recipient
This information to be provided by recipient
This information to be provided by recipient

SUB-CONTRACTORS AND MATERIAL SUPPLIERS LIST

The Contractor shall list below all qualified subcontractors and material suppliers for this project.

Section 3 Business Self-Certification Form (S3B-3)

A Section 3 Business shall certify and provide evidence the business is a Section 3 Business as defined in Section 24 CRF 75.

Business Name _____

Address _____

City, State, Zip Code _____

Federal ID Number _____

Contact Person _____

✓	
	The business named above is 51% or more owned and controlled by very-low or low-income persons.
	The business named above is 51% or more owned and controlled by public housing residents or residents currently residing in Section-8 assisted housing.
	Over 75% of the labor hours worked during the past three months by employees of the business named above were performed by employees who are very-low or low-income, or YouthBuild participants.

I hereby certify that:

1. The undersigned has the legal authority to make these certifications on behalf of the named business.
2. Documentation not less than six months old and supporting the above assertion of eligibility is attached.
3. I am aware that both I and the business named above are liable for civil or criminal penalties for willful falsification of any information provided in this document.

Name of Person Completing Form _____

Title of Person Completing Form _____

Signature _____

Date _____

Targeted Section 3 Worker Self-Certification Form (S3C-1C)

A Section 3 Worker seeking the preference in training and employment shall certify or submit evidence to the recipient, contractor, or subcontractor that the person is a Section 3 Worker, as defined in Section 24 CRF 75.

Name of Worker _____

✓	
	I am a YouthBuild participant.
	I was hired within the past five years and at the time of my hire was a YouthBuild participant.

I hereby certify that the information provided by me to be true and correct and understand any falsification of any of the information could subject me to disqualification from participation and punishment under the law.

I understand this certification is valid for five years from the date of signature.

Signature

Date

Targeted Section 3 Worker Employer Certification Form (S3C-1D)

An employer of a Section 3 Worker seeking the preference in training and employment shall certify and maintain evidence the worker is a Section 3 Worker as defined in Section 24 CRF 75.

Name of Employee _____

✓	
	The employee named above resides within the project area as defined in the bid documents.
	The employee named above was hired within the past five years. At the time of hire, the employee resided within the project area as defined in the bid documents.
	I have certified this business as a Section 3 business and the employee is part of the business's permanent workforce.

I hereby certify that the information provided by me to be true and correct and understand any falsification of any of the information could subject me to disqualification from participation and punishment under the law.

I understand this certification is valid for five years from the date of signature.

Employer Name _____

Employer Representative Name _____

Signature of Employer Representative _____

Date _____

JOBS! JOBS! JOBS!

Section 3 Notice – Employment and Training Positions Available (Form S3P-1)

Name: [recipient or contractor/sub-contractor]

Project: [describe project]

Project Area: [one-mile radius or larger if fewer than 5,000 people within one mile radius]

To comply with the requirements of Section 3 of the Housing and Urban Development Act of 1968 as amended by the Housing and Community Development Act of 1992, and implementing regulations, [name of recipient, contractor or sub-contractor] hereby notifies all labor organizations or representatives of workers with whom it has a collective bargaining agreement or other understanding and all employees or applicants for training and employment that it will **give preference in filling new positions and in all training opportunities to persons who meet the requirements stated below. All persons must meet the minimum qualifications of the position to be considered for employment/training.**

1. Resides within the project area [describe]; or
2. Has an income for the previous or annualized calendar year that is below the HUD very-low or low-income limit; or
3. Is employed by a Section 3 business; OR
4. Is a YouthBuild participant.

It is the responsibility of the applicant to document his/her status in any of the categories described above.

[Contractor/sub-contractor] will be accepting applications for the following positions on [date] at [location]:

Positions that will be available:

<u>Title</u>	<u>Number</u>	<u>Minimum Qualifications</u>
---------------------	----------------------	--------------------------------------

Training and apprenticeship positions that will be available:

<u>Title</u>	<u>Number</u>	<u>Minimum Qualifications</u>
---------------------	----------------------	--------------------------------------

For further information, including requests relating to accessibility needs, please contact:

*[Name]
[Address]
[Phone Number, TTY, E-mail]*

[Recipient should consult with the ADOH to determine if this notice should be posted in languages other than English.]

Sample Employment Survey (Form S3P-2)

NOTE: Consult the ADOH to determine if this form should be translated into another language.

