

Public reporting burden for this collection of information is estimated to average .5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

All Federal agencies administering programs subject to Davis-Bacon wage provisions are required to enforce Federal wage and reporting provisions in an accordance with the U.S. Department of Labor (DOL) regulations at 29 CFR Part 5, Section 5.6 paragraphs (a)(1), (2) and (3). This information is being collected to assess compliance with Federal labor standards provisions. This information collection will assist the U.S. Department of Housing and Urban Development (HUD) to determine if an agency is in compliance with Federal labor standards wage and reporting requirements on covered HUD-assisted construction and maintenance work pursuant to the Davis-Bacon Act and HUD Davis-Bacon Related Acts. Participation in this collection is required. Failure to provide this information may result in a monitoring finding and sanctions may be imposed in accordance with 29 CFR Section 5. 6. No assurances of confidentiality are provided.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, OMAC, US. Department of Housing and Urban Development, 451 7th Street SW, Washington, DC 20410. When providing comments, please refer to OMB Approval No. XXXX-XXXX.

HUD Reviewer: [Redacted]	HUD Review Date(s): [Redacted]
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Part A. Agency Overall Labor Standards Administration

1. Agency Information

a. Agency Name [Redacted]	b. Agency Address [Redacted]	c. Agency No. (HUD Use) [Redacted] CPD/PIH No. (if different) [Redacted]
d. Principal Program Director/ Executive Director [Redacted]	e. Agency Labor Standards Officer (LSO) [Redacted]	f. Agency Telephone No. [Redacted]

g. Agency Personnel Contacted During Review

Name:	Title	Phone:
1. [Redacted]	[Redacted]	[Redacted]
2. [Redacted]	[Redacted]	[Redacted]
3. [Redacted]	[Redacted]	[Redacted]
4. [Redacted]	[Redacted] :	[Redacted]

h. Projects/Contracts Reviewed

Project Name and Identifier:	Brief Description:	Contract/Budget Amount
1. [Redacted]	[Redacted]	[Redacted]
2. [Redacted]	[Redacted]	[Redacted]
3. [Redacted]	[Redacted]	[Redacted]
4. [Redacted]	[Redacted]	[Redacted]

Provide explanatory information for each "No" response, as needed; NA = Not Applicable

Part A, continued

2. Agency Labor Standards Officer (LSO) / Staff **Yes No NA**

a. Agency staff includes an LSO or key staff person with primary responsibility for labor compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. LSO is informed of all proposed projects funded/assisted with HUD funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. LSO usually has sufficient time to obtain wage decisions and include in bid documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. LSO approval required prior to advertisement of contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. LSO approval required on all payments to contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. LSO examines subrecipient/subgrantee/subcontract management firm contract activity as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Federal Labor Standards Monitoring Review Process **Yes No NA**

a. Procedure established to verify inclusion of correct wage decision and labor standards provisions in contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Procedure established to verify/document contractor eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Payrolls/documents are examined regularly to assess Federal labor standards compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Procedure established to conduct/target employee interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Violations and corrective actions are communicated timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Maintains a system to track deficiencies and resolves them timely, and in accordance with established requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Procedure established to track complaint resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Examines subcontracts/subgrantee/subcontract management entity files as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Schedule for monitoring grantees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Total subgrantee monitoring reviews performed during past _____ months:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Wage Decision Issuance Process **Yes No NA**

a. Maintains a system to ensure that applicable wage decisions are obtained/applied timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wage decision requests processed correctly (correct WD type and WD number)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wage decision modification issued timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Maintains system to verify wage decision "lock-in"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. HUD-Determined Maintenance Wage Rate Administration and Enforcement **Yes No NA**

a. Does the agency effectively administer HUD-determined maintenance wage rates for its regular staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the agency effectively administer HUD-determined maintenance wage requirements for other force account labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the agency effectively administer HUD-determined maintenance wage rates (routine/non-routine) requirements in contracted work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the agency correctly utilize training or apprenticeship programs for workers subject to HUD-determined maintenance wage rates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Training **Yes No NA**

a. Provides labor standards training for subgrantees/contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Training materials used are accurate (current)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part A, continued

7. Other Requirements – Reports and Escrows

Yes No NA

a. Make reports using HUD Form 4710 for CWHSSA liquidated damages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Submits Labor Standards Enforcement Reports (5.7), timely and complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Number of active escrow agreements: # <input type="text"/>			<input type="checkbox"/>
d. Total amount of funds escrowed for HUD/DBRA/CWHSSA violations: \$ <input type="text"/>			<input type="checkbox"/>

8. Summary – Labors Standards Administration

Yes No NA

a. Staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information systems/tracking mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enforcement files/records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Labor standards review – procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Labor standards review - effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wage decision issuances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Restitution and escrow administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reporting requirements – Semi-annual reports, Enforcement Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. HUD-determined wage rate administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. Agency Labor Standards Contract Compliance – Davis-Bacon Covered Projects

