

APPLICATION AND CERTIFICATE FOR PAYMENT

TO OWNER:
 Town Of Colchester
 Christopher Nardi
 3190 Whitney Avenue bldg. 2
 Hamden, CT 06518

PROJECT:
 Colchester Senior Center
 Colchester Senior Center
 15 Louis Ln
 Colchester, CT 06415

APPLICATION NO: 007
PERIOD TO: 09/30/2023
PROJECT NOS.: 1800001

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

FROM CONTRACTOR:
 BRD Builders
 2099 Main St.
 Hartford, CT 06120

VIA ARCHITECT:

CONTRACT DATE: 02/10/2023

CUSTOMER CONTRACT ID:

DESCRIPTION:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract Continuation Sheet.

1. ORIGINAL CONTRACT SUM	\$ 8,625,000.00
2. Net change by Change Orders	\$ 47,115.12
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 8,672,115.12
SCHEDULE OF VALUE	\$ 8,672,115.12
4. TOTAL COMPLETED & STORED TO DATE	\$ 1,201,411.84
5. RETAINAGE:	
a. 5.00% of Completed Work (Columns D + E)	\$ 60,070.60
b. 0.00% of Stored Material (Column F)	\$ 0.00
Total Retainage (Line 5a + 5b)	\$ 60,070.60
6. TOTAL EARNED LESS RETAINAGE	\$ 1,141,341.24
7. LESS PREVIOUS APPLICATIONS FOR PAYMENTS	\$ 990,568.73
8. CURRENT PAYMENT DUE	\$ 150,772.51
9. BALANCE TO FINISH, INCLUDING RETAINAGE	7,530,773.88

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner:	50,518.80	(3,403.68)
Total approved this Month:	0.00	0.00
TOTALS:	50,518.80	(3,403.68)
NET CHANGES by Change Order:	47,115.12	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: BRD Builders
 By: Jenny Ricketts Date: 10/16/23
Denzil Ricketts / Bookkeeper
 State of: CT County of: HARTFORD
 Subscribed and sworn to before me this 16th day of Oct

Notary Public:
DENZIL RICKETTS
NOTARY PUBLIC
 My Commission expires: **My Commission Expires Mar. 31, 2026**

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and that the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ **150,772.51**

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Scott Welton SPA CA
 By: _____ Date: **10-19-2023**

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

TO:
 Town Of Colchester
 Christopher Nardi
 3190 Whitney Avenue bldg. 2
 Hamden, CT 06518

From:
 BRD Builders
 2099 Main St.
 Hartford, CT 06120

Project Name: Colchester Senior Center
Project #: 1800001
Application #: 007
Period: 09/30/2023

A	B	C	D	E	F	G		H		
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1	General Requirements	300,000.00	90,000.00	15,000.00	0.00	105,000.00	35.00 %	195,000.00	5.00 %	5,250.00
2	Bonding	80,000.00	80,000.00	0.00	0.00	80,000.00	100.00 %	0.00	5.00 %	4,000.00
3	Temp. Facilities	25,000.00	25,000.00	0.00	0.00	25,000.00	100.00 %	0.00	5.00 %	1,250.00
4	Clear & Grub	40,000.00	40,000.00	0.00	0.00	40,000.00	100.00 %	0.00	5.00 %	2,000.00
5	Erosion Control	22,500.00	22,500.00	0.00	0.00	22,500.00	100.00 %	0.00	5.00 %	1,125.00
6	Strip Top Soil	38,815.00	38,815.00	0.00	0.00	38,815.00	100.00 %	0.00	5.00 %	1,940.75
7	Cut & Fill to Sub Grade	230,500.00	161,350.00	0.00	0.00	161,350.00	70.00 %	69,150.00	5.00 %	8,067.50
8	Excavate Foundation	20,000.00	17,000.00	0.00	0.00	17,000.00	85.00 %	3,000.00	5.00 %	850.00
9	Backfill Foundation	25,000.00	25,000.00	0.00	0.00	25,000.00	100.00 %	0.00	5.00 %	1,250.00
10	Excavate Underground Utilities	25,500.00	12,750.00	0.00	0.00	12,750.00	50.00 %	12,750.00	5.00 %	637.50

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11	Stone for Foundation slab	25,845.00	21,968.25	3,876.75	0.00	25,845.00	100.00 %	0.00	5.00 %	1,292.25
12	Sewer System	30,800.00	18,480.00	0.00	0.00	18,480.00	60.00 %	12,320.00	5.00 %	924.00
13	Water & Fire Line	75,000.00	30,000.00	30,000.00	0.00	60,000.00	80.00 %	15,000.00	5.00 %	3,000.00
14	Storm Drainage System	232,900.00	104,805.00	0.00	0.00	104,805.00	45.00 %	128,095.00	5.00 %	5,240.25
15	Excavate for Electrical	10,625.00	0.00	0.00	0.00	0.00	0.00 %	10,625.00	0.00 %	0.00
16	Light Pole Bases	8,500.00	0.00	0.00	0.00	0.00	0.00 %	8,500.00	0.00 %	0.00
17	Gravel for Sidewalks	18,500.00	0.00	0.00	0.00	0.00	0.00 %	18,500.00	0.00 %	0.00
18	Gravel for Asphalt	87,640.00	0.00	0.00	0.00	0.00	0.00 %	87,640.00	0.00 %	0.00
19	Asphalt Paving	186,250.00	0.00	0.00	0.00	0.00	0.00 %	186,250.00	0.00 %	0.00
20	Line Stripping	2,500.00	0.00	0.00	0.00	0.00	0.00 %	2,500.00	0.00 %	0.00

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21	Parking Bumpers	4,500.00	0.00	0.00	0.00	0.00	0.00 %	4,500.00	0.00 %	0.00
22	Spread Topsoil	8,125.00	0.00	0.00	0.00	0.00	0.00 %	8,125.00	0.00 %	0.00
23	Site Signage	6,500.00	0.00	0.00	0.00	0.00	0.00 %	6,500.00	0.00 %	0.00
24	Fencing	35,000.00	0.00	0.00	0.00	0.00	0.00 %	35,000.00	0.00 %	0.00
25	Foundation and Slab	300,000.00	165,000.00	0.00	0.00	165,000.00	55.00 %	135,000.00	5.00 %	8,250.00
26	Site Concrete	150,000.00	0.00	0.00	0.00	0.00	0.00 %	150,000.00	0.00 %	0.00
27	Masonry	160,000.00	0.00	0.00	0.00	0.00	0.00 %	160,000.00	0.00 %	0.00
28	Structural Steel	175,000.00	78,750.00	96,250.00	0.00	175,000.00	100.00 %	0.00	5.00 %	8,750.00
29	Thermal & Moisture	80,000.00	16,000.00	0.00	0.00	16,000.00	20.00 %	64,000.00	5.00 %	800.00
30	Roofing	350,000.00	0.00	0.00	0.00	0.00	0.00 %	350,000.00	0.00 %	0.00

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31	Siding	295,000.00	0.00	0.00	0.00	0.00	0.00 %	295,000.00	0.00 %	0.00
32	Doors & Hardware	293,755.00	0.00	0.00	0.00	0.00	0.00 %	293,755.00	0.00 %	0.00
33	Windows	100,000.00	30,000.00	0.00	0.00	30,000.00	30.00 %	70,000.00	5.00 %	1,500.00
34	Aluminum Storefront	400,000.00	0.00	0.00	0.00	0.00	0.00 %	400,000.00	0.00 %	0.00
35	CFMF Structural	458,560.00	0.00	0.00	0.00	0.00	0.00 %	458,560.00	0.00 %	0.00
36	Exterior Sheathing/ Roof Sheathing	220,000.00	0.00	0.00	0.00	0.00	0.00 %	220,000.00	0.00 %	0.00
37	CFMF Non-structural Framing	60,000.00	0.00	0.00	0.00	0.00	0.00 %	60,000.00	0.00 %	0.00
38	Insulation	106,560.00	0.00	0.00	0.00	0.00	0.00 %	106,560.00	0.00 %	0.00
39	Dow Board	21,500.00	0.00	0.00	0.00	0.00	0.00 %	21,500.00	0.00 %	0.00
40	Rough Carpentry	52,250.00	0.00	0.00	0.00	0.00	0.00 %	52,250.00	0.00 %	0.00

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41	Gypsum	184,000.00	0.00	0.00	0.00	0.00	0.00 %	184,000.00	0.00 %	0.00
42	Taping Gypsum	125,250.00	0.00	0.00	0.00	0.00	0.00 %	125,250.00	0.00 %	0.00
43	CFMF Rafters	101,250.00	0.00	0.00	0.00	0.00	0.00 %	101,250.00	0.00 %	0.00
44	CFM Trusses	616,875.00	0.00	0.00	0.00	0.00	0.00 %	616,875.00	0.00 %	0.00
45	Acoustics	60,000.00	0.00	0.00	0.00	0.00	0.00 %	60,000.00	0.00 %	0.00
46	Flooring	165,000.00	0.00	0.00	0.00	0.00	0.00 %	165,000.00	0.00 %	0.00
47	Painting	95,000.00	0.00	0.00	0.00	0.00	0.00 %	95,000.00	0.00 %	0.00
48	Specialties	70,000.00	0.00	0.00	0.00	0.00	0.00 %	70,000.00	0.00 %	0.00
49	Signage	10,000.00	0.00	0.00	0.00	0.00	0.00 %	10,000.00	0.00 %	0.00
50	Bathroom Partitions & Accessories	15,000.00	0.00	0.00	0.00	0.00	0.00 %	15,000.00	0.00 %	0.00

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51	Appliances	170,000.00	0.00	0.00	0.00	0.00	0.00 %	170,000.00	0.00 %	0.00
52	Millwork	240,000.00	0.00	0.00	0.00	0.00	0.00 %	240,000.00	0.00 %	0.00
53	Blinds	15,000.00	0.00	0.00	0.00	0.00	0.00 %	15,000.00	0.00 %	0.00
54	Fire Protection System	160,000.00	0.00	0.00	0.00	0.00	0.00 %	160,000.00	0.00 %	0.00
55	Plumbing	300,000.00	30,000.00	0.00	0.00	30,000.00	10.00 %	270,000.00	5.00 %	1,500.00
56	HVAC	795,000.00	0.00	0.00	0.00	0.00	0.00 %	795,000.00	0.00 %	0.00
57	Electrical	700,000.00	7,000.00	0.00	0.00	7,000.00	1.00 %	693,000.00	5.00 %	350.00
58	Landscaping	40,000.00	0.00	0.00	0.00	0.00	0.00 %	40,000.00	0.00 %	0.00
59	CO 001 - Siltsoxx Replacement for Swale-Berm Erosion Control...	-3,403.68	-3,403.68	0.00	0.00	-3,403.68	100.00 %	0.00	5.00 %	(170.18)
60	CO 002 - Removal of stone trench and water diversion...	45,270.52	31,689.36	13,581.16	0.00	45,270.52	100.00 %	0.00	5.00 %	2,263.53

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61	CO 003 - CO 03 Elliptical Credit and Foundation Upgrades...	5,248.28	0.00	0.00	0.00	0.00	0.00 %	5,248.28	0.00 %	0.00
Totals:		8,672,115.12	1,042,703.93	158,707.91	0.00	1,201,411.84	13.85 %	7,470,703.28		60,070.60

CHANGE ORDER DETAIL

TO:
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 Hartford, CT 06120

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Changes		<i>Days</i>	<i>Amount (\$)</i>
Authorized:			
CO# 001	Change 001 - 05/04/2023	0	(3,403.68)
	-Scope Change 08: Siltsoxx Replacement for Swale-Berm Erosion Control - 05/04/2023		
CO# 002	Change 002 - 05/08/2023	5	45,270.52
	-Scope Change 09: Removal of stone trench and water diversion revised - 05/26/2023		
CO# 003	Change 003 - 08/15/2023	11	5,248.28
	-Scope Change 12: Storefront Credit (CW-1 elliptical) - 08/15/2023		
	-Scope Change 13: Foundation building code upgrades - 08/15/2023		
		16	47,115.12
Potential:			
# TBD	-Scope Change 07: Potential VE Items from 2/23/23 meeting - 02/28/2023	TBD	TBD
# TBD	-Scope Change 11: Electrical building code upgrades - 04/26/2023	5	4,661.29
# TBD	-Scope Change 14: Conduit for future Generator - 06/15/2023	4	14,346.35
# TBD	-Scope Change 15: Over Excavation - 07/17/2023	0	58,982.65
# TBD	-Scope Change 16: Water Connections in Road By Water Dept GML Assist - 08/07/2023	15	(3,322.93)
# TBD	-Scope Change 17: Relocate underground electrical primaries and tel/data lines - 08/08/2023	TBD	TBD
# TBD	-Scope Change 19: CCD 1 Water Diversion and Stone Trench - 08/11/2023	TBD	TBD

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109																			
CONTRACTOR NAME AND ADDRESS: BRD Builders, LLC 2099 Main Street, Hartford, CT 06120										SUBCONTRACTOR NAME & ADDRESS										WORKER'S COMPENSATION INSURANCE CARRIER SELECTIVE INSURANCE POLICY # WC9024167 EFFECTIVE DATE: 12/10/2022 EXPIRATION DATE: 12/10/2023									
PAYROLL NUMBER 25	Week-Ending Date 9/9/2023	PROJECT NAME & ADDRESS Senior Center, Lebanon Avenue Colchester, CT										Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS						GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY						
		PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE	WORK CLASSIFICATION	DAY AND DATE										TOTAL FRINGE BENEFIT PLAN CASH	FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	PFL	EE 401K Contribution			LIST OTHER					
				HOURS WORKED EACH DAY																									
Robert Lamarre 88 Blue Traqil Drive Thomaston, CT 06787	MW	Site Supervisor			8	8	8					S-TIME	\$ 48.08	1.5	\$1,923.08	SALARY													
													24.00	Base Rate										2.5					
																								3.5					
												O-TIME	\$ 0.00	Cash Fringe										4.5					
																								5.5					
																								6.5					
Mitch Cleveland 1401 Kings Highway Fairfield, CT 06824	MW	Project Manager			6.76	2	0	0				S-TIME	\$43.25	1.5	\$1,730.77	SALARY													
													9.16	Base Rate										2.5					
																								3.5					
												O-TIME	\$ 0.00	Cash Fringe										4.5					
																								5.5					
																								6.5					
												S-TIME	\$	1.5															
														Base Rate										2.5					
																								3.5					
												O-TIME	\$	Cash Fringe										4.5					
																								5.5					
																								6.5					
												S-TIME	\$	1.5															
														Base Rate										2.5					
																								3.5					
												O-TIME	\$	Cash Fringe										4.5					
																								5.5					
																								6.5					

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefit provided:

- 1) Medical or hospital care _____ 4) Disability _____
- 2) Pension or retirement _____ 5) Vacation, Holiday _____
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/09/2023

I, Denzil Ricketts of BRD Builders, LLC, (hereafter known as Employer) in my capacity as Bookkeeper/HR Manager (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare funds, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contractor in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such employee's name first appears.


