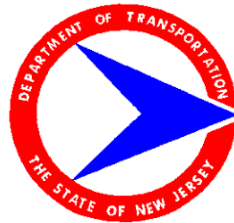


New Jersey Department of Transportation

Civil Rights Contract Compliance



Local Aid - CONTRACT COMPLIANCE

DBE/ESBE/SBE Subcontracting
EEO (Equal Employment Opportunity)
On-the-Job Training
Labor/Wage Rates

(Revised March 2017)

MONITORING RESPONSIBILITIES



- **PURPOSE:**

To review your responsibilities to monitor and enforce:

- **DBE/ESBE/SBE Subcontracting**
- **EEO (Equal Employment Opportunity)**
- **On-the-Job Training**
- **Labor/Wage Rate**

NJDOT's Division of Local Aid through the District offices remains the **primary** office initially responsible for ensuring that Local Aid project sponsors **fully** comply with all DBE/ESBE/EEO/ Training & Labor/Wage Rate Program contract provisions.

DBE/ESBE DIRECTORIES



- **New Jersey BizNet UCP Directory (BizNet) (DBE)**
 - Only recognized directory of certified DBE firms in the State of New Jersey
<https://njucp.dbesystem.com/>
- **NJDOT ESBE Directory (ESBE)**
 - Only recognized directory of certified ESBE firms in the State of New Jersey
<http://njdot-esbe.biplus.com/>

Both of the above directories are search engines for the combined business directories of the NJ Department of Transportation, New Jersey Transit and the Port Authority of New York New Jersey. Firms certified as Federal Disadvantaged Business Enterprises (DBEs) by one of these agencies are now automatically certified with all three agencies.

NJSAVI (SBE) https://www20.state.nj.us/TYTR_SAVI/vendorSearch.jsp

LOCAL AID SPONSOR CONTRACT REQUIREMENTS



1. Request & include Initial DBE/ESBE Goal

- Send request initially to Procurement - Construction Services so they can identify sub-lettable work items. They then send the request to Civil Rights for calculation of the project goal.

2. Include EEO Workforce Employment Goals

- Set based on workforce availability figures from US Department of Labor.
 - Minority Goals: Vary by County
 - Statewide Female Goal: 6.9%

Note: There are different goals for Federal and State contracts

3. Request & include Project Training Assignments

4. Labor/Wage Rate Enforcement

CONTRACT SPECIAL PROVISIONS



Must be included in every Federally funded contract:

- Disadvantaged Business Enterprise Utilization or Emerging Small Business Enterprise Utilization – Federal Aid Project Attachment 1 (if there is a DBE or ESBE goal on the project)
- Specific Equal Employment Opportunity Responsibilities on NJDOT Federal Aid Projects – Federal Aid Project Attachment 2 (23 CFR, Part 230, Subpart A, Appendix A to Subpart A – Special Provisions)
- Requirements for Affirmative Action to Ensure Equal Employment Opportunity on NJDOT Federal Aid Projects (Minority and Women Work Employment Goal Obligations) – Federal Aid Project Attachment 3
- Federal Equal Employment Opportunity Contract Specifications for NJDOT Federal Aid Projects (As required per Executive Order 11246, as Amended) (41 C.F.R. 60-4.3) - Federal Aid Project Attachment 4

CONTRACT SPECIAL PROVISIONS



Must be included in every Federally funded contract:

- State of New Jersey Mandatory Equal Employment Opportunity Language on Federal Aid Projects – Federal Aid Project Attachment 5
- Investigating, Reporting and Resolving Employment Discrimination and Sexual Harassment Complaints on NJDOT Federal Aid Projects – Federal Aid Project Attachment 6
- Payroll Requirements for NJDOT Federal Aid Projects – Federal Aid Project Attachment 7
- Required Contract Provisions Federal-Aid Construction Contracts (FHWA- 1273) – Federal Aid Project Attachment 8

CONTRACT SPECIAL PROVISIONS



Must be included in every Wholly State funded contract:

- Small Business Enterprise Utilization on Wholly State Funded Projects – State Funded Project Attachment 1 (If there is a SBE goal on the contract)
- State of New Jersey Equal Employment Opportunity Special Provisions for Wholly State Funded Projects – State Funded Project Attachment 2
- Requirements for Affirmative Action to Ensure Equal Employment Opportunity on Wholly State Funded Projects – State Funded Attachment 3
- Investigating, Reporting and Resolving Employment Discrimination and Sexual Harassment Complaints on Wholly State Funded Projects – State Funded Project Attachment 4
- Payroll Requirements for Wholly State Funded Projects – State Funded Project Attachment 5
- Americans with Disabilities Act Requirements for Wholly State Funded Projects – State Funded Attachment 6

REQUIRED POSTERS



The following posters and postings must be posted/displayed at the contractor's on-site project trailer, or if there is no on-site trailer, posted in an on-site location where they are readily/freely accessible to employees working on the project

**1. US Dept. of Transportation's "NOTICE of False Statements" – FHWA-1022
(English & Spanish - Federal Projects)**

<http://www.fhwa.dot.gov/programadmin/contracts/fhwa1022.cfm>

**2. US/EEOC "Equal Employment Opportunity IS THE LAW" – US/EEOC-P/E-1
(English & Spanish- Federal Project)**

www.dol.gov/ofccp/regs/compliance/posters/ofccpost.htm

**3. US Dept. of Labor- "Employee Rights on Government Contracts" – WHD-1313
(English & Spanish-Federal Project)**

www.dol.gov/whd/regs/compliance/posters/govbw.pdf

**4. US Dept. of Labor's "Employee Rights under the Davis-Bacon Act" – WH-1321
(English & Spanish-Federal Project)**

<http://www.dol.gov/whd/programs/dbra/wh1321.htm> (English)

REQUIRED POSTERS



The following posters and postings must be posted/displayed at the contractor's on-site project trailer, or if there is no on-site trailer, posted in an on-site location where they are readily/freely accessible to employees working on the project.