1. Contract Identification

a. Agency Name and Identification <input type="text"/>		b. Grant No. & Type (Funding Source) <input type="text"/>	
c. Project Name <input type="text"/>		d. Project Identifier (Agency's contract number, etc.) <input type="text"/>	
e. Location of Project (City, County, State) <input type="text"/>		f. Prime Contractor <input type="text"/>	
g. Description (Scope) of Work – Include number of units & stories for housing projects <input type="text"/>			h. Contract Amount \$ <input type="text"/>
i. Labor Standards Provisions (HUD Form Used) <input type="text"/>	j. Wage Decision No. Used – Include type and modification date <input type="text"/>		k. Bid Opening Date <input type="text"/>
l. Contract Award Date <input type="text"/>	m. Construction Start Date <input type="text"/>	n. % Complete or Completion Date <input type="text"/>	

2. Contract Documents

Yes No NA

a. Correct labor standards provisions incorporated in contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Provide explanatory information for each "No" response, as needed; NA = Not Applicable

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| b. Correct wage decision incorporated in contract? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was the prime contractor eligibility verification on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Weekly Payrolls

Yes No NA

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Did the agency obtain all payrolls (first to current/last) for each contractor on the job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. All contractors / trades represented by payrolls received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Payroll data consistent with inspection & employee interviews (HUD-11)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Payroll certification statements signed by employer or authorized representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Apprentices or trainees reported on payrolls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Apprentice/trainee certification obtained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Contractors in compliance with apprentice/trainee ratio requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do payrolls report generic job classifications (e.g., "mechanic," "operator," "installer," "journeyman") not on wage decision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Do payrolls report job classifications for which an "Additional Classification" request was necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Did the agency obtain DOL approval to add classifications to the wage decision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Did the agency review to ensure that the correct wages were paid in accordance with the wage decision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Where reported, were payroll deductions permissible per DOL regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. If reported, were fringe benefits acceptable per DOL regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Was the Contract Work Hours and Safety Standards Act (CWHSSA) threshold met? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Has any laborer or mechanic worked over 40 hours per week on this project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. If yes to (n) and (o), has overtime (1.5 times the regular rate of pay) been paid for hours worked over 40/wk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. If answer to (n) is yes and (p) is no, was the employer notified to pay restitution & were liquidated damages computed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part B, Continued

4. Employee Interviews

Yes No NA

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Were employee interviews completed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Did the agency target interviews? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Did interviews record <u>work</u> performed by worker and observed by the interviewer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Were interviews compared to payrolls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Did the agency send mail-out questionnaires to employees if needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did the agency follow up on leads developed from interviews/questionnaires? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Contract Administration

Yes No NA

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Were contract records available, including all documentation required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were violations (misclassification, underpayment, etc.) corrected/addressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- c. Were violations reported to HUD or DOL?
- d. Were any complaints received on this contract?
- e. Do records indicate other violations (not covered above) that the agency failed to address?

Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contracts, payrolls, interviews, correspondence, etc.)

Part C. Agency Contract Labor Standards Compliance – HUD-Determined Wage Rates for Routine and Non-routine Maintenance Contracts

1. Contract Identification

a. Agency Name [Redacted]		b. Agency ID and Activity Type [Redacted]	
c. Project Name [Redacted]		d. Project Identifier (e.g. Agency's Contract Number) [Redacted]	
e. Location of Project		f. Prime Contractor	
g. Description (Scope) of Work [Redacted]		h. Contract Amount [Redacted]	
i. Wage Decision Used – Include Effective Date and Routine or Non-Routine [Redacted]	j. Labor Standards Provisions Used (HUD form used, if applicable) [Redacted]	k. Bid Opening Date [Redacted]	
l. Contract Award Date [Redacted]	m. Work Start Date [Redacted]	n. % Complete, or Completion Date [Redacted]	

Provide explanatory information for each "No" response, as needed; NA = Not Applicable

2. Contract Documents

Yes No NA

- a. Labor standards requirements incorporated in contract, purchase order, or similar agreement?
- b. Wage decision incorporated in contract, purchase order, or similar agreement?
- c. Wage Rates correct?
- d. Prime contractor eligibility verification, when required, on file?

3. Wage Payment

Yes No NA

- a. Has the agency established a method to ensure workers are paid not less than the rate determined by HUD?
Describe methodology on separate sheet.
- b. Are site inspections or other on-site reports used to corroborate proper classification/payment?
- c. Does work require classifications not included on the applicable HUD wage decision?
- d. If yes to (c), did the agency obtain HUD approval to add classifications to the applicable wage decision?
- e. Were the correct wages paid in accordance with the applicable wage decision (HUD-52158)?
- f. Has the agency established a method to ensure laborers or mechanics working over 40 hours per week on this project have been paid overtime?
- g. Was the Contract Work Hours and Safety Standards Act (CWHSSA) threshold met? (prime contract exceeds \$100,000)?
- h. Has any laborer or mechanic worked over 40 hours per week on this project?
- i. If yes to (g) and (h), has overtime (1.5 x the regular rate of pay) been paid for hours worked over 40/wk?
- j. If answer to (h) is yes and (i) is no, was the employer notified to pay restitution & were liquated damages computed?