(Signature)

Bookkeeper/HR Manager
(Title)

9/15/2023
Submitted on (Date)

Section B: Applies to CONNDOT Projects ONLY
That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

(Signature)

(Title)

Submitted on (Date)

Note: CTDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CP1 as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

THIS IS A PUBLIC DOCUMENT

DO NOT INCLUDE SOCIAL SECURITY NUMBERS

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first

In accordance with Connecticut General Statutes, 31-53
 Certified Payrolls with a statement of compliance
 Shall be submitted monthly to the contracting agency.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Connecticut Department of Labor
 Wage and Workplace Standards Division
 200 Folly Brook Blvd.
 Wethersfield, CT 06109

WEEKLY PAYROLL

CONTRACTOR NAME AND ADDRESS: BRD Builders, LLC 2099 Main Street, Hartford, CT 06120			SUBCONTRACTOR NAME & ADDRESS			WORKER'S COMPENSATION INSURANCE CARRIER SELECTIVE INSURANCE POLICY # WC9024167 EFFECTIVE DATE: 12/10/2022 EXPIRATION DATE: 12/10/2023		
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PAYROLL NUMBER 26	Week-Ending Date 9/16/2023	PROJECT NAME & ADDRESS Senior Center, Lebanon Avenue Colchester, CT
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PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS						GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	PFL	EE 401K Contribution	LIST OTHER			
				9/10	11	12	13	14	15	16					HOURS WORKED EACH DAY								
Robert Lamarre 88 Blue Traquil Drive Thomaston, CT 06787		MW	Site Supervisor		8	8	8	8	8				S-TIME 40.00	\$ 48.08 Base Rate	1.5	\$1,923.08	SALARY						
											O-TIME 0.00	\$ Cash Fringe	2.5										
													3.5										
													4.5										
													5.5										
													6.5										
Mitch Cleveland 1401 Kings Highway Fairfield, CT 06824		MW	Project Manager	2.22	7.87	0	3.8	8				S-TIME 21.89	\$43.25 Base Rate	1.5	\$1,730.77	SALARY							
											O-TIME 0.00	\$ Cash Fringe	2.5										
													3.5										
													4.5										
													5.5										
													6.5										
												S-TIME Base Rate	\$	1.5									
											O-TIME Cash Fringe	\$	2.5										
													3.5										
													4.5										
													5.5										
													6.5										
												S-TIME Base Rate	\$	1.5									
											O-TIME Cash Fringe	\$	2.5										
													3.5										
													4.5										
													5.5										
													6.5										

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefit provided:

- 1) Medical or hospital care _____
- 4) Disability _____
- 2) Pension or retirement _____
- 5) Vacation, Holiday _____
- 3) Life Insurance _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/16

I, Denzil Ricketts of BRD Builders, LLC, (hereafter known as Employer) in my capacity as Bookkeeper/HR Manager (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare funds, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contractor in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such employee's name first appears.



Bookkeeper/HR Manager

9/22/2023

Section B: Applies to CONNDOT Projects ONLY
That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

(Signature)

(Title)

Submitted on (Date)

Note: CTDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CPI as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

THIS IS A PUBLIC DOCUMENT

DO NOT INCLUDE SOCIAL SECURITY NUMBERS

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first

In accordance with Connecticut General Statutes, 31-53
 Certified Payrolls with a statement of compliance
 Shall be submitted monthly to the contracting agency.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Connecticut Department of Labor
 Wage and Workplace Standards Division
 200 Folly Brook Blvd.
 Waterbury, CT 06109

WEEKLY PAYROLL

CONTRACTOR NAME AND ADDRESS: BRD Builders, LLC 2099 Main Street, Hartford, CT 06120			SUBCONTRACTOR NAME & ADDRESS			WORKER'S COMPENSATION INSURANCE CARRIER SELECTIVE INSURANCE POLICY # WC9024167 EFFECTIVE DATE: 12/10/2022 EXPIRATION DATE: 12/10/2023		
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PAYROLL NUMBER 27	Week-Ending Date 9/23/2023	PROJECT NAME & ADDRESS Senior Center, Lebanon Avenue Colchester, CT						
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PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS						GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	PFL	EE 401K Contribution	LIST OTHER			
				HOURS WORKED EACH DAY											TOTAL FRINGE BENEFIT PLAN CASH								
Robert Lamarre 88 Blue Traquil Drive Thomaston, CT 06787		MW	Site Supervisor	9/17	18	19	20	21	22	23	40.00		\$1,923.08	SALARY									
				S-TIME																		\$ 48.08	1.S
				O-TIME																		\$ 0.00	4.S
																							2.S
																							3.S
																							6.S
Mitch Cleveland 1401 Kings Highway Fairfield, CT 06824		MW	Project Manager	7.97	7.53	8	3.3	6.17			32.97		\$1,730.77	SALARY									
				S-TIME																		\$ 43.25	1.S
				O-TIME																		\$ 0.00	4.S
																							2.S
																							3.S
																							6.S
				S-TIME																		\$	1.S
				O-TIME																		\$	4.S
																							2.S
																							3.S
																							6.S
				S-TIME																		\$	1.S
				O-TIME																		\$	4.S
																							2.S
																							3.S
																							6.S

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefit provided:

- 1) Medical or hospital care _____ 4) Disability _____
- 2) Pension or retirement _____ 5) Vacation, Holiday _____
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/23/2023

I, Denzil Ricketts of BRD Builders, LLC, (hereafter known as Employer) in my capacity as Bookkeeper/HR Manager (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare funds, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contractor in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such employee's name first appears.

 Bookkeeper/HR Manager 9/27/2023
(Signature) (Title) Submitted on (Date)

Section B: Applies to CONNDOT Projects ONLY
That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

(Signature) _____ (Title) _____ Submitted on (Date)

Note: CTIDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CP1 as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

THIS IS A PUBLIC DOCUMENT
DO NOT INCLUDE SOCIAL SECURITY NUMBERS

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first

In accordance with Connecticut General Statutes, 31-53
 Certified Payrolls with a statement of compliance
 Shall be submitted monthly to the contracting agency.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Connecticut Department of Labor
 Wage and Workplace Standards Division
 200 Folly Brook Blvd.
 Wethersfield, CT 06109

WEEKLY PAYROLL

CONTRACTOR NAME AND ADDRESS: BRD Builders, LLC 2099 Main Street, Hartford, CT 06120			SUBCONTRACTOR NAME & ADDRESS			WORKER'S COMPENSATION INSURANCE CARRIER SELECTIVE INSURANCE POLICY # WC9024167 EFFECTIVE DATE: 12/10/2022 EXPIRATION DATE: 12/10/2023		
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PAYROLL NUMBER 28	Week-Ending Date 9/30/2023	PROJECT NAME & ADDRESS Senior Center, Lebanon Avenue Colchester, CT
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PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS						GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	PFL	EE 401K Contribution	LIST OTHER		
				9/24	25	26	27	28	29	30					HOURS WORKED EACH DAY							
Robert Lamarre 88 Blue Traquil Drive Thomaston, CT 06787		MW	Site Supervisor		8	8	8	8	8			S-TIME 40.00	\$ 48.08 Base Rate	\$1,923.08	SALARY							
											O-TIME 0.00	\$ Cash Fringe										
Mitch Cleveland 1401 Kings Highway Fairfield, CT 06824		MW	Project Manager		7.5	0	0	0	7.55			S-TIME 15.05	\$43.25 Base Rate	\$1,730.77	SALARY							
											O-TIME 0.00	\$ Cash Fringe										
												S-TIME Base Rate	1. \$ 2. \$ 3. \$									
											O-TIME Cash Fringe	4. \$ 5. \$ 6. \$										

***FRINGE BENEFITS EXPLANATION (F):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefit provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, Holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/30/2023


I, Denzil Ricketts of BRD Builders, LLC, (hereafter known as Employer) in my capacity as Bookkeeper/HR Manager (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare funds, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contractor in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such employee's name first appears.

 Denzil Ricketts Bookkeeper/HR Manager 10/05/2023
(Signature) (Title) Submitted on (Date)

Section B: Applies to CONNDOT Projects ONLY
That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

(Signature) _____ (Title) _____ Submitted on (Date)

Note: CTDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CP1 as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

THIS IS A PUBLIC DOCUMENT
DO NOT INCLUDE SOCIAL SECURITY NUMBERS

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109										
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL										
CONTRACTOR NAME AND ADDRESS: BRD BUILDERS LLC 2099 MAIN ST HARTFORD CT 06120						SUBCONTRACTOR NAME & ADDRESS GML CONST INC PO BOX 51967 INDIAN ORCHARD MA 01151					WORKER'S COMPENSATION INSURANCE CARRIER AIM POLICY # AVVC4OQ7040979202)A EFFECTIVE DATE: 03/09/23 EXPIRATION DATE: 03/09/24										
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis Lane Colchester CT 06415																			
PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	T	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER			
			Trade License Type & Number - OSHA 10 Certification Number	09/03	09/04	09/05	09/06	09/07	09/08	09/09	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH									
HOURS WORKED EACH DAY																					
Michael Mason 22 Clinton St Easthampton MA01027 SECTION	S	m	Laborer OSHA 10					7.85	8.10		15.95	\$ 60.09 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,485.44	113.64	191.92	70.02	7.54	958.44	# 5788 \$ 1,102.32	
Kenneth Mielowski 219 Greenwich Road Ware MA01082 SECTION	S	m	Operator OSHA 10					6.90	7.88		14.78	\$ 74.90 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	2,220.63	169.88	360.05	111.03	11.28	1,107.02	# 5786 \$ 1,568.39	
Ivor Santos 804 White St Springfield MA01109 SECTION		m	Laborer OSHA 10			7.80	7.27	7.42	6.57		29.06	\$ 60.09 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,890.22	144.60	320.44	94.51	145.86	1,746.22	# 5789 \$ 1,184.81	
Adam Spath 29 Dupuis Road Holyoke MA01040 SECTION	R	m	Operator OSHA 10				7.03	7.77	8.00		22.80	\$ 74.90 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	2,455.88	187.87	416.51	122.79	12.47	1,707.72	# 5787 \$ 1,716.24	

12/9/2013 *IF REQUIRED
WWS-CPI

* SEE REVERSE SIDE

PAGE NUMBER 1 OF 3

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date: 09/09/2023
Contractor or Subcontractor Business Name:

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY											
				S	M	T	W	T	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER													
				09/03	09/04	09/05	09/06	09/07	09/08	09/09																					
Christopher Torres 96 Walnut St, Apt 1 Chicopee MA01020 SECTION	A	m	Laborer OSHA 10	HOURS WORKED EACH DAY							Total O/T Hours	30.14	60.09	1,955.11	149.57	296.32	90.28	9.93	1,811.11	# 5790 \$ 1,409.01											
				S-TIME	7.58	6.98	7.53	8.05																							
				O-TIME																											
				1. \$																											
				2. \$																											
				3. \$																											
			OSHA																												
			OSHA																												
			OSHA																												
			OSHA																												
			OSHA																												

* IF REQUIRED

*** FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____ 4) Disability _____
- 2) Pension or retirement _____ 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/09/2023

I, VICTOR R OBRIEN JR of GM Construction, (hereafter known as

Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;