- 5. US Dept. of Labor's OSHA "Job Safety and Health" - OSHA-3165
(English & Spanish - Federal Projects)**
<http://www.osha.gov/Publications/poster.html>
- 6. US Dept. of Labor "Employee Rights under Family and Medical Leave Act" - WHD
Pub 1420 (English & Spanish - Federal & State)**
<http://www.dol.gov/whd/regs/compliance/posters/fmla.htm>
- 7. US Dept. of Labor's "Employee Polygraph Protection Act" – WH1462
(English & Spanish - Federal)**
<http://www.dol.gov/whd/regs/compliance/posters/eppa.htm>
- 8. NJ Dept. of Law & Public Safety-"Discrimination in Employment"
(English & Spanish - Federal & State Projects)**
<http://www.nj.gov/oag/dcr/posters.html>

ADDITIONAL REQUIRED POSTINGS



- NJDOT Title VI Notice to Sub-recipients
- NJ Dept. of Transportation-Policy 208 - Sexual Harassment on Construction Projects (All Projects)
- Letter appointing contractor/project EEO Officer
- Contractor's Emergency #'s for EEO Officer (Corporate & Site) & Safety (Federal & State)
- Contractor Sexual Harassment Policy
- Contractor EEO Policy Statement (Federal)

In addition to the above, the RE must have the following available for use:

- NJ Dept. of Labor-Prevailing Wage Rate Determination (Federal & State Projects) - Actual Davis-Bacon wage rates pertinent to project – NOTE: See Contractor or Resident Engineer for wage rates

http://lwd.dol.state.nj.us/labor/wagehour/wagerate/prevailing_wage_determinations.html

Laminate versions of the various posters sold by companies are NOT acceptable and cannot be used.

New Forms & Procedures



- To assist in verifying the DBE/ESBE/SBE firm will be performing the kind and amount of work the Contractor indicated, and to verify that the DBE/ESBE/SBE is performing a commercially useful function.
- Forms are signed by the DBE/ESBE/SBE, and are required within 5 days after Bid Opening and when there are revisions to the CR-266.
 - CR-273 – Confirmation of DBE/ESBE/SBE Firm
 - CR-274-DBE/ESBE/SBE Trucking Verification
 - CR-272-DBE/ESBE/SBE Regular Dealer/Supplier Verification

EXAMPLE OF CR-273

Form CR-273 (12/2016)

New Jersey Department of Transportation Confirmation of DBE/ESBE/SBE Firm

TO BE COMPLETED BY DBE/ESBE/SBE FIRM

Name of DBE/ESBE/SBE Firm: _____

DBE/ESBE/SBE Firm's Contact Information: _____

Address: _____

Phone: _____

E-mail Address: _____

NJDOT Project Name: _____

DP Number (provided by Bidder): _____

Bidder (Prime): _____

Proposed Start Date of DBE/ESBE/SBE Firm's Work: _____

Proposed Dollar Amount of DBE/ESBE/SBE Work if Contract is awarded to Bidder (Prime): _____

Proposed DBE/ESBE/SBE Firm's Work Items: _____

Please answer each question listed below	Yes	No
If this project is awarded to the Bidder/Prime Contractor listed, do you verify your intent to complete the proposed subcontract work items?	<input type="checkbox"/>	<input type="checkbox"/>
Are all of your employees carried on your firm's payroll?	<input type="checkbox"/>	<input type="checkbox"/>
Is your firm's equipment registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>
If not, is it leased from the Bidder/Prime Contractor or any other contractor on the project?	<input type="checkbox"/>	<input type="checkbox"/>
Will the equipment you use display your firm's name or logo?	<input type="checkbox"/>	<input type="checkbox"/>
Is you Superintendent or Foreman working as an employee of any other contractor or subcontractor on the project?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your firm's employees also working for the Bidder/Prime Contractor?	<input type="checkbox"/>	<input type="checkbox"/>
For Truckers Only: Will you be responsible for the management and supervision of the entire trucking operation for which you are contracted to perform?	<input type="checkbox"/>	<input type="checkbox"/>
For Suppliers Only: Do you own, operate or maintain a store, warehouse, or other establishment in which the materials, supplies or equipment required under the Contract are bought, kept in stock and regularly sold or leased to the public in the usual course of business?	<input type="checkbox"/>	<input type="checkbox"/>

Title: _____

Signature of DBE/ESBE/SBE Firm Representative

Date: _____

I certify that the foregoing statements and information made are true. I am aware that if of the foregoing statements made are willingly false, I am subject to punishment. I further certify that I have full power and authority to execute this certification on behalf of the DBE/ESBE/SBE firm, _____, and that all approvals and other actions necessary in connection with the execution of this certification by the above signed have been obtained and are in full force and effect as to the date of execution of this certification.

Under 49 C.F.R. 26.107 dated February 2, 1999 and January 28, 2011, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may take enforcement action under 49 C.F.R. Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Example CR-272



NJ Department of Transportation
Division of Civil Rights & Affirmative Action

DBE/ESBE REGULAR DEALER/SUPPLIER VERIFICATION FORM (To be completed by DBE/ESBE firm)

Project Name:		DP Number
Bidder/Prime Contractor:		
DBE/ESBE Firm:	Address:	Phone Number
Provide a brief description of the material(s) your firm will be supplying and the Prime is requesting be credited as a regular dealer (include item number and estimate quantities when possible).		
<p>If either question is marked "No", the Bidder/Prime Contractor cannot receive regular dealer credit for the services provided by the DBE/ESBE firm. Instead, the maximum credit that could be received would be the fee or commission the DBE/ESBE firm receives for its services. Before executing this form, read the "Guide for Counting DBE/ESBE Suppliers" on page 2 which includes the official question and answer issued by the United States Department of Transportation.</p>		
Check one for each question		
1. Does your firm 'regularly' engage in the purchase and sale or lease, to the general public in the usual course of its business, of product(s) of the general character which will be involved in this contract and for which DBE/ESBE credit is being sought?	<input type="radio"/> Yes	<input type="radio"/> No
2. Is the role your firm will play on this specific contract be consistent with the regular sale or lease of the product(s) in question, as distinct from a role better understood as that of a broker, packager, manufacturer's representative, or other person who arranges or expedites a transaction?	<input type="radio"/> Yes	<input type="radio"/> No
Authorized Representative of DBE/ESBE Firm		
The undersigned individual hereby verifies that he/she is authorized to make this verification on behalf of the DBE/ESBE firm, that the DBE/ESBE firm 'regularly' engages in the purchase and sale or lease of the items listed herein and is not otherwise a package, broker, manufacturer representative, or other person who arranges or expedites transactions, the the answers and information provided herein are true and correct to the best of her/his knowledge, information and belief and that this verification is made subject to the penalties of 49 CFR Part 26.		
Signature _____	Date _____	
Printed Name _____	Phone Number _____	
Authorized Representative of Bidder/Prime Contractor		
The undersigned individual hereby verifies the he/she is authorized to make this verification on behalf of the Bidder/Prime Contractor, that, to the best of his/her knowledge, information and belief, the DBE/ESBE firm 'regularly' engages in the purchase and sale or lease of the items listed herein and is not otherwise a packager, broker, manufacturer representative, or other person who arranges or expedites transactions and that this verification is made subject to the penalties of 49 CFR Part 26.		
<p>Under 49 C.F.R. 26.107 dated February 2, 1999 and January 26, 2011, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may take enforcement action under 49 C.F.R. Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.</p>		
Signature _____	Date _____	
Printed Name _____	Phone Number _____	

