

Statement And Acknowledgment

OMB Control Number: 9000-0066
Expiration Date: 5/31/2025

Part I - Statement Of Prime Contractor

| | | | | | | | |
|--|--|-----------------------------|--------------------|-----------------------|--|-----------------|-------------|
| 1. Prime Contract Number | | 2. Date Subcontract Awarded | | 3. Subcontract Number | | | |
| 4. Prime Contractor | | | | 5. Subcontractor | | | |
| a. Name | | | | a. Name | | | |
| b. Street Address | | | | b. Street Address | | | |
| c. City | | d. State | e. ZIP Code | c. City | | d. State | e. ZIP Code |
| 6. The prime contract <input type="checkbox"/> does, <input type="checkbox"/> does not contain the clause entitled "Contract Work Hours and Safety Standards Act -- Overtime Compensation." | | | | | | | |
| 7. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on the date shown in Item 2 to the subcontractor identified in Item 5 by the following firm: | | | | | | | |
| a. Name Of Awarding Firm | | | | | | | |
| b. Description Of Work By Subcontractor | | | | | | | |
| 8. Project | | | | 9. Location | | | |
| 10a. Name Of Person Signing | | | 11. By (Signature) | | | 12. Date Signed | |
| 10b. Title Of Person Signing | | | | | | | |

Part II - Acknowledgment Of Subcontractor

13. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:
- | | |
|--|---|
| Contract Work Hours and Safety Standards Act - Overtime Compensation (If included in prime contract see Block 6) | Construction Wage Rate Requirements |
| Payrolls and Basic Records | Apprentices and Trainees |
| Withholding of Funds | Compliance with Copeland Act Requirements |
| Disputes Concerning Labor Standards | Subcontracts (Labor Standards) |
| Compliance with Construction Wage Rate Requirements and Related Regulations | Contract Termination - Debarment |
| | Certification of Eligibility |

14. Name(s) Of Any Intermediate Subcontractors, If Any

| | | | |
|------------------------------|--|--------------------|--|
| A | | C | |
| B | | D | |
| 15a. Name Of Person Signing | | 16. By (Signature) | |
| 15b. Title Of Person Signing | | 17. Date Signed | |

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0066. We estimate that it will take .05 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.