

Public reporting burden for this collection of information is estimated to average 8 hours 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 administrating 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.

Part A. Agency Labor Standards Administration

1. Agency Information

a. Agency name [REDACTED]	b. Agency Address [REDACTED]	c. Agency No. (DBLS Use) [REDACTED]
d. Chief Executive Officer/Director [REDACTED]	e. Agency Labor Standards Officer (LSO) [REDACTED]	f. Agency Telephone No. [REDACTED]

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 approval required prior to advertisement of contracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. LSO approval required on all payments to contractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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 & 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"/>

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. Maintains system to verify wage decision "lock-in?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

5. Other Requirements – Reports, 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 (HUD Form 4710), timely and complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Total amount of funds escrowed for HUD/DBRA/CWHSSA violations: \$ []			<input type="checkbox"/>

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

1. Contract Identification

a. Agency Name []		b. Grant No. & Type (Funding Source) []	
c. Project Name []		d. Project Identifier (Agency's contract number, etc.) []	
e. Location of Project []		f. Prime Contractor []	
g. Description (Scope) of Work – Include number of units & stories for housing projects []			h. Contract Amount \$ []
i. Labor Standards Provisions (HUD Form No. Used) []	j. Wage Decision No. Used – Include Modification No. []	k. Bid Opening Date []	
l. Contract Award Date []	m. Construction Start Date []	n. % Complete or Completion Date []	

2. Contract Documents

Yes No NA

a. Labor standards provisions <u>incorporated</u> in contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wage decision incorporated in contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is 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 of periodic inspections & employee interviews?	<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? If yes, please explain the circumstances and action taken, if any.	<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/HUD 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"/>

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

Part B, Continued

3. Weekly Payrolls, Continued

Yes No NA

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 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? Did the agency spot-check the Statements of Compliance to verify the appropriate box for fringe benefit payments (4a or 4b) has been checked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Was the Contract Work Hours and Safety Standards Act (CWHSSA) threshold met? (overtime) | <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/recommended? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Employee Interviews

Yes No NA

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Were employee interviews completed? | <input type="checkbox"/> | <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. <u>Send</u> to DBLS copies of interviews completed for this project. <input type="checkbox"/> Copies attached | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did the agency send mail-out questionnaires to employees if needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 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 any complaints received on this contract? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were violations (misclassification, underpayment, etc.) corrected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Were violations reported to HUD? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

1. Contract Identification

- a. Agency Name

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

2. Contract Documents

Yes No NA

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Labor standards requirements incorporated in contract, purchase order, or similar agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wage decision incorporated in contract, purchase order, or similar agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does work require classifications not included on the applicable HUD wage decision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If yes to (b), did the agency obtain HUD approval to add classifications to the applicable wage decision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Were the correct wages paid in accordance with the applicable wage decision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has the agency established a method to ensure laborers or mechanics working over 40 hours per week on this project have been paid overtime? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Was the Contract Work Hours and Safety Standards Act (CWHSSA) threshold met? (prime contract exceeds \$100,000)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Has any laborer or mechanic worked over 40 hours per week on this project? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If yes to (f) and (g), has overtime (1.5 x the regular rate of pay) been paid for hours worked over 40/wk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If answer to (f) is yes and (h) is no, was the employer notified to pay restitution & were liquated damages computed/recommended? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part C., Continued

4. Employee Interviews

Yes No NA

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| a. Were employee interviews completed? | <input type="checkbox"/> | <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> actually performed by the worker and observed by the interviewer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | | | |
|--|--------|--------------------------|--------------------------|--------------------------|
| d. Were interviews compared to the HUD-determined rate schedule? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Send to DBLS copies of interviews completed for this project.
attached | Copies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did the agency conduct mail-out questionnaires if needed? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 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 any complaints received on this contract? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Were violations (misclassification, underpayment, etc.) corrected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part D. Agency Maintenance Wage Rate Administration

Agency Name:

1. Maintenance Wage Enforcement

Yes No NA

- a. Please submit a copy of the maintenance staffing portion of the current operating budget.
- b. Identify, on a separate sheet, all maintenance laborers and mechanics employed by the agency. Please provide employee name, classification, base hourly wage rate.
- c. Is part of the base hourly wage rate offset by allowances or fringe benefits? If yes, explain on a separate sheet.
- d. Is part of the required fringe benefits offset by other allowances or cash payments? If yes, explain on a separate sheet.
- e. Does the agency have position descriptions that accurately describe the work performed by maintenance staff?
- f. Has the agency submitted to HUD copies of current position descriptions for maintenance laborers and mechanics?
- g. Effective date of current maintenance wage decision (HUD-52158) on file:
- h. Please submit copies of recently completed work orders for each maintenance employee.
> If a written form is not used, submit a description of the system used for recording maintenance assignments, the type of work performed, and by whom.
- i. Are employees working within assigned classifications?
- j. Are employees properly compensated for hours worked over 40 per week?
- k. Has the agency issued contracts or purchase orders for routine or emergency maintenance work?
> If the answer to (k) is "yes" please complete a separate Part C for HUD Determined Wage Rates for each contract or purchase order work selected for review.

2. Training, Apprenticeship, & Special Employment Programs

Yes No NA

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

Part E. Agency Labor Standards Compliance – Force Account Work

This review guide, Part E for Force Account work, is for work performed by the regular employees hired specifically for a project or work item of a PHA, IHA, TDHE or DHHL maintenance employees and/or mechanics. Depending on the type of work, HUD

Determined or Davis-Bacon wage rates could apply to the work.

1. Project Identification

n. Agency Name [REDACTED]		o. Activity Type (development or operations) / Grant No. (if any) [REDACTED]	
p. Project Name [REDACTED]		q. Project Identifier / Work Item Number [REDACTED]	
r. Location of Project [REDACTED]		s. Description of Work (include number of stories for housing projects) [REDACTED]	
t. HUD Maintenance Wage Rate Decision – Include Effective Date or Davis-Bacon Wage Decision- Include Modification Number [REDACTED]		u. Budgeted Cost (Labor & Materials) [REDACTED]	
v. Work Start Date [REDACTED]		w. % 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"/>

Part X. Exit Conference

a. Agency Name [REDACTED]	b. Agency ID No. [REDACTED]
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Provide explanatory information for each "No" response, as needed; NA = Not Applicable

c. Conference Method
[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
[Redacted]

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Part X., continued

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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

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