(c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



(Signature) PRESIDENT (Title) 09/15/23 Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS: BRD BUILDERS LLC 2099 MAIN ST HARTFORD CT 06120						SUBCONTRACTOR NAME & ADDRESS GML CONST INC PO BOX 51967 INDIAN ORCHARD MA 01151					WORKER'S COMPENSATION INSURANCE CARRIER AIM POLICY # AVVC4OQ7040979202)A EFFECTIVE DATE: 03/09/23 EXPIRATION DATE: 03/09/24									
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis Lane Colchester CT 06415																		
27	09/16/2023																			
PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	T	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER		
			Trade License Type & Number - OSHA 10 Certification Number	09/10	09/11	09/12	09/13	09/14	09/15	09/16	Total OT Hours	TOTAL FRINGE BENEFIT PLAN CASH								
HOURS WORKED EACH DAY																				
Michael Mason 22 Clinton St Easthampton MA01027 SECTION	S	m	Laborer OSHA 10		7.27	3.75	1.40	8.23	8.18		28.83	\$ 60.09 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,841.08	140.85	270.16	87.80	9.35	1,732.39	# 5791 \$ 1,332.92
Kenneth Mielowski 219 Greenwich Road Ware MA01082 SECTION	S	m	Operator OSHA 10		7.03	4.62	3.00	8.03			22.68	\$ 74.90 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,933.76	147.93	291.20	96.69	9.82	1,698.73	# 5792 \$ 1,388.12
Ivor Santos 804 White St Springfield MA01109 SECTION		m	Laborer OSHA 10			7.88	3.43	8.23	7.95		27.49	\$ 60.09 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,795.87	137.38	297.80	89.79	145.37	1,651.87	# 5793 \$ 1,125.53
Adam Spath 29 Dupuis Road Holyoke MA01040 SECTION	R	m	Operator OSHA 10		7.27	7.88	3.73	8.22	7.77		34.87	\$ 74.90 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	2,611.76	199.80	453.92	130.59	13.27	2,611.76	# 5794 \$ 1,814.18

12/9/2013 *IF REQUIRED
WWS-CP1

* SEE REVERSE SIDE

PAGE NUMBER 1 OF 3

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date: 09/16/2023
Contractor or Subcontractor Business Name:

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours Total O/T Hours	BASE HOURLY RATE TOTAL FRINGE BENEFIT PLAN CASH	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	T	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER		
				09/10	09/11	09/12	09/13	09/14	09/15	09/16					HOURS WORKED EACH DAY					
Christopher Torres 96 Walnut St, Apt 1 Chicopee MA01020 SECTION	A	m O	Laborer OSHA 10		7.08	5.08	3.68	6.86	7.78			S-TIME 30.48	60.09	1,831.54	140.12	268.08	84.57	9.30	1,831.54	# 5795 \$ 1,329.47
											O-TIME	0.00								
											\$	1. \$								
											\$	2. \$								
											\$	3. \$								
											\$	4. \$								
							\$	5. \$												
							\$	6. \$												
			OSHA								S-TIME	1. \$								
											\$	2. \$								
											\$	3. \$								
											O-TIME	4. \$								
											\$	5. \$								
											\$	6. \$								
											S-TIME	1. \$								
											\$	2. \$								
											\$	3. \$								
											O-TIME	4. \$								
											\$	5. \$								
											\$	6. \$								

* IF REQUIRED

*** FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/16/2023

I, VICTOR OBRIEN of GMC Construction, Inc. (hereafter known as

Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;

(c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA--The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



(Signature)

PRESIDENT

(Title)

09/20/23

Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109				
CONTRACTOR NAME AND ADDRESS: BRD BUILDERS LLC 2099 MAIN ST HARTFORD CT 06120											SUBCONTRACTOR NAME & ADDRESS GML CONSTRUCTION INC PO BOX 51967 INDIAN ORCHARD MA 01151					WORKER'S COMPENSATION INSURANCE CARRIER AIM POLICY # AVVC40070409792023A EFFECTIVE DATE: 03/09/23 EXPIRATION DATE: 03/09/24										
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis Lane Colchester CT 06415									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY						
PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER	GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY							
				\$	M	T	W	T	F	S										\$	\$	\$	\$			
Trade License Type & Number - OSHA 10 Certification Number											HOURS WORKED EACH DAY															
											S-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$									
Michael Mason 22 Clinton St Easthampton MA01027 SECTION	S	m	Laborer			7.43	7.88	8.07	8.02			31.40	\$ 60.09 Base Rate	1,992.49	152.42	305.27	95.37	10.12	1,886.83	# 5803 \$ 1,429.31						
Kenneth Mielowski 219 Greenwich Road Ware MA01082 SECTION	S	m	Operator			7.25	7.83	4.78	7.85			27.71	\$ 74.90 Base Rate	2,236.94	171.13	363.96	111.85	11.37	2,075.48	# 5804 \$ 1,578.63						
Ivor Santos 804 White St Springfield MA01109 SECTION		m	Laborer			7.57	8.05	8.03	8.05			31.70	\$ 60.09 Base Rate	2,011.59	153.89	349.57	100.58	146.47	1,904.85	# 5805 \$ 1,261.08						
Adam Spath 29 Dupuis Road Holyoke MA01040 SECTION	R	m	Operator			7.47	8.15	7.88	8.30			31.80	\$ 74.90 Base Rate	2,581.82	197.51	446.73	129.09	13.12	2,381.82	# 5806 \$ 1,795.37						

12/9/2013 *IF REQUIRED
WWS-CP1

* SEE REVERSE SIDE

PAGE NUMBER 1 OF 3

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date: 09/23/2023
Contractor or Subcontractor Business Name:

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APR. RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY																													
				S	M	T	W	T	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER																															
				09/17	09/18	09/19	09/20	09/21	09/22	09/23					Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH																																	
Christopher Torres 96 Walnut St, Apt 1 Chicopee MA01020 SECTION	A	m	Laborer			5.07	8.08	7.60	7.55		28.30	\$ 60.09	1. \$	1,806.39	138.19	262.55	83.41	9.18	1,700.55	# 5807																													
																					OSHA 10	S-TIME	0.00	2. \$	3. \$	4. \$	5. \$	6. \$																					
																													O-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$														
																																				S-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$							
																																											O-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$
O-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$																																											
							S-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$																																				
														O-TIME	1. \$	2. \$	3. \$	4. \$	5. \$	6. \$																													

* IF REQUIRED

*** FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 4) Disability _____
- 2) Pension or retirement _____
- 5) Vacation, holiday _____
- 3) Life Insurance _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/23/2023

I, VIC OBRIEN JR of _____, (hereafter known as

Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;

(c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction):

d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency:

e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA-The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



(Signature)

PRESIDENT

(Title)

09/28/23

Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS: BRD BUILDERS LLC 2099 MAIN ST HARTFORD CT 06120						SUBCONTRACTOR NAME & ADDRESS GML CONSTRUCTION INC PO BOX 51967 INDIAN ORCHARD MA 01151				WORKER'S COMPENSATION INSURANCE CARRIER AIM POLICY # AVVC40070409792023A EFFECTIVE DATE: 03/09/23 EXPIRATION DATE: 03/09/24										
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS						Total ST Hours		BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY		
29	09/30/2023	Colchester Senior Center 15 Louis Lane Colchester CT 06415								TOTAL FRINGE BENEFIT PLAN CASH			FICA	WITH-HOLDING	WITH-HOLDING	LIST OTHER				
PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total O/T Hours	S-TIME	Base Rate	Gross Pay	FICA	WITH-HOLDING	WITH-HOLDING	LIST OTHER	Gross Pay	CHECK # AND NET PAY
				S	M	T	W	T	F	S										
				HOURS WORKED EACH DAY																
Michael Mason 22 Clinton St Easthampton MA01027 SECTION		m	Laborer			7.98	3.18	7.88			19.04	\$ 60.09	1,274.11	97.46	145.43	59.46	6.48	1,144.11	# 5808 \$ 965.28	
Kenneth Mielowski 219 Greenwich Road Ware MA01082 SECTION		m	Operator			7.92	3.25	5.42			16.59	\$ 74.90	1,744.16	133.43	248.86	87.21	8.86	1,242.59	# 5809 \$ 1,265.80	
Ivor Santos 804 White St Springfield MA01109 SECTION		m	Laborer			8.00	7.98	5.13			21.11	\$ 60.09	1,340.50	102.55	196.44	67.03	143.06	1,268.50	# 5812 \$ 831.42	
Adam Spath 29 Dupuis Road Holyoke MA01040 SECTION		m	Operator			7.15	7.68	7.65			22.48	\$ 74.90	1,683.75	128.80	235.57	84.19	8.55	1,683.75	# 5813 \$ 1,226.64	

12/9/2013 *IF REQUIRED
WWS-CP1

* SEE REVERSE SIDE

PAGE NUMBER 1 OF 3

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date: 09/30/2023
Contractor or Subcontractor Business Name:

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	T	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER		
				09/24	09/25	09/26	09/27	09/28	09/29	09/30										
Christopher A Torres 96 Walnut St, Apt 1 Chicopee MA01020 SECTION		m	Laborer			7.95	1.88	4.95				S-TIME 14.78	60.09	1,120.88	85.74	111.74	51.76	5.70	888.13	# 5814
			OSHA 10	HOURS WORKED EACH DAY							O-TIME	0.00								
											\$	Base Rate								
											\$	Cash Fringe								
											\$									
											\$									
			OSHA								S-TIME	1. \$								
											\$	Base Rate								
			OSHA								O-TIME	4. \$								
											\$	Cash Fringe								
											\$									
			OSHA								S-TIME	1. \$								
											\$	Base Rate								
			OSHA								O-TIME	4. \$								
											\$	Cash Fringe								
											\$									
			OSHA								S-TIME	1. \$								
											\$	Base Rate								
			OSHA								O-TIME	4. \$								
											\$	Cash Fringe								
											\$									

* IF REQUIRED

*** FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/30/2023

I, VICTOR O'BRIEN JR of GML Construction, Inc., (hereafter known as


Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- (c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.


(Signature) PRESIDENT (Title) 10/05/23 Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.										WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main St. Hartford CT 60120							SUBCONTRACTOR NAME & ADDRESS Excel Steel 424 Berlin St. Berlin CT 08023			WORKER'S COMPENSATION INSURANCE CARRIER Liberty Mutual Insurance POLICY # XV/S215346270 EFFECTIVE DATE: 01/03/2023 EXPIRATION DATE: 01/03/2024									
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS																	
2	9/9/2023	Colchester Senior Center **No work performed this week**																	
PERSON WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE						Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS			GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F					S	FICA	FEDERAL WITH-HOLDING			STATE WITH-HOLDING
			Trade License Type & Number - OSHA 10 Certification Number	9/3	9/4	9/5	9/6	9/7	9/8	9/9	Total OT Hours	\$							
			HOURS WORKED EACH DAY									\$							
												\$							
												\$							
												\$							
												\$							
												\$							
												\$							
												\$							

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER ____ OF

OSHA 10 --ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement 2.28
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday 2,267,901.48
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 9/9/2023

I, Jeffrey Tracey of Excel Steel, (hereafter known as Employer) in my capacity as Officer (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (b), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA- The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

 (Signature) _____ Officer _____ (Title) _____ Submitted on (Date) 9/8/2023

*****THIS IS A PUBLIC DOCUMENT***
DO NOT INCLUDE SOCIAL SECURITY NUMBERS**

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS												Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109											
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.												WEEKLY PAYROLL											
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main St. Hartford CT 60120						SUBCONTRACTOR NAME & ADDRESS Excel Steel 424 Berlin St. Berlin CT 06023						WORKER'S COMPENSATION INSURANCE CARRIER Liberty Mutual Insurance POLICY # XWS215346270 EFFECTIVE DATE: 01/03/2023 EXPIRATION DATE: 01/03/2024											
PAYROLL NUMBER 3	Week-Ending Date 9/16/2023	PROJECT NAME & ADDRESS Colchester Senior Center **No work performed this week**																					
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY			
				S	M	T	W	TH	F	S	Total O/T Hours				FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER					
				9/10	9/11	9/12	9/13	9/14	9/15	9/16													
				HOURS WORKED EACH DAY								\$	1. S										
												\$	2. S										
												\$	3. S										
												\$	4. S										
												\$	5. S										
												\$	6. S										
												\$	1. S										
												\$	2. S										
												\$	3. S										
												\$	4. S										
												\$	5. S										
												\$	6. S										

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER ____ OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____ 4) Disability _____
- 2) Pension or retirement 2.28 _____ 5) Vacation, holiday 2.26/1.90/1.48 _____
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE


For the week ending date of 9/16/2023,

I, Jeffrey Tracey of Excel Steel, (hereafter known as Employer) in my capacity as Officer (title) do hereby certify and state:

Section A:

- 1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:
 - a) The records submitted are true and accurate;
 - b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
 - c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
 - d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
 - e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
 - f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

 _____
(Signature) Officer _____ (Title)
9/20/2023 Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109											
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL											
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main St. Hartford CT 60120						SUBCONTRACTOR NAME & ADDRESS Excel Steel 424 Berlin St. Berlin CT 06023					WORKER'S COMPENSATION INSURANCE CARRIER Liberty Mutual Insurance POLICY # XWS215346270 EFFECTIVE DATE: 01/03/2023 EXPIRATION DATE: 01/03/2024											
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY		
		PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	S	M	T	W	TH					F	S	TOTAL FRINGE BENEFIT PLAN CASH	FICA			WITH-HOLDING	WITH-HOLDING
		DAY AND DATE									Total O/T Hours	HOURS WORKED EACH DAY										
		Trade License Type & Number - OSHA 10 Certification Number																				
4	9/23/2023	Colchester Senior Center																				
		Kyle Littell 40 Woodland St. Tolland CT	M	Journeyman Ironworker				8.5	8.5			17	\$ 42.37 Base Rate	1. S 2. S 3. S 4. S 5. S 1.49 6. S	\$2,122.80	\$162.39	\$318.63	\$148.38	\$10.61	\$1,375.30	\$1,482.79 V104744041	
		Matt Quinn 688 Manchester Rd Glastonbury CT	M	Journeyman Ironworker			8.5	8.5	8		25	\$42.37 Base Rate	1. S 2. S 3. S 4. S 5. S 2.26 6. S	\$2,882.99	\$215.96	\$432.49	\$141.41	\$299.86	\$2,003.24	\$1,793.27 V104744044		
		Austin Cote 93 Acacea CT Middletown CT 06457	M	Journeyman Ironworker			8.5	8.5	8		25	\$ 42.37 Base Rate	1. S 2. S 3. S 4. S 5. S 1.49 6. S	\$2,787.50	\$213.24	\$498.15	\$172.83	\$13.94	\$2,022.50	\$1,889.34 V104744039		
												\$ Base Rate	1. S 2. S 3. S 4. S 5. S 6. S									
												\$ Cash Fringe										