Commercially Useful Function



- CUF verifies that every DBE, ESBE or SBE firm providing services on the project are actually performing the work they were hired for and that work is counting towards attaining the DBE, ESBE or SBE goal set for the project.
- **Commercially Useful Function** is obtained when a DBE, ESBE or SBE firm is responsible for execution of a distinct element of the work of a contract and is carrying out its responsibility by actually performing, managing and supervising the work involved.
- The DBE/ESBE/SBE must also be responsible, with respect to materials and supplies used on the contract, for negotiating price, determining quality and quantity, ordering the material, and installing (where applicable) and paying for the material itself.

CR-275 CUF Guidelines & Checklist

REs should perform a CUF review of each DBE/ESBE/SBE subcontractor working on the project within 10 days of the firm starting work.

NEW JERSEY DEPARTMENT OF TRANSPORTATION

Commercially Useful Function (CUF) Guidelines

to Ensure that DBE/ESBE/SBE Firms are actually Managing, Supervising and Performing Subcontract Work

The attached Commercially Useful Function (CUF) Checklist must be completed for each DBE/ESBE Firm working on NJDOT Federal Highway Construction Contract. Please refer to the following information for guidance in determining a DBE/ESBE firm's performance of a Commercially Useful Function to satisfy a DBE/ESBE contract goal. (FHWA 49 CFR26.55(c)(1)). Determination of a SBE firm's performance of a Commercially Useful Function shall be the same as for DBE/ESBE firms.

MANAGE:

- Manage the work themselves.
 - Schedule work operations, order equipment and materials, hire/fire employees, including supervisory employees.

SUPERVISE:

- Supervise daily operations.
 - Can use skilled Superintendent employed by the DBE/ESBE.

PERFORM:

- Perform the work stated in the contract with their own equipment.
 - a. The equipment would be used by the DBE/ESBE firm on any other subcontract with any other contractor.
 - b. The equipment would be owned by the DBE/ESBE firm OR
The equipment would be leased/rented from traditional equipment lease/rental sources.
 - c. The DBE/ESBE firm would have a rental/lease agreement for any rented or leased equipment.
 - d. The equipment cannot belong to:
 - (1) Prime Contractor.
 - (2) Another subcontractor on the present project.
 - (3) Supplier of materials being installed by the DBE/ESBE firm.
 - e. The equipment cannot come from another contractor fully operated.
- Perform the work with their own employees.
 - AS STATED IN THE DBE/ESBE SPECIAL PROVISIONS:
Regular Employee is a person who:
 - a. Would be working for the DBE/ESBE firm on any other subcontract with any other contractor.
 - b. Is a permanent employee of the DBE/ESBE firm OR
Has been recruited through the traditional recruitment and/or employment centers.
 - c. Has not recently been employed by the prime contractor on the present project, another subcontractor on the present project, or the renter-lessor of equipment being used on the present project.
 - d. Is not a member of a construction crew, which regularly work for non-DBE/ESBE.
 - e. Is not a licensed contractor who is at the time "unemployed" or "between jobs".
 - AS STATED IN THE DBE/ESBE SPECIAL PROVISIONS:
Regular Equipment is owned or leased and operated on a long term agreement and not on an *ad hoc* or contract by contract agreement.
- Subcontracting part of the work of the contract
 - When a DBE/ESBE subcontract part of the work of its contract to another firm, the value of the subcontracted work may be counted toward the DBE/ESBE goal only if the DBE/ESBE subcontractor is itself a DBE/ESBE. Work that a DBE/ESBE subcontracts to a non-DBE/ESBE firm does not count toward DBE/ESBE goals.
- Truck/Equipment must display name of DBE/ESBE firm.
 - Printed name or logo.
 - Leased or rented equipment. A copy of the lease/rental agreement must be submitted to the project office and put in the project file.
- Supplier - Regular Dealer
 - A regular dealer is a firm that owns, operates, or maintains a store, warehouse, or other establishment in which the materials, supplies, articles or equipment of the general character described by the specifications and required under contract are bought, kept in stock, and regularly sold or leased to the public in the usual course of business. 60% of the cost of materials, supplies and delivery counts toward the DBE/ESBE goal.

CHECKLIST

(Project Site Review Completed by RE or Staff)

NOTE: USE A SEPARATE CHECKLIST FOR EACH DBE/ESBE FIRM WORKING ON-SITE.

Contract Project No.		Review Date:	
		Reviewer:	
Project Name:			
Prime Contractor:			
DBE/ESBE Subcontractor:			
DBE/ESBE Foreman/Supt.:			
DBE/ESBE Start Date:		DBE/ESBE Completion Date:	
Work Item Number(s)	Work Item(s) Description	Approximate % Complete as of this date	Subcontracted Dollar Amount
Add Row			
1. REGARDING DBE/ESBE FIRM'S FOREMAN/SUPT.			
Exclusively employed by DBE/ESBE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shown on the DBE/ESBE Payroll?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shown on any other firm's payroll?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, whose: _____			
Directly report to: _____			
2. REGARDING DBE/ESBE FIRM'S EMPLOYEES			
Are DBE/ESBE's employees shown on any other contractor's payrolls?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, whose? _____			
Do the DBE/ESBE's employees receive work assignments from the DBE/ESBE Foreman/Supt.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, who makes the assignments? _____			
3. REGARDING DBE/ESBE FIRM'S EQUIPMENT			
Does the equipment have the DBE/ESBE's name or logo?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If another firm's name or logo is shown, identify: _____			
Does the equipment belong to the DBE/ESBE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If leased or rented, is there a copy of the lease or rental agreement in the project file?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is the equipment leased or rented from? _____			
4. REGARDING DBE/ESBE FIRM'S PERFORMANCE			
Has any other contractor performed work that was to be performed by the DBE/ESBE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, identify the contractor who performed the work: _____			
What work items did the identified contractor perform? _____			
Were these items on the DBE/ESBE's subcontract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the DBE/ESBE Owner been present on the job site?		<input type="checkbox"/> Yes	<input type="checkbox"/> N
Does the DBE/ESBE Owner appear to have control over contract work item & employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> o

**DBE/ESBE COMMERCIALLY USEFUL FUNCTION (CUF)
CHECKLIST**

(Project Site Review Completed by RE or Staff)

NOTE: USE A SEPARATE CHECKLIST FOR EACH DBE/ESBE FIRM WORKING ON-SITE.

