

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: 005
PERIOD TO: 07/31/2023
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.

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.

- 1. ORIGINAL CONTRACT SUM \$ 8,625,000.00
- 2. Net change by Change Orders \$ 41,866.84
- 3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 8,666,866.84

By: Denzil Ricketts Date: 8/9/2023
 Denzil Ricketts Bookkeeper
 State of: Hartford County of: Hartford
 Subscribed and sworn to before me this 9th day of Aug. 2023
DENZIL RICKETTS
 NOTARY PUBLIC
 My Commission Expires Mar. 31, 2026

- 4. TOTAL COMPLETED & STORED TO DATE \$ 8,666,866.84
- 5. RETAINAGE:
 - a. 5.00% of Completed Work (Columns D + E) \$ 43,525.97
 - b. 0.00% of Stored Material (Column F) \$ 0.00

- Total Retainage (Line 5a + 5b) \$ 43,525.97
- 6. TOTAL EARNED LESS RETAINAGE \$ 826,993.21
- 7. LESS PREVIOUS APPLICATIONS FOR PAYMENTS \$ 631,677.44
- 8. CURRENT PAYMENT DUE \$ 195,315.77
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE 7,839,873.63

CHANGE ORDER SUMMARY	
ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner:	45,270.52 (3,403.68)
Total approved this Month:	0.00 0.00
TOTALS:	45,270.52 (3,403.68)
NET CHANGES by Change Order:	41,866.84

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 \$ 195,315.77

(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: Pat Welton - SPA CA

Date: 08-18-2023

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 #: 005
Period: 07/31/2023

A	B	C	D	E	F	G	(G/C) PROGRESS PERCENT	H (C-G) BALANCE TO FINISH (\$)	RETAINAGE PERCENT	RETAINED AMOUNT (\$)
11	Stone for Foundation slab	25,845.00	0.00	7,753.50	0.00	7,753.50	30.00 %	18,091.50	5.00 %	387.68
12	Sewer System	30,800.00	3,080.00	10,780.00	0.00	13,860.00	45.00 %	16,940.00	5.00 %	693.00
13	Water & Fire Line	75,000.00	0.00	30,000.00	0.00	30,000.00	40.00 %	45,000.00	5.00 %	1,500.00
14	Storm Drainage System	232,900.00	11,645.00	34,935.00	0.00	46,580.00	20.00 %	186,320.00	5.00 %	2,329.00
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

CONTINUATION SHEET

TO:
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 Hamden, CT 06518

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

Project Name: Colchester Senior Center
Project #: 1800001
Application #: 005
Period: 07/31/2023

A	B	C	D	E	F	G	(G/C)	H	RETAINED	
	DESCRIPTION	SCHEDULED VALUE (\$)	PRIOR COMPLETED AMOUNT (\$)	THIS PERIOD COMPLETED AMOUNT (\$)	PRESENTLY STORED AMOUNT (\$)	(D+E+F) COMPLETED & STORED TO DATE (\$)	PROGRESS PERCENT	(C-G) BALANCE TO FINISH (\$)	PERCENT	AMOUNT (\$)
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	150,000.00	15,000.00	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	8,750.00	8,750.00	0.00	17,500.00	10.00 %	157,500.00	5.00 %	875.00
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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Project Name: Colchester Senior Center
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Application #: 005
Period: 07/31/2023

A	B	C	D	E	F	G	(G/C) PROGRESS PERCENT	H (C-G) BALANCE TO FINISH (\$)	RETAINAGE PERCENT	RETAINED AMOUNT (\$)
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	0.00	30,000.00	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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TO: Town Of Colchester
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Project Name: Colchester Senior Center
Project #: 1800001
Application #: 005
Period: 07/31/2023

A	B	C	D	E	F	G	(G/C)	H	RETAINAGE	RETAINED
	DESCRIPTION	SCHEDULED VALUE (\$)	PRIOR COMPLETED AMOUNT (\$)	THIS PERIOD COMPLETED AMOUNT (\$)	PRESENTLY STORED AMOUNT (\$)	(D+E+F) COMPLETED & STORED TO DATE (\$)	PROGRESS PERCENT	(C-G) BALANCE TO FINISH (\$)	PERCENT	AMOUNT (\$)
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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Project #: 1800001
Application #: 005
Period: 07/31/2023