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER ___ OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____ 4) Disability _____
- 2) Pension or retirement 2.28 _____ 5) Vacation, holiday 2.26/1.90/1.49 _____
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE


For the week ending date of 9/23/2023

I, Jeffrey Tracey of Excel Steel, (hereafter known as Employer) in my capacity as Officer (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:
 - a) The records submitted are true and accurate;
 - b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
 - c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
 - d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
 - e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
 - f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



 (Signature)

 Officer (Title)

 Submitted on (Date)

9/28/2023

THIS IS A PUBLIC DOCUMENT
DO NOT INCLUDE SOCIAL SECURITY NUMBERS

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109											
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL											
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main St. Hartford CT 60120						SUBCONTRACTOR NAME & ADDRESS Excel Steel 424 Berlin St. Berlin CT 06023					WORKER'S COMPENSATION INSURANCE CARRIER Liberty Mutual Insurance POLICY # XWS215346270 EFFECTIVE DATE: 01/03/2023 EXPIRATION DATE: 01/03/2024											
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS																				
5	9/30/2023	Colchester Senior Center **No work performed this week**																				
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY		
				S	M	T	W	TH	F	S					TOTAL FRINGE BENEFIT PLAN CASH	FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING			LIST OTHER	
			Trade License Type & Number - OSHA 10 Certification Number	9/24	9/25	9/26	9/27	9/28	9/29	9/30	Total O/T Hours		Per Hour 1 through 6 (see back)									
HOURS WORKED EACH DAY																						
												\$	1. S									
												Base Rate	2. S									
													3. S									
													4. S									
												\$	5. S									
												Cash Fringe	6. S									
													1. S									
												\$	2. S									
												Base Rate	3. S									
													4. S									
												\$	5. S									
												Cash Fringe	6. S									

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement 2.28
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday 2.26/1.90/1.49
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 9/30/2023,

I, Jeffrey Tracey of Excel Steel, (hereafter known as

Employer) in my capacity as Officer (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA--The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



(Signature)

Officer (Title)

10/5/2023
Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Connecticut Department of Labor
Wage and Workplace Standards Division
200 Folly Brook Blvd.
Wethersfield, CT 06109

WEEKLY PAYROLL

CONTRACTOR NAME AND ADDRESS:											SUBCONTRACTOR NAME & ADDRESS				WORKER'S COMPENSATION INSURANCE CARRIER					
Excel Steel 424 Berlin St East Berlin, CT 06023											SUMMIT CRANE COMPANY 19 SPARKS ST PLAINVILLE, CT 06062				A.I.M. MUTUAL INSURANCE COMPANY POLICY # WMZ-800-8007687-2023A EFFECTIVE DATE: 1/27/2023 EXPIRATION DATE: 1/27/2024					
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
2	9/9/2023	Colchester Senior Center 15 Lousi Ln Colchester, CT 06415													FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER		
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	Per Hour 1 through 6 (see back)	FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER	GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S										
			Trade License Type & Number - OSHA 10 Certification Number	9/3	9/4	9/5	9/6	9/7	9/8	9/9	HOURS WORKED EACH DAY									
CHARLES RICE 63 LYDALL ST EAST HARTFORD, CT 06118		MW	CRANE OP GRP 1 LICENSE - 03392 OSHA - 11006019141	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	§ 55.28	1. § 9.46							
												Base Rate	2. § 3.13							
													3. §							
												§ 12.14	4. §							
												Cash Fringe	5. § 3.07							
													6. §							
JERRETT HULTSLANDER 68 HIGH ST BRISTOL, CT 06010		MW	CRANE OP GRP 1 LICENSE - 03552 OSHA - 11006077865	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	§ 55.28	1. § 9.02							
												Base Rate	2. § 3.13							
													3. §							
												§ 12.54	4. §							
												Cash Fringe	5. § 3.11							
													6. §							
JACOB QUENTAL 27 SANFORD ST WOLCOTT, CT 06716		MW	CRANE OP GRP 1 LICENSE - 04746 OSHA - 36-005769306	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	§ 55.28	1. § 9.31							
												Base Rate	2. § 3.13							
													3. §							
												§ 12.29	4. §							
												Cash Fringe	5. § 3.07							
													6. §							
BRIAN LEFRANCOIS 120 MARTIN RD BRISTOL, CT 06010 OWNER		MW	CRANE OP GRP 1 LICENSE - 03036 OSHA - 11006077867	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	§ SALARY	1. §							
												Base Rate	2. §							
													3. §							
												§ OWNER	4. §							
												Cash Fringe	5. §							
													6. §							

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER ___ OF

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date:
Contractor or Subcontractor Business Name:
SUMMIT CRANE COMPANY

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours Total O/T Hours	BASE HOURLY RATE TOTAL FRINGE BENEFIT PLAN CASH	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER		
				9/3	9/4	9/5	9/6	9/7	9/8	9/9					HOURS WORKED EACH DAY					
JARED SHOWS 7 CASE RD BARKHAMSTED, CT 06063		M/W	CRANE OP GRP 1 LICENSE - 04603 OSHA - 20-602077907	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 3.16							
													2. \$							
													3. \$							
													4. \$							
													5. \$ 3.01							
													6. \$							
DOMINIC BOUCHER 282 WEST ST FLOOR 2 BRISTOL, CT 06010		M/W	MAINTENANCE ENGINEER GRP 16 OSHA - 26-0073811232	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 38.28 Base Rate	1. \$ 2.27							
													2. \$							
													3. \$							
													4. \$							
													5. \$ 1.40							
													6. \$							
JAMES WHEELER 150 WEST SIDE RD GOSHEN, CT 06756		M/W	MAINTENANCE ENGINEER GRP 16 OSHA - 26-007446314	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 38.28 Base Rate	1. \$ 2.21							
													2. \$							
													3. \$							
													4. \$							
													5. \$ 1.26							
													6. \$							
												\$ Base Rate	1. \$							
													2. \$							
													3. \$							
													4. \$							
													5. \$							
													6. \$							
												\$ Base Rate	1. \$							
													2. \$							
													3. \$							
													4. \$							
													5. \$							
													6. \$							

*IF REQUIRED

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability _____
- 2) Pension or retirement 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 9/9/2023

I, BRIAN LEFRANCOIS of SUMMIT CRANE COMPANY, (hereafter known as

Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



(Signature) **PRESIDENT** (Title) **9/13/2023**

(Submitted on (Date))



11-006077865

This card acknowledges that the recipient has successfully completed:

10-hour Construction Safety and Health

This card issued to:

Jerrett Hultslander

Elizabeth Calvanese

Trainer Name

8/14/2019

Date of Issue

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109											
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL											
CONTRACTOR NAME AND ADDRESS: Excel Steel 424 Berlin St East Berlin, CT 06023											SUBCONTRACTOR NAME & ADDRESS SUMMIT CRANE COMPANY 19 SPARKS ST PLAINVILLE, CT 06062						WORKER'S COMPENSATION INSURANCE CARRIER A.I.M. MUTUAL INSURANCE COMPANY POLICY # WMZ-800-8007687-2023A EFFECTIVE DATE: 1/27/2023 EXPIRATION DATE: 1/27/2024					
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS Colchester Senior Center 15 Lousi Ln Colchester, CT 06415									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY		
															FICA	WITH-HOLDING	WITH-HOLDING	LIST OTHER				
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	FICA	WITH-HOLDING	WITH-HOLDING	LIST OTHER	GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY				
			Trade License Type & Number - OSHA 10 Certification Number	S	M	T	W	TH	F	S												
				HOURS WORKED EACH DAY																		
CHARLES RICE 63 LYDALL ST EAST HARTFORD, CT 06118		M/W	CRANE OP GRP 1 LICENSE - 03392 OSHA - 11006019141	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 9.46 2. \$ 3.13 3. \$ 4. \$ 5. \$ 3.07 6. \$									
JERRETT HULTSLANDER 68 HIGH ST BRISTOL, CT 06010		M/W	CRANE OP GRP 1 LICENSE - 03552 OSHA - 11006077865	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 9.02 2. \$ 3.13 3. \$ 4. \$ 5. \$ 3.11 6. \$									
JACOB QUENTAL 27 SANFORD ST WOLCOTT, CT 06716		M/W	CRANE OP GRP 1 LICENSE - 04746 OSHA - 36-005769306	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 9.31 2. \$ 3.13 3. \$ 4. \$ 5. \$ 3.07 6. \$									
BRIAN LEFRANCOIS 120 MARTIN RD BRISTOL, CT 06010 OWNER		M/W	CRANE OP GRP 1 LICENSE - 03036 OSHA - 11006077867	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ SALARY Base Rate	1. \$ 2. \$ 3. \$ 4. \$									
												\$ OWNER Cash Fringe	5. \$ 6. \$									

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER ____ OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date:
Contractor or Subcontractor Business Name:
SUMMIT CRANE COMPANY

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER			
				9/10	9/11	9/12	9/13	9/14	9/15	9/16											
JARED SHOWS 7 CASE RD BARKHAMSTED, CT 06063		M/W	CRANE OP GRP 1 LICENSE - 04603 OSHA - 20-602077907	NWP	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 3.16 2. \$ 3. \$ 4. \$ 5. \$ 3.01 6. \$							
DOMINIC BOUCHER 282 WEST ST FLOOR 2 BRISTOL, CT 06010		M/W	MAINTENANCE ENGINEER GRP 16 OSHA - 26-0073811232	NWP	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 38.28 Base Rate	1. \$ 2.27 2. \$ 3. \$ 4. \$ 5. \$ 1.40 6. \$							
JAMES WHEELER 150 WEST SIDE RD GOSHEN, CT 06756		M/W	MAINTENANCE ENGINEER GRP 16 OSHA - 26-007446314	NWP	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 38.28 Base Rate	1. \$ 2.21 2. \$ 3. \$ 4. \$ 5. \$ 1.26 6. \$							
												0	\$ Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$							
												0	\$ Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$							

*IF REQUIRED

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability _____
- 2) Pension or retirement 5) Vacation, holiday
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 9/16/2023,

I, BRIAN LEFRANCOIS of SUMMIT CRANE COMPANY, (hereafter known as

Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



PRESIDENT

(Signature)

9/20/2023

Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS: Excel Steel 424 Berlin St East Berlin, CT 06023					SUBCONTRACTOR NAME & ADDRESS SUMMIT CRANE COMPANY 19 SPARKS ST PLAINVILLE, CT 06062					WORKER'S COMPENSATION INSURANCE CARRIER A.I.M. MUTUAL INSURANCE COMPANY POLICY # WMZ-800-8007687-2023A EFFECTIVE DATE: 1/27/2023 EXPIRATION DATE: 1/27/2024										
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS																		
4 - FINAL	9/23/2023	Colchester Senior Center 15 Lousi Ln Colchester, CT 06415																		
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER		
				9/17	9/18	9/19	9/20	9/21	9/22	9/23	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH								
CHARLES RICE 63 LYDALL ST EAST HARTFORD, CT 06118		M/W	CRANE OP GRP 1 LICENSE - 03392 OSHA - 11006019141	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 9.46 2. \$ 3.13 3. \$ 4. \$ 5. \$ 3.07 6. \$							
JERRETT HULTSLANDER 68 HIGH ST BRISTOL, CT 06010		M/W	CRANE OP GRP 1 LICENSE - 03552 OSHA - 11006077865	NWP	NWP	NWP	7.5	NWP	NWP	NWP	7.5	\$ 55.28 Base Rate	1. \$ 9.02 2. \$ 3.13 3. \$ 4. \$ 5. \$ 3.11 6. \$	3483.18	257.18	655.67	204.09	247.64	508.65	2001498 2118.60
JACOB QUENTAL 27 SANFORD ST WOLCOTT, CT 06716		M/W	CRANE OP GRP 1 LICENSE - 04746 OSHA - 36-005769306	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 9.31 2. \$ 3.13 3. \$ 4. \$ 5. \$ 3.07 6. \$							
BRIAN LEFRANCOIS 120 MARTIN RD BRISTOL, CT 06010 OWNER		M/W	CRANE OP GRP 1 LICENSE - 03036 OSHA - 11006077867	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ SALARY Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$							

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER ___ OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date:
Contractor or Subcontractor Business Name:
SUMMIT CRANE COMPANY