Contract Project No.		Review Date:
		Reviewer:
Project Name:		
Prime Contractor:		
DBE/ESBE Subcontractor:		
DBE/ESBE Foreman/Supt.:		
DBE/ESBE Start Date:		DBE/ESBE Completion Date:
If a CUF is not being performed by the DBE/ESBE subcontractor, what action was taken to correct the deficiency?		
Comments (any comments pertaining to the performance or conduct of the DBE/ESBE company)		

Has the Division of Civil Rights been notified of any problem(s) identified in this report?

Yes

No

If no, explain why?

Signature: _____

RE Name: _____

Revisions to CR-266



A revised CR 266 is needed immediately when there is a change to subcontractors, work items, or significant \$ changes to subcontracting agreements.

When Revised CR 266's are submitted, ensure the contractor completed:

- Project name, including contract number and DP #.
- Classification (subcontractor, manufacturer, regular dealer/supplier, regular dealer/installer, trucker/hauler, equipment lessor)
- Type of Work (concrete sidewalk, electrical, landscaping, supply of sheeting, beam guide rail, etc.)
- Contract item #'s
- Identify all partial items
- \$ value of subcontract work

When Contractors submit revised CR-266 forms, they must also submit CR-273s, and if applicable, CR-272s and CR-274s for new DBE/ESBE/SBE subcontractors listed on the revised CR-266.

TERMINATION/SUBSTITUTION AND REPLACEMENT OF DBE/ESBE/SBE FIRMS



- A Contractor can not terminate a DBE/ESBE/SBE without written consent of Civil Rights/AA. This includes, but is not limited to, instances in which a Contractor seeks to perform work originally designated for a DBE/ESBE/SBE subcontractor with its own forces or those of an affiliate, a non-DBE/ESBE/SBE firm, or with another DBE/ESBE/SBE firm.
- Before transmitting to NJDOT its request to terminate and/or substitute a DBE/ESBE/SBE subcontractor, the Contractor must give notice in writing to the DBE/ESBE/SBE subcontractor, with a copy to NDOT, of its intent to request to terminate and/or substitute, and the reason for the request.
- The Contractor must give the DBE/ESBE/SBE five (5) days to respond to the Contractor's notice and advise NJDOT and the Contractor of the reasons, if any, why it objects to the proposed termination of its subcontract and why NJDOT should not approve the Contractor's action.
- NJDOT Civil Rights is to review and approve the termination, substitutions and replacement of DBE/ESBE/SBE firms **prior** to changes being made, otherwise the Contractor will not receive credit toward the Contract goal.

CR-267 Monthly DBE/ESBE/SBE Utilization Report

Form CR-267 (02/12/2013)

Instructions on last page

Reset Form

Print Form

State of New Jersey
 Department of Transportation
DIVISION OF CIVIL RIGHTS & AFFIRMATIVE ACTION
MONTHLY REPORT, UTILIZATION OF ESBE/DBE
OR SBE

Reporting Period

1 _____
 Month Year

ESBE DBE SBE

Page 1 of 1

Project Name _____ 3 Prime Contractor: _____

2 DP No. _____ Address: _____

Project Amount: \$ _____ 4 Total Payment to Contractor as of
 End of Reporting Period: \$ _____

Estimated Contract Completion Date _____

5 NAME OF D/ESBE OR SBE	6 DESCRIPTION OF WORK PERFORMED AND MATERIALS PROVIDED	7 CONTRACT ITEMS NUMBERS	8 BID AMOUNT	9 PAID THIS MONTH	10 PAID TO DATE	11 COMMENTS
TOTAL:			\$0.00	\$0.00	\$0.00	

12 Percent of ESBE/DBE or SBE participation to date: _____ %

To the best of my information and belief, the above information is complete and correct.

 Signature - RE Date Contractor ESBE/DBE or SBE Liaison Officer

NOTE: SIGNATURE OF THE CONTRACTOR/LIAISON OFFICER INDICATES CERTIFICATION THAT THE INFORMATION PRESENTED ON THIS FORM TO BE TRUE AND ACCURATE.

CR-268 Final DBE/ESBE/SBE Report

Form CR-268 (11/20/2013)

Page 1 of 1

FINAL ESBE/DBE or SBE REPORT

ESBE DBE SBE

The Final ESBE/DBE or SBE Report Form is to be filled out by the Contractor and submitted to the RE for review upon completion of the Project. The report will then be forwarded to the Division of Civil Rights & Affirmative action.

If the ESBE/DBE or SBE goal requirements were not met, documentation supporting good faith efforts must be submitted with the final report with a brief explanation in the box at the end of this form.

PROJECT: _____ CONTRACTOR: _____

AWARD DATE: _____ AWARD CONTRACT AMOUNT: _____ AWARD ESBE/DBE OR SBE GOAL %: _____

FINAL CONTRACT AMOUNT: _____

NAME OF ESBE/DBE OR SBE SUPPLIER OR SUBCONTRACTOR	ITEM NUMBERS WORKED ON	TOTAL DOLLAR AMOUNT PAID TO ESBE/DBE SBE SUPPLIER OR SUBCONTRACTOR	
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row
			Add Row

Total payments	_____
Final Contract Amount percentage	_____
Award Contract Amount percentage	_____

Explanation of not meeting the ESBE/DBE or SBE Award Goal: (Attach good faith effort documents)

NAME OF CONTRACTOR

STATE OF NEW JERSEY, COUNTY OF _____
SWORN AND SUBRIBED BEFORE ME THIS _____ DAY OF _____, YEAR OF _____

CONTRACTOR'S SIGNATURE / LIAISON OFFICER

SIGNATURE OF NOTARY PUBLIC
MY COMMISSION EXPIRES: _____
ID NUMBER: _____

NOTE: SIGNATURE OF THE CONTRACTOR/LIAISON OFFICER INDICATES CERTIFICATION THAT THE INFORMATION PRESENTED ON THIS FORM TO BE TRUE AND ACCURATE.

