

# Final Wage Compliance Report

**A710**

(Submit one for each Prime Construction Contract over \$2,000)

Grant Recipient: \_\_\_\_\_ TxCDBG Contract No: \_\_\_\_\_  
 Construction Completion Date: \_\_\_\_\_ Contract Amount \$: \_\_\_\_\_  
 Prime Contractor: \_\_\_\_\_  
 Sub-contractor(s): \_\_\_\_\_

## PART I - Wage Restitution

**Were any workers paid less than the Davis-Bacon rates that applied to this project?**  Yes  No  
 If YES, fill in the box below.

**Were any workers paid less than the correct overtime payments?**  Yes  No

IF YES, liquidated damages at the rate of \$ 25 for each calendar day for each worker must be calculated and the contractor notified of his liability. Provide information concerning the nature of the overtime violations. This should include:

Company Name	Names of Affected Employees	Amount of Davis-Bacon Restitution Paid	Amount of CWHSSA (overtime) Restitution Paid	Davis-Bacon Wage Violation ? (Y or N)	CWHSSA (overtime) Violation? (Y or N)

## PART II - Liquidated Damages

Attach copies of all correspondence relative to any Liquidated Damages (i.e. letter from locality to company assessing liquidated damages, copies of payrolls showing discrepancies, copies of evidence of back wages paid (canceled checks), copy of waiver request letter).

**Did the Contractor seek a reduction or waiver of the liquidated damages?**  Yes  No  
 IF YES, was the request approved?  Yes, reduction  Yes, waiver  No

**Total amount of Liquidated Damages paid:** \$ \_\_\_\_\_

**Number of workers owed restitution but unfound:** \_\_\_\_\_

**Total restitution owed to unfound workers:** \$ \_\_\_\_\_

Submitted by:

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

Title \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_