|  |  |  |
| --- | --- | --- |
| **Semi-Annual Labor Standards Enforcement Report - Local Contracting Agencies (HUD Programs)** | **U.S. Department of Housing and Urban Development**  **Office of Davis-Bacon and Labor Standards** | **HUD FORM 4710** |
| OMB Approval Number 2501-0019  (Exp. XX-XX-XXXX) |

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency Type:  [e.g., CDBG, PHA, TDHE/IHA]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:  \_\_\_\_ | DBLS Agency ID #:  (HUD Use Only)  \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Period Covered: Check One and Enter Year** | | | |
| ☐ **Period 1**: October 1, \_\_\_\_\_\_\_to March 31, \_\_\_\_\_\_\_ | ☐ **Period 2**: April 1, \_\_\_\_\_\_\_ to September 30,\_\_\_\_\_\_ | | |
| Agency Contact Person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency Contact Phone/E-mail:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**PART I – NEW CONTRACTING ACTIVITY**

***Pertains ONLY to contracts awarded during the reporting period.***

1. Number of prime contracts subject to the Davis-Bacon and Related Acts (DBRA) and/or the Contract Work Hours and Safety Standards Act (CWHSSA) awarded this period

**Note: Do not include contracts included in previous semi-annual reports**

1. Total dollar amount of prime contracts reported in item 1 above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II - ENFORCEMENT ACTIVITY**

***Identify all enforcement activity that occurred within this reporting period. Enforcement activity applies to newly awarded contracts listed in Part I and any existing contracts subject to DBRA and/or CWHSSA not previously reported.***

1. Number of contractors against whom **complaints** were received: \_\_\_\_\_\_\_
2. Number of investigations completed: \_\_\_\_\_\_\_
3. Number of contractors found in violation: \_\_\_\_\_\_\_
4. Amount of back wages found due: DBRA \_\_\_\_\_\_\_

CWHSSA \_\_\_\_\_\_\_

1. Amount of back wages paid: DBRA \_\_\_\_\_\_\_

CWHSSA \_\_\_\_\_\_\_

1. Total number of employees paid wage restitution under the

DBRA and/or CWHSSA: \_\_\_\_\_\_\_

1. Total amount of liquidated damages assessed: \_\_\_\_\_\_\_