GUIDEANCE FOR GOOD FAITH EFFORT



- Contractors and subcontractors working on NJDOT projects must make every effort (good faith effort) to comply with all of the civil rights EEO, DBE/ESBE/SBE subcontracting and training contract provisions, including meeting the established project goal and work hour goals for minorities and females.
- If the prime contractor, and/or subcontractors cannot meet these provisions, they **MUST** submit good faith documentation through NJDOT – Local Aid, to NJDOT – Civil Rights Civil Rights for review and approval as to why they are not able to meet these provisions.
- Good faith documentation must be provided immediately when it is recognized the provisions will not be met/satisfied, not after the fact.
- Submission of good faith documentation does not automatically absolve prime contractors and subcontractors of their EEO, DBE/ESBE/SBE subcontracting and training obligations on NJDOT projects.

GUIDANCE FOR GOOD FAITH EFFORT



Types of Action to consider as part of Good Faith efforts:

- Soliciting through all reasonable & available means, the interest of all certified DBEs/ESBEs/SBEs capable of performing the contract work.

- Attendance at pre-bid meetings
- Advertizing
- Written notices

Allow DBEs/ESBEs /SBEs sufficient time to respond to solicitation

Bidder must take appropriate steps to follow up initial solicitations to determine with certainty if DBEs/ESBEs/SBEs are interested.

- Provide interested DBEs/ESBEs/SBEs with adequate information about contract documents and requirements in a **timely** manner.

GUIDANCE FOR GOOD FAITH EFFORT



- Selecting portions of work to be performed by DBEs/ESBEs/SBEs
 - Breaking out contract work items into economically feasible units to facilitate DBE/ESBE/SBE participation, even when Prime Contractor might otherwise prefer to perform the work
- Negotiating in good faith with interested DBEs/ESBEs/SBEs. Evidence of such negotiation includes:
 - Names, addresses, and telephone numbers of considered DBEs/ESBEs/SBEs
 - Description of the information provided regarding the plans and specifications for the work selected for subcontracting
 - Evidence as to why additional agreements could not be reached for DBEs/ESBEs/SBEs to perform the work.
- Making efforts to assist interested DBEs/ESBEs/SBEs in obtaining bonding, lines of credit, or insurance as required by the recipient or contractor.
- Making efforts to assist interested DBEs/ESBEs/SBEs in obtaining necessary equipment, supplies, materials, or related assistance or services.

GUIDANCE FOR GOOD FAITH EFFORT



- Not rejecting DBEs/ESBEs/SBEs as being unqualified without sound reasons based on a thorough investigation of their capabilities. Causes which are not legitimate for the rejection or non-solicitation of bids in the contractor's efforts to meet the project goal:
 - Contractor's stand within its industry
 - Membership in specific groups, organization, or associations
 - Political or social affiliations (for example union vs. non-union employee status)
- Effectively using the services of the following available resources as allowed on a case-by-case basis:
 - Minority/women community organizations
 - Minority/women contractors' groups
 - Local, state, and Federal minority/women business assistance offices
 - Other organizations providing assistance in the recruitment and placement of DBEs/ESBEs/SBEs.

GUIDANCE FOR GOOD FAITH EFFORT



- A bidder using good business judgment would consider a number of factors in negotiating with subcontractors, including DBE/ESBE/SBE subcontractors.
 - A firm's price and capabilities
 - Contract goals
- **The fact that there may be some additional costs involved in finding and using DBEs/ESBEs/SBEs is not in itself sufficient reason for a Bidder/Contractor failure to meet the contract DBE/ESBE/SBE goal, as long as such costs are reasonable.**
- **The ability or desire of a prime contractor to perform the work of a contract with its own organization does not relieve the bidder/Contractor of the responsibility to make good faith efforts.** Prime contractors are not, however, required to accept higher quotes for DBEs/ESBEs/SBEs if the price difference is excessive or unreasonable.

GUIDANCE FOR GOOD FAITH EFFORT



- In determining whether a bidder has made good faith efforts, you may take into account the performance of other bidders in meeting the contract goal.

When the apparent successful bidder fails to meet the contract goal, but others meet it, you may reasonably raise the question of whether, with additional reasonable efforts, the apparent successful bidder could have met the goal.

If the apparent successful bidder fails to meet the goal, but meets or exceeds the average DBE/ESBE/SBE participation obtained by other bidders, you may view this, in conjunction with other factors, as evidence of the apparent successful bidder have made good faith efforts.

EEO WORKFORCE COMPLIANCE



Annual EEO & DBE Affirmative Action Plans

NJDOT requires its construction contractors and subcontractors , on an annual basis, to submit the following EEO/Affirmative Action Plan Package to NJDOT's Division of Civil Rights & Affirmative Action for review and approval:

- Equal Employment Opportunity (EEO) /Affirmative Action Plan
- EEO Policy Statement
- Sexual Harassment Policy
- Document designating company's Corporate EEO Officer, including name, address & telephone number of the Officer)
- D/E/SBE Affirmative Action Plan (only prime contractor needs to submit this)

Once approved, each firm will receive an approval letter from NJDOT Civil Rights/Affirmative Action, indicating the timeframe for which the plan is approved. This letter must be provided to each NJDOT RE for each specific project on which the prime contractor and subcontractor perform work.

EEO WORK HOUR COMPLIANCE



For all NJDOT projects, both Federal funded, & State funded, there are project specific minority and female workforce employment goals that the prime contractor and each subcontractor should attempt to attain for each trade or craft working on the project. Contractors meet their EEO goal by hiring and retaining a sufficient number of minority and female employees to satisfy the listed goal (%) in terms of aggregate hours for its workforce.

- Work hour Goals: % of total craft hours worked in each month in each craft
- Goal for participation of females - 6.9% Statewide
- Goal for participation of minorities - Established for geographical areas where work is actually performed.
 - Varies statewide per county – ranging from 4 % to 40 %

EEO WORK HOUR COMPLIANCE



- Monthly Workforce (manpower) data **must** be reported electronically on a CC-257R via a web based application through the NJ portal for **ALL NJDOT projects.**
- Each new contractor (prime & sub) needing to report workforce data must register one time through the portal in order to report the info.
- Prime contractors, subcontractors, and other businesses required to report, **must** report the project's work hour data using the project specific job code # provided to the prime contractor at the preconstruction meeting.

Reporting via hard copy form CC-257, "U.S. Department of Labor Monthly Employment Utilization Reports" is no longer permissible.