The [recipient] anticipates receiving federal housing and community development funds from the State of Arizona Department of Housing to undertake activities to improve the community. As a result of this funding, the [recipient] will be hiring additional staff and/or contractors in the near future to do various types of construction and related work. The [recipient] and/or contractors will be employing people with various types and ranges of skills. If you are interested in this type of employment, please complete the form on the reverse side and return it to the address indicated below. This form also asks whether you would be interested in training in any of these occupations and any special work-related needs you may have. You may be notified at a later date as to any further action you must take to be considered for employment, training or work-related services.

If you have further questions or special accessibility needs, please contact [name] at [phone number or TTY].

Return this form to: [recipient name and address]

Name	
Address	
City, State, Zip Code	
Phone Number	
E-mail Address	

Please indicate any services you would need to enable you to accept employment or participate in job training:

✓	Child care
	Transportation
	Clothing
	English as a second language
	Other:

Please indicate office skills that you have:

✓	
	Typing. Words per minute:
	Filing
	Software programs (list):
	Other:
	Other:

Please indicate construction skills that you may have or would like training for in the table on the following page.

Job Category	I would like training in this area <input checked="" type="checkbox"/>	Length of Experience			
		0 - 3 Months <input checked="" type="checkbox"/>	4 - 6 months <input checked="" type="checkbox"/>	7 months - 1 year <input checked="" type="checkbox"/>	More than 1 year <input checked="" type="checkbox"/>
Plumbing					
Carpentry					
Roofing					
Painting					
Interior					
Exterior					
Sewer					
Landscaping					
Sprinklers					
Plants					
Lawns					
Tree Pruning					
Tree Cutting					
Stump Removal					
Drywall					
Tile Flooring					
Carpet Laying					
Insulation					
Brick Layer					
Electrician					
Residential					
Commercial					
Laborer					
Cement Mason					

Enter information only in green-shaded cells.

Recipient
ADOH Contract Number
Activity Name and/or Number

Contractor or Subcontractor report

Contractor Name

Section 3 Contractor

Payroll Period Begin Date

Payroll Period End Date

--	--	--	--

--

--	--	--

Select Yes or No from the
dropdown menu

--	--	--

Alternate Labor Hours Report Format in Use (Yes/No)

One or more subcontracts were awarded during the payroll period (Yes/No)

One or more employees were hired for the project workforce during the payroll period (Yes/No)

Information to be provided by Recipient.

Information to be provided by Recipient.

Information to be provided by Recipient.

Select contractor or subcontractor from dropdown menu.

Enter the Name of the Contractor or Subcontractor

Indicate if the named contractor/subcontractor is a Section 3 business by selecting yes or no from the dropdown menu.

Enter the beginning date of the payroll period being reported.

Enter the ending date of the payroll period being reported.

If yes, do not complete Tab 2 Labor Hours. If no, complete Tab 2 Labor Hours.

If yes, complete Tab 3 Subcontracts and Tab 4 Qualitative Activities (lines 18 through 23 as applicable).

If yes, complete Tab 4 Qualitative Activities (lines 12 through 15 as applicable).



Arizona
Department
of Housing

Enter information only in green-shaded cells.

Contractor Name _____ 0

Reporting Period Begin Date

Reporting Period End Date

Section 3 Contractor Report Form (S3R-1C)

The Section 3 Contractor Report Form (S3R-1C) is available in spreadsheet format on the ADOH website at <https://housing.az.gov/documents-links/handbooks>. Contractors/subcontractors must submit this form to the recipient/subrecipient for each payroll period.

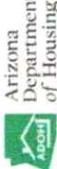
Form S3R-1C includes four tabs and instructions for reporting by contractors to recipients/subrecipients and by subcontractors to contractors.

Tab 1 – Complete this Tab First: collects contractor/subcontractor information, the ADOH Contract Number and Activity Name and/or Number, and the beginning and ending dates of the payroll period. This information is carried forward to Tabs 2, 3, and 4. Tab 1 also requires contractors/subcontractors answer three (3) yes or no questions and provides further instructions on completing Tabs 2, 3, and/or 4.

Tab 2 – Labor Hours: must be completed with each payroll when any labor hours are worked by the contractor and/or subcontractor(s). This form collects information regarding each employee working on the project, whether they are a Section 3 or Targeted Section 3 worker, and the total project labor hours worked during the reporting period. Section 3 totals and percentages are automatically calculated.