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	WITH- HOLDING	WITH- HOLDING	LIST OTHER		
				9/17	9/18	9/19	9/20	9/21	9/22	9/23										
JARED SHOWS 7 CASE RD BARKHAMSTED, CT 06063		M/W	CRANE OP GRP 1 LICENSE - 04603 OSHA - 20-602077907	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 55.28 Base Rate	1. \$ 3.16							
													2. \$							
													3. \$							
													4. \$							
													5. \$ 3.01							
													6. \$							
DOMINIC BOUCHER 282 WEST ST FLOOR 2 BRISTOL, CT 06010		M/W	MAINTENANCE ENGINEER GRP 16 OSHA - 26-0073811232	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 38.28 Base Rate	1. \$ 2.27							
													2. \$							
													3. \$							
													4. \$							
													5. \$ 1.40							
													6. \$							
JAMES WHEELER 150 WEST SIDE RD GOSHEN, CT 06756		M/W	MAINTENANCE ENGINEER GRP 16 OSHA - 26-007446314	NWP	NWP	NWP	NWP	NWP	NWP	NWP	0	\$ 38.28 Base Rate	1. \$ 2.21							
													2. \$							
													3. \$							
													4. \$							
													5. \$ 1.26							
													6. \$							
												\$ Base Rate	1. \$							
													2. \$							
													3. \$							
													4. \$							
													5. \$							
													6. \$							
												\$ Base Rate	1. \$							
													2. \$							
													3. \$							
													4. \$							
													5. \$							
													6. \$							

*IF REQUIRED

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability
- 2) Pension or retirement 5) Vacation, holiday
- 3) Life Insurance 6) Other (please specify)

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 9/23/2023,

I, BRIAN LEFRANCOIS of SUMMIT CRANE COMPANY, (hereafter known as

Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA—The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



(Signature) PRESIDENT (Title) 9/26/2023
Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.		PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109										
WEEKLY PAYROLL		CONTRACTOR NAME BRD Builders ADDRESS: 2099 Main Street Hartford, CT 06120										SUBCONTRACTOR NAME Electrical Services Group ADDRESS: Electrical Services Group 37 Townsend Ave New Haven, CT 06512				WORKER'S COMPENSATION INSURANCE CARRIER Graphic Arts Mutual Insurance Company POLICY # 5437455						
PAYROLL NUMBER 23		Week-Ending Date 09/08/23		PROJECT NAME/ ADDRESS: E520-Colchester Senior Center 15 Louis Lane Colchester, CT 06415										EFFECTIVE DATE: 04/01/23 EXPIRATION DATE: 04/30/24								
Person/Worker and Address and Section	Appr Rate %	M/F and Race *	Work Classification Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total Hours	Earn Code	Base Hourly Rate Total Fringe Benefit Plan Cash	Type of Fringe Benefits Per Hour 1 thru 6 (see back)	Gross Pay For All Work per- formed This Week	TOTAL DEDUCTIONS				Gross Pay For This Prevailing Rate Job	Check # And Net Pay	
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal With- holding	State With- holding	List Other			
				09/02	09/03	09/04	09/05	09/06	09/07	09/08												
				HOURS WORKED EACH DAY																		
Smith, Rahmand E 5 Allison Street Middletown, CT 06457 ***-**-2399		M BLK	Electrician Journeyman 0205938-E2				8.00					8.00 8.00	PW TOT	\$43.750 Base Rate \$ Cash Fringe	1. 2. 32.783 3. 4. 5. 6.	1,296.80	99.21	136.46	65.36	6.48	350.00	989.29 Dir Dep

Colchester Senior Center

* FRINGE BENEFITS EXPLANATION (P):

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement DB 401-K Contractor Plan \$1.3125, DB 401K Contractor Plan \$31.47
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 8, 2023, I, Edward Napolitano of Electrical Services Group (hereafter known as Employer) in my capacity as Managing Member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

2. OSHA -The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such person's name first appears.

A) The records submitted are true and accurate;

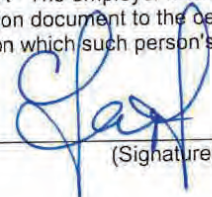
B) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, sections 31 - 53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31 - 53 (d), and said wages and benefits are not less than those which may also be required by contract;

C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

D) Each such person of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

E) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.


 _____ Managing Member _____ 09/11/23
 (Signature) (Title) Submitted on

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Connecticut Department of Labor
Wage and Workplace Standards Division
200 Folly Brook Blvd.
Wethersfield, CT 06109

WEEKLY PAYROLL

CONTRACTOR NAME BRD Builders ADDRESS: 2099 Main Street Hartford, CT 06120	SUBCONTRACTOR NAME Electrical Services Group ADDRESS: Electrical Services Group 37 Townsend Ave New Haven, CT 06512	WORKER'S COMPENSATION INSURANCE CARRIER Graphic Arts Mutual Insurance Company POLICY # 5437455
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PAYROLL NUMBER 24	Week-Ending Date 09/15/23	PROJECT NAME/ ADDRESS: E520-Colchester Senior Center 15 Louis Lane Colchester, CT 06415	EFFECTIVE DATE: 04/01/23 EXPIRATION DATE: 04/30/24
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Person/Worker and Address and Section	Appr Rate %	M/F and Race *	Work Classification Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total Hours	Earn Code	Base Hourly Rate	Type of Fringe Benefits Per Hour 1 thru 6 (see back)	Gross Pay For All Work performed This Week	TOTAL DEDUCTIONS				Gross Pay For This Prevailing Rate Job	Check # And Net Pay
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal Withholding	State Withholding	List Other		
				09/09	09/10	09/11	09/12	09/13	09/14	09/15											
No Work Performed																					

Colchester Senior Center

* FRINGE BENEFITS EXPLANATION (P):

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 15, 2023, I, Edward Napolitano of Electrical Services Group (hereafter known as Employer) in my capacity as Managing Member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

A) The records submitted are true and accurate;

B) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, sections 31 - 53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31 - 53 (d), and said wages and benefits are not less than those which may also be required by contract;

C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

D) Each such person of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

E) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such person's name first appears.


 _____ (Signature)

_____ Managing Member (Title)

_____ 09/18/23 Submitted on

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.	PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS WEEKLY PAYROLL	Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109
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CONTRACTOR NAME BRD Builders ADDRESS: 2099 Main Street Hartford, CT 06120	SUBCONTRACTOR NAME Electrical Services Group ADDRESS: Electrical Services Group 37 Townsend Ave New Haven, CT 06512	WORKER'S COMPENSATION INSURANCE CARRIER Graphic Arts Mutual Insurance Company POLICY # 5437455
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PAYROLL NUMBER 25	Week-Ending Date 09/22/23	PROJECT NAME/ ADDRESS: E520-Colchester Senior Center 15 Louis Lane Colchester, CT 06415	EFFECTIVE DATE: 04/01/23 EXPIRATION DATE: 04/30/24
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Person/Worker and Address and Section	Appr Rate %	M/F and Race *	Work Classification Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total Hours	Earn Code	Base Hourly Rate Total Fringe Benefit Plan Cash	Type of Fringe Benefits Per Hour 1 thru 6 (see back)	Gross Pay For All Work performed This Week	TOTAL DEDUCTIONS				Gross Pay For This Prevailing Rate Job	Check # And Net Pay
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal With-holding	State With-holding	List Other		
				09/16	09/17	09/18	09/19	09/20	09/21	09/22						HOURS WORKED EACH DAY					
No Work Performed																					

* FRINGE BENEFITS EXPLANATION (P):

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 22, 2023, I, Edward Napolitano of Electrical Services Group (hereafter known as Employer) in my capacity as Managing Member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

A) The records submitted are true and accurate;

B) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, sections 31 - 53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31 - 53 (d), and said wages and benefits are not less than those which may also be required by contract;

C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

D) Each such person of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

E) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA -The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such person's name first appears.

Managing Member

(Title)

09/25/23
Submitted on

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.	PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS WEEKLY PAYROLL	Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109
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CONTRACTOR NAME BRD Builders ADDRESS: 2099 Main Street Hartford, CT 06120	SUBCONTRACTOR NAME Electrical Services Group ADDRESS: Electrical Services Group 37 Townsend Ave New Haven, CT 06512	WORKER'S COMPENSATION INSURANCE CARRIER Graphic Arts Mutual Insurance Company POLICY # 5437455
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PAYROLL NUMBER 26	Week-Ending Date 09/29/23	PROJECT NAME/ ADDRESS: E520-Colchester Senior Center 15 Louis Lane Colchester, CT 06415	EFFECTIVE DATE: 04/01/23 EXPIRATION DATE: 04/30/24
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Person/Worker and Address and Section	Appr Rate %	M/F and Race *	Work Classification Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total Hours	Earn Code	Base Hourly Rate Total Fringe Benefit Plan Cash	Type of Fringe Benefits Per Hour 1 thru 6 (see back)	Gross Pay For All Work performed This Week	TOTAL DEDUCTIONS				Gross Pay For This Prevailing Rate Job	Check # And Net Pay
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal With-holding	State With-holding	List Other		
				09/23	09/24	09/25	09/26	09/27	09/28	09/29						HOURS WORKED EACH DAY					
No Work Performed												1. 2. 3. 4. 5. 6.									

Colchester Senior Center

* FRINGE BENEFITS EXPLANATION (P):

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 29, 2023, I, Edward Napolitano of Electrical Services Group (hereafter known as Employer) in my capacity as Managing Member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

2. OSHA -The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such person's name first appears.

A) The records submitted are true and accurate;

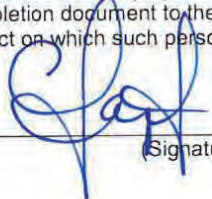
B) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, sections 31 - 53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31 - 53 (d), and said wages and benefits are not less than those which may also be required by contract;

C) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);

D) Each such person of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;

E) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and

F) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.



(Signature)

Managing Member _____
(Title)

10/02/23
Submitted on

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109											
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL											
CONTRACTOR NAME AND ADDRESS BRD Builder 2099 Main Street Hartford CT 06102											SUBCONTRACTOR NAME & ADDRESS The Trinity Construction Group, LLC 14 Peterson Road Pomfret Center CT 06259						WORKER'S COMPENSATION INSURANCE CARRIER Selective Insurance Company POLICY # WC 909906701 EFFECTIVE DATE 4/1/2023 EXPIRATION DATE 4/1/2024					
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY		
		09/03	09/04	09/05	09/06	09/07	09/08	09/09	FICA	WITH-HOLDING					WITH-HOLDING	LIST OTHER						
PERSON/WORKER ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH										
			Trade License Type & Number - OSHA 10 Certification Number	S	M	T	W	TH	F	S												
				HOURS WORKED EACH DAY																		
Peter E Hamel 14 Peterson Road Pomfret Center CT 06259		M/Caucasian	PCC Pointer, Cleaner, and Caulker 36-601381951	0	0	0	0	0	0	0	0	\$ 65.00 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0.00	0.00	0.00	0.00	0	0		
Benjamin T Izzarelli 211 Woodchuck Hill Road Canterbury CT 06331	80	M/C	PCC Pointer, Cleaner, and Caulker 15-006219962	0	0	0	0	0	0	0	0	\$ 31.52 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0	0	0	0	0	0		
				0	0	0	0	0	0	0	0	\$ Base Rate	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
				0	0	0	0	0	0	0	0	\$ Base Rate	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability _____
- 2) Pension or retirement 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) Training, AGC, LMCT

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/09/2023,

I, Cynthia Hamel of The Trinity Construction Group, (hereafter known as

Employer) in my capacity as owner, member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (b), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA--The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

Cynthia Hamel Owner/member 09/13/2023
(Signature) (Title) Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109											
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL											
CONTRACTOR NAME AND ADDRESS: BRD Builder 2099 Main Street Hartford CT 06102											SUBCONTRACTOR NAME & ADDRESS: The Trinity Construction Group, LLC 14 Peterson Road Pomfret Center CT 06259					WORKER'S COMPENSATION INSURANCE CARRIER: Selective Insurance Company POLICY # WC 909906701 EFFECTIVE DATE 4/1/2023 EXPIRATION DATE 4/1/2024						
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY		
		Colchester Senior Center 15 Louis Lane Colchester CT 06415	S	M	T	W	TH	F	S	09/10					09/11	09/12	09/13	09/14			09/15	09/16
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY			
			HOURS WORKED EACH DAY							FICA				FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER						
Peter E Hamel 14 Peterson Road Pomfret Center CT 06259		M/Caucasian	PCC Pointer, Cleaner, and Caulker 36-601381951	0	0	0	0	0	0	0	0	0	\$ 65.00 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0.00	0.00	0.00	0.00	0	0	
Benjamin T Izzarelli 211 Woodchuck Hill Road Canterbury CT 06331	80	M/C	PCC Pointer, Cleaner, and Caulker 15-006219962	0	0	0	0	0	0	0	0	0	\$ 31.52 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0	0	\$ Base Rate	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				0	0	0	0	0	0	0	0	0	\$ Base Rate	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability _____
- 2) Pension or retirement 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) Training, AGC, LMCT

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/16/2023

I, Cynthia Hamel of The Trinity Construction Group, (hereafter known as

Employer) in my capacity as owner, member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (b), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA--The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