Welcome Identification Reporting Status Reporting Help Guide

New Jersey Department of Transportation

Monthly Employment Utilization Report

Employment Standards Administration
Office of Federal Contract Compliance Programs

Name of Company	STIMULAS REPORTING TEST VENDOR				Federal I.D. No.	99999STIM					
Address	1035 PARKWAY AVENUE, TRENTON, NJ, 08625				Vendor I.D. No.	99999STIM					
Compliance Agency	NJDOT	Project Name									
Project Identifier	U.P.C. No.	Federal Proj ID	D.P. No.	Contract No.	Contract ID	Reporting Period No.	1				
Type of Contract	1=CONSTRUCTION, 2=CONSULTANT 3=RAIL, 4=ROW, 5=UTILITY		Type of Contractor	1=PRIME, 2=SUB		Type of Project	1=FEDERAL, 2=STATE, 3=FED STIMULUS, 4=STATE STIMULUS		Type of Service	1=MFG, 2=SERVICE, 3=WHOLESALE 4=RETAIL, 5=OTHER	
Current Goals	Reporting Period	Total Wages (Existing Employees)	0								
Minority	Varies	From	1/1/2009		Total Wages (New Employees)	0					
Female		To	1/31/2009		Total Wages	0					

Report all permanent and new employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1a and 4

1. JOB CATEGORIES	CLASSIFICATIONS	Total Federal & Non-Federal Employee Work Hours								Percentages		Employees							
		a. Total Work Hours of All Employees By Job Category		b. Black (Not of Hispanic Origin)		c. Hispanic		d. Asian or Pacific Islander		e. American Indian or Native American		2. Minority Percentage	3. Female Percentage	4. Total Number of Employees		5. Total Number of Minority Employees		6. Total Number of On the Job Trainees	
		M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F
Professional Services																			
Officials and Managers	Journey Worker (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Apprentice (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sub-Total (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

On the Job Trainees	Journey Worker (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Apprentice (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sub-Total (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Journey Workers (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Apprentices (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total New Employee (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total (hrs)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Number of Employees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Company Officials Name	OVERTON CORP.	Telephone Number (Include Area Code)	Date Submitted	3/16/2009 8:12:38 AM
Company Officials Title	PRESIDENT	732-000-0000	Digital Signature	JEFFDACS@YAHOO.COM

This report takes the place of the CC-257 Report, the 1391 July Report and the Employee Information Report.

[SUBMIT](#) [RESET](#)

* Mandatory Fields yellow=Calculated Fields

TRAINING PROGRAM COMPLIANCE



Training Program (Plan) Submittal

Each program(plan) should include:

- Proposed training positions (work classifications to be used on the project (Ironworker, Form Setter, Truck Driver, Landscaper, etc.)
- # of each type of training position in each classification
- Program hours for each position
- Minimum available hours used on the project for each position
- Estimated start dates of each position

Distribution:

Contractor → Local Aid Sponsor → Local Aid District Office → Division of Civil Rights/AA

Contractors should NOT begin working until the Training Program is submitted to the RE.

If the RE feels the particular Training Program submitted by the contractor is not feasible, or the project will NOT support it, please notify Civil Rights immediately so adjustments can be made.

Training Program Approval Letter

PROPOSED TRAINING PROGRAM
NEW JERSEY DEPARTMENT OF TRANSPORTATION
MEMORANDUM

TO: _____ FROM: _____

RE

SUBJECT: Initial Training Program

DATE:

EXT.:

Please be advised that the Contractor's attached Initial Training Program dated (00-00-00) is hereby approved. Your written concurrence dated (00-00-00) is also acknowledged.

The effective date for contractor implementation of training and reimbursement is (00-00-00).

Per the "**Revised Standard Training Guidelines**" training program information for the required positions is as follows:

<u>TRAINING POSITIONS</u>	<u>PROGRAM HOURS</u>	<u>MIN. AVAIL. HOURS</u>	<u>EST. START DATES</u>
---------------------------	----------------------	--------------------------	-------------------------

NOTE: The Contractor is required to submit a signed copy of each Guideline simultaneously with each Apprentice/Trainee Approval Memorandum.

The above minimum hours are approved with the understanding that should additional hours become available, the Contractor is required to provide this training up to the total program hours. If the start dates are not met, the Contractor will submit revised ones for your review.

The Training Special Provisions state: "Training and upgrading of minorities (e.g., Blacks, Asians or Pacific Islanders, Native Americans or Alaskan Natives, Hispanics) and females toward journeyman status is a primary objective of these Training Special Provisions. Accordingly, the Contractor shall make every effort to enroll minorities and females, by conducting systematic and direct recruitment through public and private sources likely to yield minority and female apprentices or trainees, to the extent that such persons are available within a reasonable area of recruitment. This training commitment is not intended, and shall not be used, to discriminate against any applicant for training, whether a member of a minority group or not." When non-minorities are proposed as candidates, the Contractor must first document all prior steps taken to obtain minorities and females.

This documentation, including minority and female non-availability letters from unions and all other recruitment sources, must accompany the Apprentice/Trainee Approval Memorandum.

By copy of this letter, the Contractor is notified of this training program approval and is directed to make no changes without first notifying, via the RE, the DCR/AA in writing and receiving written approval from the DCR/AA. The Contractor must provide the RE with the Name, Ethnic Group, Gender, Classification, Union Affiliation, Work History referencing Employers, Job Duties and Length of Employment and Start Date information for each candidate of the Apprentice/Trainee Approval Memorandum Form CR-1 Part A.

The RE will obtain Approval or Disapproval of each candidate from the DCR/AA and notify the Contractor accordingly. The Training Special Provisions state: "No employee shall be employed as an apprentice or trainee in any position in which he or she has successfully completed a training course leading to journeyman status or in which he or she has been employed as a journeyman. The Contractor shall satisfy this requirement by including appropriate questions in the employment application or by other suitable means and by submitting an accurate and complete "Apprentice/Trainee Approval Memorandum." Regardless of the methods used, the Contractor's records should document the findings in each case."

The Contractor is required to submit Biweekly Training Reports Form CR-3, Contractor's 1409 Quarterly Training Reports Form CR-1409 and Training Certificates Form CR-2 to the RE. These reports should indicate the number of training hours provided in each category of the approved training guidelines. Appropriate training instructions to assist you in monitoring the training requirement are provided. The RE EEO Checklist Form DC-130 also details RE's EEO/DESBE/Training responsibilities.

It is imperative that the RE or his designee utilize the Daily Work Report to document the quality of training provided to each trainee performing training related work.

The attached Instructions for Implementing the Training Special Provisions are provided to assist both the Contractor and RE in the administration of the training program. The Resident Engineer should also consult the 2011 Construction Procedures Handbook Section V Subsection A.

Please contact the Training Program Coordinator, at 609-530-3009 if you have any questions concerning the implementation of this training program.