Tab 3 – Subcontracts: must be completed when one or more subcontracts are awarded by any contractor during the reporting period. This form collects the Subcontractor Name, Federal ID Number, Address, type of contract (trade, service, professional service, or supply), whether the contracted entity is a Section 3 Business, the date of the contract, and the dollar amount of the contract.

Tab 4 – Qualitative Activities: must be completed when one or more employees were hired for the project workforce by a contractor/subcontractor, and/or if one or more subcontracts were awarded during the reporting period. This form allows contractors/subcontractors to select yes or no from a dropdown menu for specified qualitative activities. Contractors/subcontractors may also describe qualitative activities not specified.



Enter information only in green-shaded cells.

Contractor Name	0
Reporting Period Begin Date	1/0/1900
Reporting Period End Date	1/0/1900



Enter information only in green-shaded cells.

Contractor Name

0

Reporting Period Begin Date

1/0/1900

Reporting Period End Date

1/0/1900

**Activity Conducted
(Select Yes or No
from the dropdown
menu)**

Section 3 Workers and Targeted Section 3 workers

Conducted outreach to generate Section 3 worker applicants who are public housing residents

Conducted outreach to generate Section 3 worker applicants who are not public housing residents.

Direct, on-the-job training (including apprenticeships).

Indirect training such as arranging for, contracting for, or paying tuition for, off-site training.

Held one or more job fairs.

Conducted outreach, engagement, or referrals with the state one-stop system, as designed in Section 121(e)(2) of the Workforce Innovation and Opportunity Act.

Other (describe)

Section 3 Businesses

- Conducted outreach to identify and secure bids from qualified Section 3 businesses.
- Provided technical assistance to Section 3 business to help them understand and bid on contracts.
- Divided contracts into smaller jobs to facilitate participation by Section 3 businesses.
- Provided bonding assistance, guarantees, or other efforts to support viable bids.

**Activity Conducted
(Select Yes or No
from the dropdown
menu)**

--	--	--	--



Arizona
Department
of Housing

FORM LS-1
REQUEST FOR WAGE DETERMINATION

Recipient: Bullhead City

Contract No: 107-26

Activity Name: Hancock Road ADA Ramp Replacement

1. Detailed description of Activity to be bid (or portion of the activity):

FY 2025 CDBG funds will be used for the removal of the current non-compliant ADA curb ramps and replaced with curb ramps that meet the current ADA requirements and for project administration. There are a total of 53 ramps that need to be removed and replaced for a total of 2.5 miles of Hancock Road between Highway 95 and Colorado Blvd.

2. If the activity has two (2) or more types of projects, describe the percent of each type or component (in terms of total cost). NOTE: Per DOL, separate WRDs are required if 20% or more of the total project cost is allocated to an additional construction type OR if total project funding (all sources) is at least \$5 million and any one of the construction type's cost is \$1 million or greater.

Type: Highway

Total Estimated Cost of Construction: 408,598.00

3. Estimated Total of Construction Contract (CDBG and other): \$ 408,598.00

4. Estimated Date of Bid Advertisement: 2/11/2026

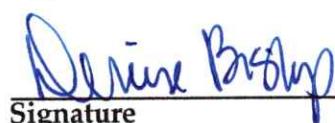
5. Requested by:

Denise Bishop

1/26/2026

Typed Name

Date


Signature

928 208-5841

Telephone Number

"General Decision Number: AZ20260046 01/02/2026

Superseded General Decision Number: AZ20250046

State: Arizona

Construction Type: Highway

County: Mohave County in Arizona.

HIGHWAY CONSTRUCTION PROJECTS

Modification Number Publication Date
0 01/02/2026

CARP1912-003 07/01/2024

	Rates	Fringes
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Carpenter, Excludes Formwork		
Concrete.....	\$ 35.89	14.98

ENGI0012-046 12/01/2024

	Rates	Fringes
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POWER EQUIPMENT OPERATOR:		
Bulldozer.....	\$ 35.56	18.12

ENGI0012-051 12/01/2024

	Rates	Fringes
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POWER EQUIPMENT OPERATOR:		
Paver/Spreader/Finish equipment (asphalt, aggregate, & concrete).....	\$ 35.56	18.12