Cynthia Hamel Owner/member 09/22/2023
(Signature) (Title) Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS BRD Builder 2099 Main Street Hartford CT 06102						SUBCONTRACTOR NAME & ADDRESS The Trinity Construction Group, LLC 14 Peterson Road Pomfret Center CT 06259						WORKER'S COMPENSATION INSURANCE CARRIER Selective Insurance Company POLICY # WC 909906701 EFFECTIVE DATE: 4/1/2023 EXPIRATION DATE: 4/1/2024								
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS																		
15	09/23/2023	Colchester Senior Center 15 Louis Lane Colchester CT 06415																		
PERSON/WORKER ADDRESS and SECTION	APPR RATE	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER		
				09/17	09/18	09/19	09/20	09/21	09/22	09/23	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH								
Peter E Hamel 14 Peterson Road Pomfret Center CT 06259		M/Caucasian	PCC Pointer, Cleaner, and Caulker 36-601381951	0	0	0	0	0	0	0	0	\$ 65.00 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0.00	0.00	0.00	0.00	0	0
Benjamin T Izzarelli 211 Woodchuck Hill Road Canterbury CT 06331	80	M/C	PCC Pointer, Cleaner, and Caulker 15-006219962	0	0	0	0	0	0	0	0	\$ 31.52 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0	0	0	0	0	0
Cruz, Miguel A 6 Carolina Drive Apartment 10 Oakdale, CT 06370		M/H	PCC Pointer, Cleaner, and Caulker 36-006300830	0	0	0	0	0	3.00	0	3.00	\$ 43.34 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	1386.88	106.10	123.81	55.49	104.21	130.02	329026 997.27
Cloutier, Christopher 1114 Ocean Avenue New London, CT 06230		M/C	PCC Pointer, Cleaner, and Caulker 15-006234825	0	0	0	0	0	3.00	0	3.00	\$ 39.40 Base Rate	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	1260.80	86.45	128.54	61.46	103.58	118.20	329024 870.77

12/9/2013 *IF REQUIRED

*SEE REVERSE SIDE

PAGE NUMBER 1 OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability _____
- 2) Pension or retirement 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) Training, AGC, LMCT

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/23/2023,

I, Cynthia Hamel of The Trinity Construction Group, (hereafter known as Employer) in my capacity as owner, member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA--The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

Cynthia Hamel Owner/member (Title)

09/28/2023
Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS BRD Builder 2099 Main Street Hartford CT 06102						SUBCONTRACTOR NAME & ADDRESS The Trinity Construction Group, LLC 14 Peterson Road Pomfret Center CT 06259						WORKER'S COMPENSATION INSURANCE CARRIER Selective Insurance Company POLICY # WC 909906701 EFFECTIVE DATE 4/1/2023 EXPIRATION DATE 4/1/2024								
PAYROLL NUMBER 16	Week-Ending Date 09/30/2023	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis Lane Colchester CT 06415																		
PERSON/WORKER ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours Total O/T Hours	BASE HOURLY RATE TOTAL FRINGE BENEFIT PLAN CASH	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER		
Peter E Hamel 14 Peterson Road Pomfret Center CT 06259		M/Caucasian	PCC Pointer, Cleaner, and Caulker 36-601381951	0	0	0	0	0	0	0	0	\$ 65.00 Base Rate \$ 0.00 Cash Fringe	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0.00	0.00	0.00	0.00	0	0
Benjamin T Izzarelli 211 Woodchuck Hill Road Canterbury CT 06331	80	M/C	PCC Pointer, Cleaner, and Caulker 15-006219952	0	0	0	0	0	0	0	0	\$ 31.52 Base Rate \$ 0.00 Cash Fringe	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0	0	0	0	0	0
Cruz, Miguel A 6 Carolina Drive Apartment 10 Oakdale, CT 06370		M/H	PCC Pointer, Cleaner, and Caulker 36-006300830	0	0	0	0	0	0	0	0	\$ 43.34 Base Rate \$ 0 Cash Fringe	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0	0	0	0	0	0
Cloutier, Christopher 1114 Ocean Avenue New London, CT 06230		M/C	PCC Pointer, Cleaner, and Caulker 15-006234825	0	0	0	0	0	0	0	0	\$ 39.40 Base Rate \$ 0 Cash Fringe	1 \$ 13.28 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0	0	0	0	0	0

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care 4) Disability _____
- 2) Pension or retirement 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) Training, AGC, LMCT

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/30/2023,

I, Cynthia Hamel of The Trinity Construction Group, (hereafter known as

Employer) in my capacity as owner, member (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (b), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA--The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

Cynthia Hamel Owner/member 10/06/2023
(Signature) (Title) Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.										PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Certified Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street, Hartford, CT 06120										SUBCONTRACTOR NAME & ADDRESS R & R MECHANICAL SERVICES, LLC 12 STAGECOACH CIRCLE MILFORD, CT 06460										WORKER'S COMPENSATION INSURANCE CARRIER PEERLESS POLICY # XWW58439342 EFFECTIVE DATE: 7/28/2022 EXPIRATION DATE: 7/28/2023									
Payroll #10	Week-Ending Date 9/9/2023	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis lane Colchester, CT										Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY								
		PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE										FICA	WITH- HOLDIN	WITH- HOLDING	LIST OTHER										
				S	M	T	W	TH	F	S																			
				3	4	5	6	7	8	9																			
				Trade License Type & Number - OSHA 10 Certification Number							HOURS WORKED EACH DAY																		
Mark Rampimo 7 Bennett Trail Ansonia, CT 06401		M/W	Plumber P-2 0265740 OSHA Compliant 11-004964052			NO	WORK						48.28 Base Rate	1. \$ 2. \$32.12 3. \$ 4. \$ 5. \$ 3.38 6. \$															
Chris Harry Jr. 120 Sassacus Drive Milford, CT 06461		M/W	Plumber Apprentice OSHA Compliant 26-007463954										24.14 Base Rate	1. \$ 2. \$34.72 3. \$ 4. \$ 5. \$.78 6. \$															
														1. \$ 2. \$38.08 3. \$ 4. \$ 5. \$3.64 6. \$															
														1. \$ 2. \$40.10 3. \$ 4. \$ 5. \$1.62 6. \$															

7/13/2009 WWS-CP1 *IF REQUIRED

*SEE REVERSE SIDE

PAGE NUMBER 1 OF 2

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care UNITED HEALTH_4 Disability _____
- 2) Pension or retirement NATIONWIDE 5) Vacation, holiday (VARIES) VAC/5 SICK/7 HOLIDAY
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 9, 2023,

I, EDWARD RUOCCO of R & R MECH SERVICES, LLC,

(hereafter known as Employer) in my capacity as OWNER (title) do hereby certify

and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency ~~for this project~~ on which such employee's name first appears.


(Signature)

OWNER
(Title)

9/22/2023
Submitted on (Date)

Section B: Applies to CONNDOT Projects ONLY

That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

(Signature)

(Title)

Submitted on (Date)

Note: CTDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CP1 as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

*****THIS IS A PUBLIC DOCUMENT*****

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.										PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Certified Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109				
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street, Hartford, CT 06120										SUBCONTRACTOR NAME & ADDRESS: R & R MECHANICAL SERVICES, LLC 12 STAGECOACH CIRCLE MILFORD, CT 06460										WORKER'S COMPENSATION INSURANCE CARRIER PEERLESS POLICY # XWW58439342 EFFECTIVE DATE: 7/28/2022 EXPIRATION DATE: 7/28/2023				
Payroll #11		Week-Ending Date 9/16/2023		PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis lane Colchester, CT						Total ST Hours		BASE HOURLY RATE		TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)		GROSS PAY FOR ALL WORK PERFORMED THIS WEEK		TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB		CHECK # AND NET PAY
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	FICA	FEDERAL WITH- HOLDIN	STATE WITH- HOLDING	LIST OTHER	GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY				
				S	M	T	W	TH	F	S											HOURS WORKED EACH DAY			
Mark Rampimo 7 Bennett Trail Ansonia, CT 06401		M/W	Plumber P-2 0265740 OSHA Compliant 11-004964052			NO	WORK					48.28 Base Rate	1. \$ 2. \$32.12 3. \$ 4. \$ 5. \$3.38 6. \$											
Chris Harry Jr. 120 Sassacus Drive Milford, CT 06461		M/W	Plumber Apprentice OSHA Compliant 26-007463954									24.14 Base Rate	1. \$ 2. \$34.72 3. \$ 4. \$ 5. \$.78 6. \$											
													1. \$ 2. \$38.08 3. \$ 4. \$ 5. \$3.64 6. \$											
													1. \$ 2. \$40.10 3. \$ 4. \$ 5. \$1.62 6. \$											

7/13/2009 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF 2

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care UNITED HEALTH_4) Disability _____
- 2) Pension or retirement NATIONWIDE 5) Vacation, holiday (VARIES) VAC/5 SICK/7 HOLIDAY
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 16, 2023

I, EDWARD RUOCCO of R & R MECH SERVICES, LLC

(hereafter known as Employer) in my capacity as OWNER (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such employee's name first appears.

 (Signature) _____ OWNER (Title) _____ Submitted on (Date) 9/22/2023

Section B: Applies to CONNDOT Projects ONLY
That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

(Signature) _____ (Title) _____ Submitted on (Date) _____

Note: CTDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CP1 as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.		PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Certified Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109							
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street, Hartford, CT 06120										SUBCONTRACTOR NAME & ADDRESS R & R MECHANICAL SERVICES, LLC 12 STAGECOACH CIRCLE MILFORD, CT 06460					WORKER'S COMPENSATION INSURANCE CARRIER PEERLESS POLICY # XWW58459342 EFFECTIVE DATE: 7/28/2022 EXPIRATION DATE: 7/28/2023				
Payroll #12	Week-Ending Date 9/23/2023	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis lane Colchester, CT							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
													FICA	FEDERAL WITH- HOLDIN	STATE WITH- HOLDING	LIST OTHER			
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION	S	M	T	W	TH	F	S	TOTAL FRINGE BENEFIT PLAN CASH								
				DAY AND DATE															
				HOURS WORKED EACH DAY															
Mark Rampimo 7 Bennett Trail Ansonia, CT 06401		M/W	Plumber P-2 0265740 OSHA Compliant 11-004964052				NO	WORK				48.28 Base Rate	1. \$						
													2. \$32.12						
													3. \$						
													4. \$						
													5. \$3.38						
													6. \$						
Chris Harry Jr. 120 Sassacus Drive Milford, CT 06461		M/W	Plumber Apprentice OSHA Compliant 26-007463954								24.14 Base Rate	1. \$							
													2. \$34.72						
													3. \$						
													4. \$						
													5. \$78						
													6. \$						
												1. \$							
													2. \$38.08						
													3. \$						
													4. \$						
													5. \$3.64						
													6. \$						
												1. \$							
													2. \$40.10						
													3. \$						
													4. \$						
													5. \$1.62						
													6. \$						

7/13/2009 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF 2

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care UNITED HEALTH_4 Disability _____
- 2) Pension or retirement NATIONWIDE 5) Vacation, holiday (VARIES) VAC/S SICK/7 HOLIDAY
- 3) Life Insurance _____ 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of September 23, 2023

I, EDWARD RUOCCO of R & R MECH SERVICES, LLC,

(hereafter known as Employer) in my capacity as OWNER (title) do hereby certify

and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such employee to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such employee of the Employer is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA - The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such employee's name first appears.



 (Signature) _____ OWNER _____ Submitted on (Date) 9/22/2023
 (Title) _____

Section B: Applies to CONNDOT Projects ONLY
That pursuant to CONNDOT contract requirements for reporting purposes only, all employees listed under Section B who performed work on this project are not covered under the prevailing wage requirements defined in Connecticut General Statutes Section 31-53.

_____ Submitted on (Date) _____
 (Signature) _____ (Title) _____

Note: CTDOL will assume all hours worked were performed under Section A unless clearly delineated as Section B WWS-CP1 as such. Should an employee perform work under both Section A and Section B, the hours worked and wages paid must be segregated for reporting purposes.

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.										PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS										Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109				
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street Hartford, CT 06120										SUBCONTRACTOR NAME & ADDRESS A&B Concrete LLC 188 East Street Wallingford, CT 06492					WORKER'S COMPENSATION INSURANCE CARRIER Berkely Net POLICY # WC1848241 EFFECTIVE DATE: 05/19/2023 EXPIRATION DATE: 05/19/2024									
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS Colchester Senior Center 15 Louis Lane Colchester, CT 06415								Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY					
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER	GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY					
				S	M	T	W	TH	F	S										HOURS WORKED EACH DAY				
				3	4	5	6	7	8	9														
Ignacio Arce 140 Sherman Ave Meriden, CT 06450		M/H	Carpenter OSHA-20-006308107			8	8		8		24	\$ 35.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,916.50	156.20	112.24	129.94	57.49	1,493.28	DD \$1,460.63				
Angel Cruz 941 Balwin Street Waterbury, CT 06706		M/H	Labor Osha - 11-006056807			8	8	8	8		32	\$ 31.50 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	2,902.80	236.57	303.59	154.52	309.08	1,804.80	DD \$1,899.04				
Bryan Jimenez 83 Smith Street Apt. 3 West Haven, CT 06516		M/H	Labor OSHA-11-006108744						8		8	\$ 25.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,087.50	88.64	90.39	40.20	32.62	451.00	DD \$835.65				
												\$ 20.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$											
												\$ 36.40 Cash Fringe												

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF 2

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/09/2023,

I, Virdiana Duran of A&B Concrete LLC, (hereafter known as
Employer) in my capacity as Administrative Assistant (title) do hereby certify and state:

Section A:

- 1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:
 - a) The records submitted are true and accurate;
 - b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
 - c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
 - d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
 - e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
 - f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.
- 2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



Administrative Assistant
(Title)

