



**2022  
LABOR FORM NO. 1**

**NOTICE OF LABOR STANDARDS OFFICER**

**SUBRECIPIENT:** \_\_\_\_\_

**CDBG GRANT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**The Labor Standards Officer for the above referenced grant is:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**This is the person responsible for the oversight and enforcement of federal labor standards and payment of Davis-Bacon wages. This individual is the contact for all communications between the CDBG sub-recipient and the Johnson County Community Development Office concerning the grant.**

**Please return to the Johnson County Community Development Office.**

111 S. Cherry Street, Suite 2000, Olathe, Kansas 66061  
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2022  
LABOR FORM NO. 2

OUTREACH TO & RESPONSE FROM MINORITY &  
WOMEN-OWNED BUSINESSES

SUBRECIPIENT: \_\_\_\_\_

CDBG GRANT NAME: \_\_\_\_\_

As Required we advertised our invitation to bid in at least one of the following minority newspapers:

_____	<u>The Kansas City Call</u>	_____	date of publication
_____	<u>The Kansas State Globe</u>	_____	date of publication
_____	<u>Dos Mundos</u>	_____	date of publication
_____	<u>other: _____</u>	_____	date of publication

As recommended we mailed a copy of the invitation to bid to:

_____	Minority Contractors Association of Kansas City 3200 Wayne Avenue, Kansas City, MO 64109	816-924-4441
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We directly solicited bids from the following Minority-Owned/Women-Owned Businesses:

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

We received bids from the following Minority-Owned/Women-Owned Businesses:

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

If more space is needed, please attach additional sheet(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_

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2022  
LABOR FORM NO. 3

VERIFICATION OF CONTRACTOR ELIGIBILITY

SUBRECIPIENT: \_\_\_\_\_

CDBG GRANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPOSED PRIME CONTRACTOR

You must run a SAMS listing for every contractor and attach!

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

PROPOSED SUB CONTRACTOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

PROPOSED SUB CONTRACTOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Attach additional sheets for sub-contractors if needed

Please return to the Johnson County Community Development Office.

<p><b>For County Staff</b></p> <p>_____ SAMS (System for Award Management) Listing is attached and verified</p>
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<https://www.sam.gov/SAM/>

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**2022  
LABOR FORM NO. 4  
NOTICE OF CONTRACT AWARD**

**Subrecipient:** \_\_\_\_\_

**CDBG Grant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Contractor:** \_\_\_\_\_

**Tax Identification Number:** \_\_\_\_\_

**DUNS Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Racial/ethnic code:**

White American	_____	Hispanic American	_____
Black American	_____	Asian/Pacific American	_____
Native American	_____	Hasidic Jews	_____

**Contractor is a Minority-Owned Business:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Contractor is Women-Owned Business:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 3 Contractor:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Bid Advertising Date:** \_\_\_\_\_ **Bid Opening Date:** \_\_\_\_\_

**Copy of Bid Specs:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Date of Contract Award:** \_\_\_\_\_ **Amount of Contract Award:** \_\_\_\_\_

**Federal Wage Decision in Contract No:** \_\_\_\_\_ **Modification No:** \_\_\_\_\_

**Contractor Certifications for HUD Assisted Projects Included in contract:** Yes \_\_\_\_\_

**Start Date of Construction:** \_\_\_\_\_

**Estimated Completion Date:** \_\_\_\_\_

**Please return to the Johnson County Community Development Office.**

<b>For County Staff</b>	
_____	Verify correct wage decision and place copy in file
_____	Add information to Labor Department Report Spreadsheet
_____	Initial & Date once completed

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**2022  
LABOR FORM NO. 5**

**POSTING OF FEDERAL & STATE LABOR POSTERS**

**SUBRECIPIENT:** \_\_\_\_\_

**CDBG GRANT NAME:** \_\_\_\_\_

**DATE SITE VISITED:** \_\_\_\_\_

**PLEASE ATTACH PICTURE OF FEDERAL & STATE LABOR POSTERS POSTED AT JOB SITE AND SIGN AND DATE FORM. SUBMIT ORIGINAL COPY TO JOHNSON COUNTY AND KEEP COPY OF THIS FORM FOR THE CITY'S RECORDS.**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Please return to the Johnson County Community Development Office.**

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2022  
LABOR FORM NO. 6

**SECTION 3-CONTRACTOR COMPLIANCE**

**SUBRECIPIENT:** \_\_\_\_\_

**CDBG GRANT NAME:** \_\_\_\_\_

**NAME of CONTRACTOR:** \_\_\_\_\_

**In responding to each of the following two statements, please explain either what was done, or why nothing could be done in complying with the requirements of Section 3. DO NOT LEAVE EITHER BLANK.**

Provide training/jobs for low-income residents from the area in which the project is located.

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

**If more space is needed, please attach additional sheet(s).**

Contract with Section 3 businesses from the area in which the project is located.

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

**If more space is needed, please attach additional sheet(s).**

**Signature of Contractor** \_\_\_\_\_

**Date** \_\_\_\_\_

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**2022  
LABOR FORM NO. 7**

**NOTIFICATION OF COMPLETION**

**SUBRECIPIENT:** \_\_\_\_\_

**CDBG GRANT NAME:** \_\_\_\_\_

The undersigned verifies that the project referenced above was completed in accordance with the construction documents.

\_\_\_\_\_  
**Contracting Official**

\_\_\_\_\_  
**Date**

The undersigned certifies that the CDBG sub-recipient accepts the project referenced above.

\_\_\_\_\_  
**City, County Department Head, or Non-Profit Board Official**

\_\_\_\_\_  
**Date**

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2022  
LABOR FORM NO. 8

FINAL WAGE COMPLIANCE REPORT

SUBRECIPIENT: \_\_\_\_\_

CDBG GRANT NAME: \_\_\_\_\_

The undersigned certifies that employees interviews were prepared and the data obtained was compared to the contractor's weekly payrolls. The review showed employees were paid the minimum rate plus fringe benefits as specified by Wage Decision No. \_\_\_\_\_  
Modification No. \_\_\_\_\_

If employees were not paid the minimum wage rate, the following information is provided to show the corrective actions that were taken.

Contractor or Subcontractor: \_\_\_\_\_

Affected Employees: \_\_\_\_\_  
\_\_\_\_\_

Restitution Paid to Employees: \_\_\_\_\_  
\_\_\_\_\_

Violation Leading to Restitution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Certifying Official Signature

\_\_\_\_\_  
Date

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