ENGI0012-052 12/01/2024

	Rates	Fringes
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POWER EQUIPMENT OPERATOR:		
Scraper.....	\$ 35.56	18.12

ENGI0012-053 12/01/2024

	Rates	Fringes
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POWER EQUIPMENT OPERATOR:		
Tractor.....	\$ 35.56	18.12

ENGI0012-057 12/01/2024

	Rates	Fringes
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POWER EQUIPMENT OPERATOR:		
Drill Rig/Auger.....	\$ 36.64	18.12

ENGI0012-064 12/01/2024

	Rates	Fringes
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POWER EQUIPMENT OPERATOR:

Bobcat/Skid Steer/Skid
Loader.....\$ 32.29 18.12

ENGI0012-066 12/01/2024

Rates Fringes

POWER EQUIPMENT OPERATOR:

Backhoe/Backhoe & Loader
Combo/Track Backhoe.....\$ 35.56 18.12

ENGI0012-070 12/01/2024

Rates Fringes

TRUCK DRIVER

Off Road Truck.....\$ 35.56 18.12

ENGI0012-071 12/01/2024

Rates Fringes

POWER EQUIPMENT OPERATOR:

Crane/Derrick.....\$ 36.64 18.12

ENGI0012-074 12/01/2024

Rates Fringes

POWER EQUIPMENT OPERATOR:

Motor Grader/Blade.....\$ 36.64 18.12

ENGI0012-075 12/01/2024

Rates Fringes

POWER EQUIPMENT OPERATOR:

Mechanic.....\$ 37.67 18.12

LAB01184-016 06/01/2025

Rates Fringes

Power Equipment Operator:

Horizontal Directional
Drill.....\$ 31.98 9.26

LAB01184-017 06/01/2025

Rates Fringes

Laborer: Fence Erector.....\$ 27.41 9.26

LAB01184-025 06/01/2025

Rates Fringes

Laborer: Asphalt, Includes
Raker, Shoveler, Spreader and
Distributor.....\$ 29.91 9.26

LAB01184-027 06/01/2025

Rates Fringes

Laborer: Grade Setter.....\$ 29.91 9.26

LAB01184-030 06/01/2025

Rates Fringes

Laborer: Mason Tender.....\$ 29.91 9.26

LAB01184-032 06/01/2025

Rates Fringes

Laborer: Pipelayer.....\$ 30.88 9.26

LAB01184-033 06/01/2025

Rates Fringes

Power Equipment Operator:

Trencher.....\$ 30.88 9.26

LAB01184-037 06/01/2024

Rates Fringes

Carpenter: Formwork Concrete.....\$ 31.98 9.26

LAB01184-044 06/01/2025

Rates Fringes

Power Equipment Operator:

Forklift.....\$ 30.88 9.26

LAB01184-047 06/01/2025

Rates Fringes

Truck Driver:

Concrete.....\$ 30.88 9.26

LAB01184-049 06/01/2025

Rates Fringes

Truck Driver:

Water.....\$ 30.88 9.26

SUAZ2023-023 11/19/2024

Rates Fringes

Cement Mason/Concrete Finisher...\$ 30.09 0.00

Electrician.....\$ 29.00 7.58

Ironworker.....\$ 33.15 18.57

Laborer: Concrete Saw (Hand
Held/Walk Behind).....\$ 25.22 5.08

Laborer: General.....\$ 22.35 0.60

Laborer: Landscape Laborer.....\$ 18.03 0.00

Painter: Pavement Marking.....\$ 24.60	6.34
Painter: Sign and Display Erector.....\$ 18.03	0.00
Power Equipment Operator: Boom/Crane Truck.....\$ 43.11	10.87
Power Equipment Operator: Broom/Sweeper.....\$ 26.47	7.26
Power Equipment Operator: Compactor/Roller.....\$ 28.29	6.46
Power Equipment Operator: Concrete Pump Truck.....\$ 43.11	10.87
Power Equipment Operator: Concrete Screed.....\$ 25.70	7.15
Power Equipment Operator: Excavator/Trackhoe.....\$ 31.27	6.90
Power Equipment Operator: Field Equipment Serviceperson....\$ 35.39	11.50
Power Equipment Operator: Grade Checker.....\$ 29.74	13.07
Power Equipment Operator: Loader/Front End Loader.....\$ 30.15	0.81
Power Equipment Operator: Milling Machine.....\$ 30.09	6.45
Power Equipment Operator: Oiler.....\$ 31.56	10.69
Traffic Control.....\$ 23.50	3.02
Truck Driver: Dump.....\$ 25.78	0.69
Truck Driver: Oil Distributor....\$ 29.75	8.04
Truck Driver: Sweeper.....\$ 20.24	5.48