09/11/2023
Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS												Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109								
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.												WEEKLY PAYROLL								
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street Hartford, CT 06120						SUBCONTRACTOR NAME & ADDRESS A&B Concrete LLC 188 East Street Wallingford, CT06492						WORKER'S COMPENSATION INSURANCE CARRIER Berkely Net POLICY # WC1848241 EFFECTIVE DATE: 05/19/2023 EXPIRATION DATE: 05/19/2024								
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS																		
17	09/16/2023	Colchester Senior Center 15 Louis Lane Colchester, CT 06415																		
PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS			GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING			LIST OTHER
				10	11	12	13	14	15	16	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH								
Ignacio Arce 140 Sherman Ave Meriden, CT 06450		M/H	Carpenter OSHA-20-006308107		7	9.5					16.5	\$ 35.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,365.00	111.25	48.04	92.55	40.95	1,026.63	DD \$1,072.21
Angel Cruz 941 Balwin Street Waterbury, CT 06706		M/H	Labor Osha - 11-006056807		7	3		2			12	\$ 31.50 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,291.05	105.23	67.97	62.53	260.73	676.80	DD \$794.59
Bryan Jimenez 83 Smith Street Apt. 3 West Haven, CT 06516		M/H	Labor OSHA-11-006108744		7	9.5	3.5	9.5	9		38.5	\$ 25.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	2,371.40	193.28	361.22	118.82	71.14	2,171.40	DD \$1,626.94
Vicente Cabrera 75 Buckingham St Meriden, CT 06450		M/H	Labor OSHA-36-006120071		7						7	\$ 32.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,402.80	114.33	35.14	67.34	42.08	394.80	DD \$1,143.91
12/9/2013 *IF REQUIRED												*SEE REVERSE SIDE				PAGE NUMBER <u>1</u> OF <u>3</u>				

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date: 09/16/2023
Contractor or Subcontractor Business Name:
A&B Concrete LLC

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours Total O/T Hour	BASE HOURLY RATE TOTAL FRINGE BENEFIT PLAN CASH	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER			
				10	11	12	13	14	15	16					HOURS WORKED EACH DAY						
Jose Antonio Molina 28 Mildred Rd. West Hartford, CT 06107		M/H	Labor OSHA-20-006308106			9.5		2	7.5		19	\$ 30.00	1. \$	1,551.60	126.45	232.28	76.05	46.54	1,071.60	DD \$1,070.28	
												Base Rate									2. \$
												\$ 26.40									3. \$
												Cash Fringe									4. \$
																					5. \$
																					6. \$
Eileen Hernandez 35 Grand St. Middletown, CT 06457		M/H	Labor OSHA-14-006212896			9.5		2		11.5	\$ 32.00	1. \$	1,400.60	114.19	13.72	94.97	42.01	648.60	DD \$1,135.77		
											Base Rate									2. \$	
											\$ 24.40									3. \$	
											Cash Fringe									4. \$	
																				5. \$	
																				6. \$	
											\$	1. \$									
											Base Rate									2. \$	
											\$									3. \$	
											Cash Fringe									4. \$	
																				5. \$	
																				6. \$	
											\$	1. \$									
											Base Rate									2. \$	
											\$									3. \$	
											Cash Fringe									4. \$	
																				5. \$	
																				6. \$	
											\$	1. \$									
											Base Rate									2. \$	
											\$									3. \$	
											Cash Fringe									4. \$	
																				5. \$	
																				6. \$	

*IF REQUIRED

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/16/2023,

I, Viridiana Duran of A&B Concrete LLC, (hereafter known as

Employer) in my capacity as Administrative Assistant (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.



Administrative Assistant

(Title)

09/19/2023

Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street Hartford, CT 06120						SUBCONTRACTOR NAME & ADDRESS A&B Concrete LLC 188 East Street Wallingford, CT06492					WORKER'S COMPENSATION INSURANCE CARRIER Berkely Net POLICY # WC1848241 EFFECTIVE DATE: 05/19/2023 EXPIRATION DATE: 05/19/2024									
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS									Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
		PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE									Total O/T Hours	FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING		
18	09/23/2023	Colchester Senior Center 15 Louis Lane Colchester, CT 06415																		
		Trade License Type & Number - OSHA 10 Certification Number		HOURS WORKED EACH DAY																
				S	M	T	W	TH	F	S										
				17	18	19	20	21	22	23										
Ignacio Arce 140 Sherman Ave Meriden, CT 06450		M/H	Carpenter OSHA-20-006308107									\$ 35.00 Base Rate	1. \$ 2. \$ 3. \$							
Angel Cruz 941 Balwin Street Waterbury, CT 06706		M/H	Labor Osha - 11-006056807				6		7		13	\$ 31.50 Base Rate	4. \$ 5. \$ 6. \$	1,520.70	123.93	94.70	76.32	267.62	733.20	DD \$958.13
Bryan Jimenez 83 Smith Street Apt. 3 West Haven, CT 06516		M/H	Labor OSHA-11-006108744									\$ 25.00 Base Rate	1. \$ 2. \$ 3. \$							
Vicente Cabrera 75 Buckingham St Meriden, CT 06450		M/H	Labor OSHA-38-006120071				6				6	\$ 32.00 Base Rate	4. \$ 5. \$ 6. \$	1,614.00	131.55	80.21	79.38	48.42	338.40	DD \$1,274.44
												\$ 24.40 Cash Fringe								

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Week-Ending Date: 09/23/2023
Contractor or Subcontractor Business Name:
A&B Concrete LLC

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APPR RATE %	MALE/ FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA 10 Certification Number	DAY AND DATE							Total ST Hours Total O/T Hour	BASE HOURLY RATE TOTAL FRINGE BENEFIT PLAN CASH	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY	
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH- HOLDING	STATE WITH- HOLDING	LIST OTHER			
				17	18	19	20	21	22	23	HOURS WORKED EACH DAY										
Jose Antonio Molina 28 Mildred Rd. West Hartford, CT 06107		M/H	Labor OSHA-20-006308106									4	\$ 30.00	1. \$	705.60	57.52	45.94	19.55	21.16	225.60	DD \$561.43
													Base Rate	2. \$							
													\$ 26.40	3. \$							
													Cash Fringe	4. \$							
														5. \$							
														6. \$							
Eileen Hernandez 35 Grand St, Middletown, CT 06457		M/H	Labor OSHA-14-006212996										\$ 32.00	1. \$							
													Base Rate	2. \$							
													\$ 24.40	3. \$							
													Cash Fringe	4. \$							
														5. \$							
														6. \$							
Joel Chamba 47 East Pearl St. New Haven, CT 06513		M/H	Labor OSHA-20-006311033						4			4	\$ 20.00	1. \$	824.80	67.22	59.81	29.95	24.74	394.80	DD \$643.08
													Base Rate	2. \$							
													\$ 36.40	3. \$							
													Cash Fringe	4. \$							
														5. \$							
														6. \$							
Jefferson Chamba 47 East Pearl St New Haven, Ct 06513		M/H	Labor OSHA-20-006309629						7			7	\$ 20.00	1. \$	1,039.80	84.75	84.84	42.14	31.19	394.80	DD \$796.88
													Base Rate	2. \$							
													\$ 36.40	3. \$							
													Cash Fringe	4. \$							
														5. \$							
														6. \$							
Junior Chamba 47 East Pearl St New Haven, CT 06513		M/H	Labor OSHA-20-006309628						7			7	\$ 30.00	1. \$							
													Base Rate	2. \$							
													\$ 26.40	3. \$							
													Cash Fringe	4. \$							
														5. \$							
														6. \$							

*IF REQUIRED

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.)

Please specify the type of benefits provided:

- 1) Medical or hospital care _____ 4) Disability _____
- 2) Pension or retirement _____ 5) Vacation, holiday _____
- 3) Life Insurance _____ 6) Other (please specify) _____


CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/23/2023,

I, Viridiana Duran of A&B Concrete LLC, (hereafter known as Employer) in my capacity as Administrative Assistant (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:
 - a) The records submitted are true and accurate;
 - b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
 - c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
 - d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
 - e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
 - f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.
2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.

 Administrative Assistant 09/26/2023
(Signature) (Title) Submitted on (Date)

[New] In accordance with Section 31-53b(a) of the C.G.S. each contractor shall provide a copy of the OSHA 10 Hour Construction Safety and Health Card for each employee, to be attached to the first certified payroll on the project.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS											Connecticut Department of Labor Wage and Workplace Standards Division 200 Folly Brook Blvd. Wethersfield, CT 06109									
In accordance with Connecticut General Statutes, 31-53 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.											WEEKLY PAYROLL									
CONTRACTOR NAME AND ADDRESS: BRD Builders 2099 Main Street Hartford, CT 06120						SUBCONTRACTOR NAME & ADDRESS A&B Concrete LLC 188 East Street Wallingford, CT06492					WORKER'S COMPENSATION INSURANCE CARRIER Berkely Net POLICY # WC1848241 EFFECTIVE DATE: 05/19/2023 EXPIRATION DATE: 05/19/2024									
PAYROLL NUMBER	Week-Ending Date	PROJECT NAME & ADDRESS																		
19	09/30/2023	Colchester Senior Center 15 Louis Lane Colchester, CT 06415																		
PERSON/WORKER, ADDRESS and SECTION	APPR RATE	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF FRINGE BENEFITS Per Hour 1 through 6 (see back)	GROSS PAY FOR ALL WORK PERFORMED THIS WEEK	TOTAL DEDUCTIONS				GROSS PAY FOR THIS PREVAILING RATE JOB	CHECK # AND NET PAY
				S	M	T	W	TH	F	S					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING	LIST OTHER		
			Trade License Type & Number - OSHA 10 Certification Number	24	25	26	27	28	29	30	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH								
Ignacio Arce 140 Sherman Ave Meriden, CT 06450		M/H	Carpenter OSHA-20-006308107									\$ 35.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$							
Angel Cruz 941 Balwin Street Waterbury, CT 06706		M/H	Labor Osha - 11-006056807					4			4	\$ 31.50 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$	1,406.85	114.65	81.45	69.86	264.20	225.60	DD \$876.69
Bryan Jimenez 83 Smith Street Apt. 3 West Haven, CT 06516		M/H	Labor OSHA-11-006108744									\$ 25.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$							
Vicente Cabrera 75 Buckingham St Meriden, CT 06450		M/H	Labor OSHA-36-006120071									\$ 32.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$							

12/9/2013 *IF REQUIRED
WWS-CP1

*SEE REVERSE SIDE

PAGE NUMBER 1 OF 2

OSHA 10 ~ATTACH CARD TO 1ST CERTIFIED PAYROLL

***FRINGE BENEFITS EXPLANATION (P):**

Bona fide benefits paid to approved plans, funds or programs, except those required by Federal or State Law (unemployment tax, worker's compensation, income taxes, etc.).

Please specify the type of benefits provided:

- 1) Medical or hospital care _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 09/30/2023

I, Viridiana Duran of A&B Concrete LLC (hereafter known as

Employer) in my capacity as Administrative Assistant (title) do hereby certify and state:

Section A:

1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

- a) The records submitted are true and accurate;
- b) The rate of wages paid to each mechanic, laborer or workman and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as defined in Connecticut General Statutes, section 31-53 (h), are not less than the prevailing rate of wages and the amount of payment or contributions paid or payable on behalf of each such person to any employee welfare fund, as determined by the Labor Commissioner pursuant to subsection Connecticut General Statutes, section 31-53 (d), and said wages and benefits are not less than those which may also be required by contract;
- c) The Employer has complied with all of the provisions in Connecticut General Statutes, section 31-53 (and Section 31-54 if applicable for state highway construction);
- d) Each such person is covered by a worker's compensation insurance policy for the duration of his employment which proof of coverage has been provided to the contracting agency;
- e) The Employer does not receive kickbacks, which means any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind which is provided directly or indirectly, to any prime contractor, prime contractor employee, subcontractor, or subcontractor employee for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or in connection with a prime contractor in connection with a subcontractor relating to a prime contractor; and
- f) The Employer is aware that filing a certified payroll which he knows to be false is a class D felony for which the employer may be fined up to five thousand dollars, imprisoned for up to five years or both.

2. OSHA~The employer shall affix a copy of the construction safety course, program or training completion document to the certified payroll required to be submitted to the contracting agency for this project on which such persons name first appears.


(Signature)

Administrative Assistant
(Title)

10/03/2023
Submitted on (Date)



CONNECTICUT HOUSING FINANCE AUTHORITY
LIEN WAIVER FORM (Material and Labor)
FOR GENERAL CONSTRUCTION

State of Connecticut September 19 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned New England Window Company has been employed

by BRD BUILDERS, LLC General Contractor /Owner

to furnish labor and/or materials for Windows & Doors
Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT
Address City, County, State

NOW, THEREFORE, KNOW YE, that New England Window Company the undersigned for
and in consideration of sum of \$27,847.87 Dollars, through General Construction
Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any
and all lien, or claim or right to lien on said above described building and premises under the Statutes of the
State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by
the undersigned to or on account of the said firm or individual therein named for said building or premises
through September 30, 2023
Date

Give Under my hand and this seal this 19 day of September A.D. 2023

Witness: [Signature] (SEAL)

Witness: _____ (SEAL)

By: [Signature]
Title MEMBER/MANAGER



Subscribed and sworn to before me this
19th Day of Sept 2023

My Commission Expires [Signature] DENZIL RICKETTS
[Signature] NOTARY PUBLIC
Notary Public My Commission Expires Mar. 31, 2028

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and
title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and
designate himself as partner.