Distribution: Division of Civil Rights/AA → Local Aid District Office → Local Aid Sponsor → Contractor

Apprentice/Trainee Approval Memo (CR-1)

CR-1 (11/11)

NEW JERSEY DEPARTMENT OF TRANSPORTATION DIVISION OF CIVIL RIGHTS

APPRENTICE / TRAINEE APPROVAL MEMORANDUM

SECTION A: (TO BE COMPLETED BY CONTRACTOR)

1. Project: _____
2. Contractor: _____ Subcontractor: _____
3. Apprentice / Trainee Name: _____
4. Social Security # (last 4 digits only) _____ 5. Sex Male Female
6. Training Position: _____ 7. Hourly Rate: \$ _____
8. Start Date: _____ 9. Program Hours _____ 10. Min. Available Hours: _____
11. The candidate is a(n) Apprentice (USDOL Registration Date) _____ Trainee
and does does not have construction experience.

12. Check all work categories that the apprentice / trainee has experience in:

- | | | | |
|--|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrical | <input type="checkbox"/> Ironwork | <input type="checkbox"/> Operating Engineer |
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Drilling | <input type="checkbox"/> Finishing | <input type="checkbox"/> Formsetting |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Pipelaying | <input type="checkbox"/> Powertools |
| <input type="checkbox"/> Truck Driving | <input type="checkbox"/> Other _____ | | |

13. If any items above are checked, complete table below:

Work Category	Length of Time	Employer

14. Is the apprentice / trainee a union member? Yes No # of Years _____
Union Name: _____ Location: _____ Local # _____
15. Ethnic Group: Black Hispanic White Asian / Pacific Islander
 Native American (Indian) Tribe: _____ Alaskan Native
16. Apprentice / Trainee Address: _____
City: _____ State: _____ ZIP Code _____ Telephone # () _____

Signature _____

17. As the Contractor's Representative, I certify the above is correct to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY DIVISION OF CIVIL RIGHTS PERSONNEL ONLY.

- Approved Disapproved

Name: _____ Date: _____

Signature: _____

Bi-Weekly Training Report (CR-2)

CR-2 (12/29/2011)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF CIVIL RIGHTS/ AFFIRMATIVE ACTION
BIWEEKLY TRAINING REPORT

1. Project: _____ Federal Project # _____
2. Contractor: _____ Subcontractor: _____
3. Trainee Name: _____
4. Training Program: _____
5. Trainee Start Date: _____ Craft Start Date: _____
6. Training Period Reported From: _____ To: _____
7. Biweekly Hours Shown Below:

GUIDELINE CATEGORY	M	T	W	T	F	S	S	M	T	W	T	F	S	S	PROGRAM HOURS	REPORT HOURS	TO DATE HOURS	HOURS TO DO
TOTALS																		

8. Trainee Signature: _____ Date: _____
9. Contractor Signature: _____ Date: _____
10. This biweekly does does not agree with daily work reports.
I concur do not concur with the above craft start date.
- RE Signature: _____ Date: _____

Contractor's 1409 Quarterly Training Report (CR-1409)

CR-1409 (11/11)

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF CIVIL RIGHT / AFFIRMATIVE ACTION
CONTRACTOR'S 1409 QUARTERLY TRAINING REPORT**

1 st Quarter	Due Date	2 nd Quarter	Due Date	3 rd Quarter	Due Date	4 th Quarter	Due Date
January 1 to March 30	April 10	April 1 to June 30	July 10	July 1 to September 30	October 10	October 1 to December 31	January 10

1. Project: _____ Federal Project Number: _____
2. Contractor: _____ Subcontractor: _____
3. Trainee Name: _____
4. Trainee Address: _____
5. Social Security # (last 4 digits) _____
6. Employee Status New Hire Upgrade
7. Ethnic Group Black Hispanic Asian / Pacific Islander
 Native American (Indian) / Alaskan Native Cuacasian / Portugese
8. Sex Male Female
9. Current Training Program _____
10. Type of Training Apprenticeship Laborer Clerical
11. Training Start Date: _____ Last Training Date: _____

Hours of Training Data	January to March 2____	April to June 2____	July to September 2____	October to December 2____
12. Given this Quarter				
13. Given to Date				
14. Needed to Complete				

15. Training Progress: Active Laid Off Transferred Quit
 Terminated Other No More Work Completed
16. Trainee Signature: _____ Date _____
17. Contractor Signature: _____ Date _____
18. RE Signature: _____ Date _____

NOTE: ATTACH COPIES OF LAST BIWEEKLY/TRAINING CERT. TO FINAL 1409.

Training Certificate (CR-3)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
 DIVISION OF CIVIL RIGHTS
TRAINING CERTIFICATE (FOR REPORTING HOURS TO NJDOT)

As required by the Contract Training Special Provisions, the Contractor is providing the apprentice or trainee, at the conclusion of his/her training, this Training Certificate showing the hours of training satisfactorily completed.

Presented To: _____
 Presented By: _____ (Company Name)
 On the _____ NJDOT Project
 Dated: _____

The Contractor hereby certifies that the above named apprentice or trainee completed _____ hours of the _____ Standard Program Hours for the _____ training position.

Certified By Contractor: _____
 Signature _____ Date _____

Received By App./Trainee: _____
 Signature _____ Date _____

Recorded By NJDOT R.E.: _____
 Signature _____ Date _____

Distribution:
 Original-Apprentice/Trainee
 Copy-Contractor
 Copy-NJDOT Resident Engineer
 Copy-NJDOT/DCR Training Coordinator (Attach LAST BIWEEKLY/FINAL 1409)

Distribution: Contractor → Local Aid Sponsor → Local Aid District Office → Division of Civil Rights/AA
 ↳ Trainee (for signature)

Weekly Certified Payroll (CR-347)

U.S. Department of Labor
 Employment Standards Administration
 Wage and Hour Division

PAYROLL
 (For Contractor's Optional Use, See Instructions, Form WH-347 Inst.)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

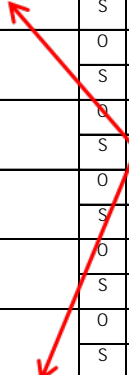
NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS OMB No: 1215-0149

Expires: 03/31/2006

PAYROLL NO. FOR WEEKS ENDING PROJECT AND LOCATION PROJECT OR CONTRACT NO.