4. Employee Interviews

Yes No NA

Part C, Continued

- a. Were employee interviews completed?
- b. Did the agency target interviews?
- c. Did interviews record work actually performed by the worker and observed by the interviewer?
- d. Were interviews compared to the HUD-determined rate schedule?
- e. Did the agency conduct mail-out questionnaires if needed?
- f. Did the agency follow up on leads developed from interviews/questionnaires/on-site reports, etc?

5. Contract Administration

Yes No NA

- a. Were records available, including all documentation required?
- b. Were violations/discrepancies (misclassification, underpayment, etc.) corrected?
- c. Were any complaints received on this contract?
- d. Do records indicate other violations (not covered above) that the agency failed to address?

Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contract payrolls, interviews, correspondence, etc.)

Part D. Agency Maintenance Wage Rate Administration

Agency Name:

Agency ID No.:

1. Maintenance Wage Enforcement

Yes No NA

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Are the agency's personnel policies for maintenance laborers and mechanics acceptable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the agency have position descriptions that accurately describe the work performed by maintenance staff? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is a copy of the <u>current</u> HUD-52158 on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do the maintenance classification/wage rates identified in the current operating budget correspond to the current HUD-52158? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are employees working within assigned classifications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are employees properly compensated for hours worked over 40 per week? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Were maintenance employees interviewed? Number interviewed: <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Has the agency conducted work employing force account workers? If yes, record individual projects using force account employees on part E, Force Account Work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Training, Apprenticeship, & Special Employment Programs

Yes No NA

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Does the agency participate in an apprenticeship program for maintenance employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the agency obtained HUD approval for maintenance apprenticeship programs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does agency participate in job/skill training for agency residents or other low-income persons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the agency employ youth in maintenance at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are youth compensated at less than prevailing rates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contract payrolls, interviews, correspondence, etc.)

Part E. Agency Labor Standards Compliance – Force Account Work

Part E is for work performed by the regular employees of a PHA, IHA, TDHE, or DHHL or by other workers hired by the agency specifically for a project or work item (i.e. "Force Account" labor"). Depending on the type of work, HUD-Determined or Davis-Bacon wage rates could apply to the work. If a contractor performed part of the force account work, fill out Part B or Part C to review the contracted work.

1. Project Identification

a. Agency Name

b. Activity Type (development or operations) / Grant No. (if any)

c. Project Name [REDACTED]		d. Project Identifier / Work Item Number [REDACTED]	
e. Location of Project [REDACTED]	f. Description of Work (include number of stories for housing projects) [REDACTED]		
g. HUD Maintenance Wage Rate Decision - Include Effective Date and if Routing/Non-Routing or if Davis-Bacon Wage Decision - Include Modification Number [REDACTED]		h. Budgeted Cost (Labor & Materials) [REDACTED]	
i. Work Start Date [REDACTED]	j. % Complete, or Completion Date [REDACTED]		

2. Enforcement – General

	Yes	No	NA
a. Has the agency established a method to ensure force account workers are paid not less than the rate required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the agency maintain work records for employees showing employee name, address, Social Security Number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the agency maintain weekly work records showing daily hours worked, classification (trade), pay rate & deductions for each worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Were apprentices or trainees employed on the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Was the apprentice/trainee program approved? (if no apprentices, answer 'NA')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Were apprentices/trainee ratio requirements met? (if no apprentices, answer 'NA')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Did the applicable wage decision include all classifications needed for completion of the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If no to (g), did the agency obtain approval from/through HUD DBLS to add classifications to the wage decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Project Administration

	Yes	No	NA
a. Procedure established to track complaint resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were any complaints received from workers or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Were violations (misclassification, underpayment, etc.) corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional deficiencies identified are listed on a separate page and attached to this form, along with copies of supporting documentation (contract payrolls, interviews, correspondence, etc.) -

Part X. Exit Conference

a. Agency Name [REDACTED]	b. Agency ID No. [REDACTED]
c. Conference Location [REDACTED]	d. Conference Date and Time [REDACTED]
e. Conference Attendees/Participants - Name, Organization, and Title (attach list to this form if more room needed) [REDACTED]	

f. Reviewer(s) - Name and Title



<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Part X., continued	
<input type="checkbox"/>	
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<input type="checkbox"/>	

<input type="checkbox"/>	
<input type="checkbox"/>	
Part X., continued	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	