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is

like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Note: Executive Order 13658 generally applies to contracts subject to the Davis-Bacon Act that were awarded on or between January 1, 2015 and January 29, 2022, and that have not been renewed or extended on or after January 30, 2022. Executive Order 13658 does not apply to contracts subject only to the Davis-Bacon Related Acts regardless of when they were awarded. If a contract is subject to Executive Order 13658, the contractor must pay all covered workers at least \$13.30 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2025. The applicable Executive Order minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under Executive Order 13658 is available at www.dol.gov/whd/govcontracts.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (iii)).

The body of each wage determination lists the classifications and wage rates that have been found to be prevailing for the type(s) of construction and geographic area covered by the wage determination. The classifications are listed in alphabetical order under rate identifiers indicating whether the particular rate is a union rate (current union negotiated rate), a survey rate, a weighted union average rate, a state adopted rate, or a supplemental classification rate.

Union Rate Identifiers

A four-letter identifier beginning with characters other than "SU", "UAVG", ?SA?, or ?SC? denotes that a union rate was prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2024. PLUM is an identifier of the union whose collectively bargained rate prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. The date, 07/01/2024 in the example, is the effective date of the most current negotiated rate.

Union prevailing wage rates are updated to reflect all changes over time that are reported to WHD in the rates in the collective bargaining agreement (CBA) governing the classification.

Union Average Rate Identifiers

The UAVG identifier indicates that no single rate prevailed for those classifications, but that 100% of the data reported for the classifications reflected union rates. EXAMPLE: UAVG-OH-0010 01/01/2024. UAVG indicates that the rate is a

weighted union average rate. OH indicates the State of Ohio. The next number, 0010 in the example, is an internal number used in producing the wage determination. The date, 01/01/2024 in the example, indicates the date the wage determination was updated to reflect the most current union average rate.

A UAVG rate will be updated once a year, usually in January, to reflect a weighted average of the current rates in the collective bargaining agreements on which the rate is based.

Survey Rate Identifiers

The ""SU"" identifier indicates that either a single non-union rate prevailed (as defined in 29 CFR 1.2) for this classification in the survey or that the rate was derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As a weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SUFL2022-007 6/27/2024. SU indicates the rate is a single non-union prevailing rate or a weighted average of survey data for that classification. FL indicates the State of Florida. 2022 is the year of the survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. The date, 6/27/2024 in the example, indicates the survey completion date for the classifications and rates under that identifier.

?SU? wage rates typically remain in effect until a new survey is conducted. However, the Wage and Hour Division (WHD) has the discretion to update such rates under 29 CFR 1.6(c)(1).

State Adopted Rate Identifiers

The ""SA"" identifier indicates that the classifications and prevailing wage rates set by a state (or local) government were adopted under 29 C.F.R 1.3(g)-(h). Example: SAME2023-007 01/03/2024. SA reflects that the rates are state adopted. ME refers to the State of Maine. 2023 is the year during which the state completed the survey on which the listed classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. The date, 01/03/2024 in the example, reflects the date on which the classifications and rates under the ?SA? identifier took effect under state law in the state from which the rates were adopted.

WAGE DETERMINATION APPEALS PROCESS

1) Has there been an initial decision in the matter? This can be:

- a) a survey underlying a wage determination
- b) an existing published wage determination
- c) an initial WHD letter setting forth a position on a wage determination matter
- d) an initial conformance (additional classification and rate) determination

On survey related matters, initial contact, including requests for summaries of surveys, should be directed to the WHD Branch of Wage Surveys. Requests can be submitted via email to davisbaconinfo@dol.gov or by mail to:

Branch of Wage Surveys
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Regarding any other wage determination matter such as conformance decisions, requests for initial decisions should be directed to the WHD Branch of Construction Wage Determinations. Requests can be submitted via email to BCWD-Office@dol.gov or by mail to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2) If an initial decision has been issued, then any interested party (those affected by the action) that disagrees with the decision can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Requests for review and reconsideration can be submitted via email to dba.reconsideration@dol.gov or by mail to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210.

END OF GENERAL DECISION

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