REV March 2014



CONNECTICUT HOUSING FINANCE AUTHORITY
LIEN WAIVER FORM (Material and Labor)
FOR GENERAL CONSTRUCTION

State of Connecticut 25-AUG 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned The Trinity Construction Group, LLC has been employed

by BRD BUILDERS, LLC General Contractor /Owner

to furnish labor and/or materials for Site work Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT City, County, State
Address

NOW, THEREFORE, KNOW YE, that Cynthia Hamel the undersigned for and in consideration of sum of \$11,400.00 Dollars, through General Construction Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to or on account of the said firm or individual therein named for said building or premises through June 30, 2023 Date

Give Under my hand and this seal this Sept. day of Aug A.D. 2023

Witness: [Signature] (SEAL)

Witness: [Signature] (SEAL)

By: Cynthia Hamel
Title Member

Subscribed and sworn to before me this 1st Day Of September 2023

My Commission Expires [Signature]
GEORGE DIMOPOULOS
Notary Public
NOTARY PUBLIC
State of Connecticut

NOTE: All waivers must be for the full amount paid. If waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.
My Commission Expires December 31, 2027

REV March 2014





CONNECTICUT HOUSING FINANCE AUTHORITY
LIEN WAIVER FORM (Material and Labor)
FOR GENERAL CONSTRUCTION

State of Connecticut 14-Sep 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned Elite Construction Resources has been employed

by BRD BUILDERS, LLC
General Contractor /Owner

to furnish labor and/or materials for portable restrooms
Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT
Address City, County, State

NOW, THEREFORE, KNOW YE, that Elite Construction Resources the undersigned for
and in consideration of sum of \$164,84 Dollars, through General Construction
Requisition # the receipt whereof is hereby acknowledged, do hereby waive and release any
and all lien, or claim or right to lien on said above described building and premises under the Statutes of the
State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by
the undersigned to or on account of the said firm or individual therein named for said building or premises
through August 31, 2023
Date

Give Under my hand and this seal this 30th day of September A.D. 2023

Witness: _____ (SEAL)

By: [Signature]
Title Vice President

Subscribed and sworn to before me this
30th Day Of September 2023
My Commission Expires 3-31-2026
[Signature]
Notary Public

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and
title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and
designate himself as partner.

REV March 2014
Jennifer Kraft
NOTARY PUBLIC
State of Connecticut
MY COMMISSION EXPIRES Mar. 31, 2026



CONNECTICUT HOUSING FINANCE AUTHORITY
 LIEN WAIVER FORM (Material and Labor)
 FOR GENERAL CONSTRUCTION

State of Connecticut September 12 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned Brett's Core Drilling Inc. has been employed

by BRD BUILDERS, LLC General Contractor /Owner

to furnish labor and/or materials for Drilling Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT City, County, State
 Address

NOW, THEREFORE, KNOW YE, that Brett's Core Drilling Inc. the undersigned for and in consideration of sum of \$450.00 Dollars, through General Construction Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to or on account of the said firm or individual therein named for said building or premises through August 25, 2023 Date

Give Under my hand and this seal this 26 day of September A.D. 2023

Witness: JML (SEAL)

Witness: Laquea Rayon (SEAL)
Natasha Chapman

By: Walter Conroy
 Title President

Subscribed and sworn to before me this 26 Day Of Sept 2023
 My Commission Expires Sept 2026
[Signature] Notary Public



KRISTINA MESSINA
 NOTARY PUBLIC
 STATE OF CONNECTICUT
 MY COMM. EXP. 02/28/2026

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.



CONNECTICUT HOUSING FINANCE AUTHORITY
LIEN WAIVER FORM (Material and Labor)
FOR GENERAL CONSTRUCTION

State of Connecticut 8-Sep 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned GML Construction, LLC has been employed

by BRD BUILDERS, LLC General Contractor /Owner

to furnish labor and/or materials for Site work Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT City, County, State
Address

NOW, THEREFORE, KNOW YE, that Jeannine O'Brien the undersigned for and in consideration of sum of \$27,096.31 Dollars, through General Construction Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to or on account of the said firm or individual therein named for said building or premises through September 7, 2023 Date

Give Under my hand and this seal this 8th day of September A.D. 2023

Witness: Jenny Ricketts (SEAL)

Witness: (SEAL)

By: Ignacio Cabreza
Title: Secretary



Subscribed and sworn to before me this 8th Day Of Sept 2023
My Commission Expires DENZIL RICKETTS
Jenny Ricketts NOTARY PUBLIC
Notary My Commission Expires Mar. 31, 2026

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

REV March 2014



CONNECTICUT HOUSING FINANCE AUTHORITY
 LIEN WAIVER FORM (Material and Labor)
 FOR GENERAL CONSTRUCTION

State of Connecticut 15-Sep 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned GML Construction, LLC has been employed

by BRD BUILDERS, LLC
General Contractor /Owner

to furnish labor and/or materials for Site work
Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT
Address City, County, State

NOW, THEREFORE, KNOW YE, that Jeannine O'Brien the undersigned for and in consideration of sum of \$28,484.97 Dollars, through General Construction Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to or on account of the said firm or individual therein named for said building or premises through September 14, 2023
Date

Give Under my hand and this seal this 15th day of September A.D. 2023

Witness: Jenny Kubik (SEAL)

Witness: _____ (SEAL)

By: Jeannine O'Brien Sec.
 Title Secretary

Subscribed and sworn to before me this 15th Day Of Sept 2023

My Commission Expires Jenny Kubik DENZIL RICKETTS
NOTARY PUBLIC
 Notary Public My Commission Expires Mar. 31, 2026

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.



REV March 2014



CONNECTICUT HOUSING FINANCE AUTHORITY
 LIEN WAIVER FORM (Material and Labor)
FOR GENERAL CONSTRUCTION

State of Connecticut 22-Sep 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned GML Construction, LLC has been employed

by BRD BUILDERS, LLC General Contractor /Owner

to furnish labor and/or materials for Site work Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT City, County, State
Address

NOW, THEREFORE, KNOW YE, that Jeannine O'Brien the undersigned for and in consideration of sum of \$41,598.93 Dollars, through General Construction Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to or on account of the said firm or individual therein named for said building or premises through September 21, 2023 Date

Give Under my hand and this seal this 22nd day of September A.D. 2023

Witness: _____ (SEAL)

Witness: _____ (SEAL)
 By: Jeannine O'Brien, Esq.
 Title: Secretary



Subscribed and sworn to before me this 22nd Day Of Sept 2023
 My Commission Expires Sept 2024
Denzil Ricketts
 Notary Public
 My Commission Expires Mar. 31, 2026

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

REV March 2014

GML CONSTRUCTION, INC.

Phone: 413-363-9051

Fax: 413-342-4258

PARTIAL WAIVER OF MECHANIC'S LIEN AND WAIVER OF BOND RIGHTS SUBCONTRACTOR SUB-SUBCONTRACTOR AND/OR DIRECT SUPPLIERS

General Contractor:	BRD Builders 2099 Main St. Hartford, CT 06120	Subcontractor:	GML Construction Inc PO Box 51967 Indian Orchard, MA 01151
Project Description:	Site Renovations	Supplier:	Baldi Stone & Gravel 72 Miller Road Colchester CT 06415
Project Location:	Colchester Sr Center 15 Louis Lane Colchester CT 06415	Work Performed and/or Materials Supplied through:	Date: 09/14/2023 3873 full, 3874 part

KNOW ALL MEN BY THESE PRESENTS, which whereas the undersigned has commenced to render services, to perform work or to furnish materials in the construction of building or appurtenances on certain real property located and owned as described above.

NOW, THEREFORE, KNOW YE, that the undersigned acknowledges receipt of the amount set forth below as payments received for the period indicated and to the extent of such payments waives and releases any claim, lien, payment bond right and claim of lien which it may now have upon the land and improvements described above in the Project Description or against any payment bond that may have provided on the project described above and any claims for payment against the General Contractor and/or Owner. The subcontractor and/or supplier warrants that the amount of payments received for the period indicated above represents the total value earned on the project for the period, warrants that it has not, and will not assign any claims for payment or right to perfect a lien against said land and improvements and warrants that it has the right to execute this waiver and release.

THE SUB-SUBCONTRACTOR AND/OR SUPPLIER noted herein does hereby warrant and certify that it has made full payment of any amounts due or claim to be due through, 07-17-2023 to any person or entity who has supplied materials or labor to it, pursuant to contract or otherwise, for the purpose of constructing, raising, removing, repairing, or otherwise improving the Project described above.

THE UNDERSIGNED agrees that the General Contractor, Owner of the Project, any lender, any title insurer and any surety may rely upon this waiver.

The applicable sum of, ELEVEN THOUSAND AND NO/100 (\$11,000.00) pertains to the provisions outlined herein and represents the funds paid to the undersigned, up to the dated noted above.

WJF This Partial waiver does not include payment for Inv. # 38666 dated 5/19/23 for \$67,440.00, which is still due and payable in full as of this date.

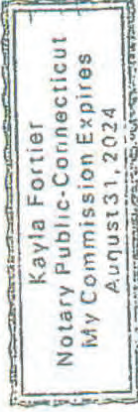
WITNESS the signature of the undersigned as of this 21st day of Sept, 2023.

By: Nancy J Baldi
(Signed)

Nancy J. Baldi, Co-Owner
(Printed Name & Title)

State of CT County of New London
Sworn to before me this 21 day of September, 20 23.

Kayla Fortier (Notary Public)



GML CONSTRUCTION, INC.

Phone: 413-363-9051

Fax: 413-342-4258

PARTIAL WAIVER OF MECHANIC'S LIEN AND WAIVER OF BOND RIGHTS SUBCONTRACTOR SUB-SUBCONTRACTOR AND/OR DIRECT SUPPLIERS

General Contractor:	BRD Builders 2099 Main St. Hartford, CT 06120	Subcontractor:	GML Construction Inc PO Box 51967 Indian Orchard, MA 01151
Project Description:	Site Renovations	Supplier:	Baldi Stone & Gravel 72 Miller Road Colchester CT 06415
Project Location:	Colchester Sr Center 15 Louis Lane Colchester CT 06415	Work Performed and/or Materials Supplied through:	Date: 09/8/2023 3872 FULL, 3873 PART

KNOW ALL MEN BY THESE PRESENTS, which whereas the undersigned has commenced to render services, to perform work or to furnish materials in the construction of building or appurtenances on certain real property located and owned as described above.

NOW, THEREFORE, KNOW YE, that the undersigned acknowledges receipt of the amount set forth below as payments received for the period indicated and to the extent of such payments waives and releases any claim, lien, payment bond right and claim of lien which it may now have upon the land and improvements described above in the Project Description or against any payment bond that may have provided on the project described above and any claims for payment against the General Contractor and/or Owner. The subcontractor and/or supplier warrants that the amount of payments received for the period indicated above represents the total value earned on the project for the period, warrants that it has not, and will not assign any claims for payment or right to perfect a lien against said land and improvements and warrants that it has the right to execute this waiver and release.

THE SUB-SUBCONTRACTOR AND/OR SUPPLIER noted herein does hereby warrant and certify that it has made full payment of any amounts due or claim to be due through , 06/30/2023 to any person or entity who has supplied materials or labor to it, pursuant to contract or otherwise, for the purpose of constructing, raising, removing, repairing, or otherwise improving the Project described above.

THE UNDERSIGNED agrees that the General Contractor, Owner of the Project, any lender, any title insurer and any surety may rely upon this waiver.

The applicable sum of , THIRTEEN THOUSAND, EIGHT HUNDRED AND NO/100 (\$13,800.00) pertains to the provisions outlined herein and represents the funds paid to the undersigned, up to the dated noted above.
This partial waiver does not include payment for Inv. #3866 dated 5/19/23 for \$67,440.00, which is still due and payable in full as of this date.

WITNESS the signature of the undersigned as of this 21st day of Sept., 2023.

By: Nancy J. Baldi
(Signed)

Nancy J. Baldi Co-Owner
(Printed Name & Title)

State of CT County of New London
Sworn to before me this 21 day of September 2023.

Kayla Fortier (Notary Public)

Kayla Fortier Notary Public-Corinnecticut My Commission Expires August 31, 2024
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CONNECTICUT HOUSING FINANCE AUTHORITY
 LIEN WAIVER FORM (Material and Labor)
FOR GENERAL CONSTRUCTION

State of Connecticut 29-Sep 20 23

County of Hartford

TO ALL WHOM IT MAY CONCERN:

Whereas the undersigned GML Construction, LLC has been employed

by BRD BUILDERS, LLC General Contractor /Owner

to furnish labor and/or materials for Site work Nature of the Work

for the Building and Premises known as Colchester Senior Center

At 15 Louis Lane Colchester, CT City, County, State
 Address

NOW, THEREFORE, KNOW YE, that Jeannine O'Brien the undersigned for and in consideration of sum of \$18,750.58 Dollars, through General Construction Requisition #, the receipt whereof is hereby acknowledged, do hereby waive and release any and all lien, or claim or right to lien on said above described building and premises under the Statutes of the State of Connecticut relating to Mechanics' Liens, on account of labor or materials, or both, furnished by the undersigned to or on account of the said firm or individual therein named for said building or premises through September 29, 2023 Date

Give Under my hand and this seal this 29th day of September A.D. 2023

Witness: Denzil Ricketts (SEAL)

Witness: _____ (SEAL)

By: Denzil Ricketts
 Title Sec.

Subscribed and sworn to before me this 29th Day Of Sept 2023

My Commission Expires Sept 31, 2028
Denzil Ricketts Notary Public



DENZIL RICKETTS
 NOTARY PUBLIC
 My Commission Expires Mar. 31, 2028

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

REV March 2014