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2)	(3) WORK CLASSIFICATION	OT.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) Net WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY										FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				OR	ST.	S	O	S	O	S									
			O																
			S																
			O																
			S																
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			O																
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			O																
			S																

List the Work Classification of the work the employee is performing, identical to NJDOL's "Wage Decision Listing"



We estimate that it will take an average of 56 minutes to complete this collection of information, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

FORM WH-347, Revised Nov. 1998 – FORMERLY SOL 184 – PURCHASE THIS FORM DIRECTLY FROM THE SUPT. OF DOCUMENTS

Statement of Compliance (CR-347-2)

On Federally funded projects: Make sure reference is to the Copeland Act.

NEW JERSEY DEPARTMENT OF TRANSPORTATION STATEMENT OF COMPLIANCE

Date: _____

I, _____, _____ do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by _____ on the _____; that during the payroll period commencing on the _____ day of _____ 20 _____ and ending the _____ day of _____ 20 _____ all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____ from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wages rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

SIGNATURE

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Make sure one of the boxes is checked, and the form is signed.

Wage Rate Interviews(DC-126)

NEW JERSEY DEPARTMENT OF TRANSPORTATION

WAGE RATE INSPECTIONS

SEE REVERSE SIDE FOR INSTRUCTIONS

**Do not leave blank! –
Make sure it has N/A**

Project Name:				Federal Project No.		DP No.		Date	
PART 1				PART 2		PART 3		PART 4	
EMPLOYEE'S NAME, ADDRESS AND LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER	EMPLOYER'S NAME (Company's Name)	Hourly Rate of Pay	Fringe Benefits Paid in "Cash" or to "Plan"	CLASSIFICATION OF WORK PERFORMED	N.J. Dept of L. & I. Wage Rate	U.S. Dept of Labor Wage Rate	Payroll Wage Rate	PAYROLL CLASSIFICATION	
		Overtime Rate			Overtime Rate	Overtime Rate			
						N/A			
						1 ½			
						N/A			
						1 ½			
						N/A			
						1 ½			
						N/A			
						1 ½			
						N/A			
						1 ½			
PARTS 1 & 2 COMPLETED BY _____				PART 3 COMPLETED BY _____		PART 4 COMPLETED BY _____			

NOTE DISCREPANCIES AND CORRECTIVE ACTION ON SEPARATE SHEET

Monthly Certification of Payrolls (DC-127)

Form DC-127 (06/2014)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
MONTHLY CERTIFICATION OF CONTRACTOR'S PAYROLLS
 SEE REVERSE SIDE FOR INSTRUCTIONS

PROJECT NAME:				FEDERAL PROJECT NO:				DP NO:	
NAME OF EMPLOYER	CONTRACTOR	SUBCONTRACTOR	DATE OF LAST PAYROLL PRIOR TO THIS REPORT	DATES OF PAYROLLS VERIFIED BY THIS REPORT					NUMBER OF WAGE RATE INSPECTION SUBMITTED W/THIS REPORT
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							
	<input type="checkbox"/>	<input type="checkbox"/>							

I certify that, to the best of my knowledge all contractors' employees working on this project during this period have been included on a payroll and that all payrolls listed above are listed verified as received and will be reviewed in accordance with contract requirements.

RE (Signature)

Date

Quarterly Summary of Payrolls (DC-128)

Form DC-128 12//29/2011

NEW JERSEY DEPARTMENT OF TRANSPORTATION
QUARTERLY SUMMARY OF CONTRACTOR'S PAYROLLS

____ QUARTER CY 20____

SEE REVERSE SIDE FOR INSTRUCTIONS

PROJECT NAME:			FEDERAL PROJECT NO.					DP NO.		
NAME OF EMPLOYER	CONTRACTOR	SUBCONTRACTOR	DATE OF LAST PAYROLL PRIOR TO THIS REPORT	DATES OF PAYROLLS SUBMITTED WITH THIS REPORT (ATTACH PAYROLLS)						NUMBER OF WAGE RATE INSPECTIONS (EMPLOYEES INTERVIEWED) THIS MONTH
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>								
I certify that, to the best of my knowledge, all employees working on this project during this period have been included on a payroll and all payrolls submitted herewith comply with the requirements of the Project's Specifications, except as noted (attach explanatory memorandum). Furthermore, I certify that the Contractor has the required posters displayed in conspicuous locations.									TOTAL WAGE RATE INSPECTIONS THIS QUARTER	

_____ NAME

_____ RE (Signature)

Late Payroll Log (DC-129)

Form DC-129 12/29/2011

NEW JERSEY DEPARTMENT OF TRANSPORTATION

LATE PAYROLL LOG

PROJECT NAME				FEDERAL PROJECT NO.				DP NO.					
NAME OF EMPLOYER	CONTRACTOR	SUBCONTRACTOR		DATES OF PAYROLLS SUBMITTED WITH THIS REPORT (ATTACH PAYROLLS)									
	<input type="checkbox"/>	<input type="checkbox"/>	PAYROLL DATE										
			DATE SUBMITTED										
	<input type="checkbox"/>	<input type="checkbox"/>	PAYROLL DATE										
			DATE SUBMITTED										
	<input type="checkbox"/>	<input type="checkbox"/>	PAYROLL DATE										
			DATE SUBMITTED										
	<input type="checkbox"/>	<input type="checkbox"/>	PAYROLL DATE										
			DATE SUBMITTED										
	<input type="checkbox"/>	<input type="checkbox"/>	PAYROLL DATE										
			DATE SUBMITTED										

NAME

RE (Signature)

DATE

MEMORANDUM – C81
New Jersey Department of Transportation

TO: Supervisor, Wage Rate Unit
Division of Civil Rights & Affirmative Action

FROM: Local Aid Project Sponsor

DATE:

PHONE:

RE: (Project Name & contract #)
Contract Completion

This memorandum serves to inform you that on _____ all the work was completed on the above mentioned project.

c: Regional Closeout Technician
project file

CONTRACT COMPLIANCE - CONTACT INFO

Contract Compliance Unit

Jeff Overton, Manager: (609) 530-3888

Districts 1 & 2: Cheryl Taliaferro: (609) 530-5678 and Thomas Jones (609) 530-5657

District 3: Anthony Ricciardi (609) 530-2058

District 4: Kwincy Brown (609) 530-6578

General Contract Compliance E-mail: cr.contcompl@dot.state.nj.us

Submittal of Revised CR-266, CR-267, CR-268, training program information, training assignments, pre-con notices, etc. (Please do NOT e-mail this info directly to Jeff Overton.)

Updated forms can be found at:

<http://www.state.nj.us/transportation/business/civilrights/forms.shtm>



Questions

