



**2021
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.

11811 Sunset Drive, Suite 1300, Olathe, Kansas 66061-3441
Phone: (913) 715-8992 Fax: (913) 715-8825 E-mail: hilary.rose-holland@jocogov.org



2021
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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2021
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>For County Staff</p> <p>_____ SAMS (System for Award Management) Listing is attached and verified</p>

<https://www.sam.gov/SAM/>

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**2021
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.

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



**2021
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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2021
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 _____

Please return to the Johnson County Community Development Office.



**2021
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

Please return to the Johnson County Community Development Office.

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2021
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

Please return to the Johnson County Community Development Office.

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