A	B	C	D	E	F	G	(G/C) PROGRESS PERCENT	H	RETAINAGE PERCENT	RETAINED AMOUNT (\$)
	DESCRIPTION	SCHEDULED VALUE (\$)	PRIOR COMPLETED AMOUNT (\$)	THIS PERIOD COMPLETED AMOUNT (\$)	PRESENTLY STORED AMOUNT (\$)	(D+E+F) COMPLETED & STORED TO DATE (\$)		(C-G) BALANCE TO FINISH (\$)		
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	0.00	22,500.00	0.00	22,500.00	7.50 %	277,500.00	5.00 %	1,125.00
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	0.00	7,000.00	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	27,162.31	4,527.05	0.00	31,689.36	70.00 %	13,581.16	5.00 %	1,584.47
Totals:		8,666,866.84	664,923.63	205,595.55	0.00	870,519.18	10.04 %	7,796,347.66		43,525.97

CHANGE ORDER DETAIL

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 #: 005
Period: 07/31/2023

Changes		Days	Amount (\$)
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		
		5	41,866.84
Potential:			
# TBD	-Scope Change 01: Standing seam Roof - 02/07/2023	TBD	TBD
# TBD	-Scope Change 02: Additional Landscaping - 02/07/2023	TBD	TBD
# TBD	-Scope Change 03: Additional Appliances - 02/07/2023	TBD	TBD
# TBD	-Scope Change 04: Generator - 02/07/2023	TBD	TBD
# TBD	-Scope Change 05: Wainscot panels & stiles - 02/07/2023	TBD	TBD
# TBD	-Scope Change 07: Potential VE Items from 2/23/23 meeting - 02/28/2023	5	4,661.29
# TBD	-Scope Change 11: Electrical building code upgrades - 04/26/2023	3	(13,136.46)
# TBD	-Scope Change 12: Storefront Credit (CW-1 elliptical) - 04/27/2023	8	18,384.74
# TBD	-Scope Change 13: Foundation building code upgrades - 04/27/2023	4	14,346.35
# TBD	-Scope Change 14: Conduit for future Generator - 06/15/2023	0	123,748.39
# TBD	-Scope Change 15: Over Excavation - 07/17/2023	15	24,217.56
# TBD	-Scope Change 16: Cut Valves into Water Main - 08/07/2023	20	12,888.76
# TBD	-Scope Change 17: Relocate underground electrical primaries and tel/data lines - 08/08/2023		

[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

CONTRACTOR NAME BRD Builders

SUBCONTRACTOR NAME Electrical Services Group

WORKER'S COMPENSATION INSURANCE CARRIER

ADDRESS: 2099 Main Street
Hartford, CT 06120

ADDRESS: Electrical Services Group
37 Townsend Ave
New Haven, CT 06512

Graphic Arts Mutual Insurance Company
POLICY # 5437455

PAYROLL NUMBER

13

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 and %	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 Prevaling Rate Job	Check # And Net Pay			
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal With-holding	State With-holding			List Other		
				No Work Performed																			
				Cash Fringe																			
				1.																			
				2.																			
				3.																			
				4.																			
				5.																			
				6.																			

* 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 June 30, 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)

06/30/23
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.

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

WEEKLY PAYROLL

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

CONTRACTOR NAME BRD Builders ADDRESS: 2099 Main Street Hartford, CT 06120	SUBCONTRACTOR NAME Electrical Services Group ADDRESS: 37 Townsend Ave New Haven, CT 06512	WORKER'S COMPENSATION INSURANCE CARRIER Graphic Arts Mutual Insurance Company POLICY # 5437455
--	--	--

PAYROLL NUMBER 14	Week-Ending Date 07/07/23	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 and %	M/F	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 Prevaling Rate Job	Check # And Net Pay				
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal With-holding	State With-holding			List Other			
				No Work Performed																				
				Cash Fringe										6.										
				1.																				
				2.																				
				3.																				
				4.																				
				5.																				
				6.																				

* 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 July 7, 2023, 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. Employer/contractor is in full compliance with 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 (the certified payroll required to be submitted to the contracting agency for this purpose) or other official documents that indicate full compliance.



 _____ (Signature)

_____ Managing Member (Title)

Submitted on 07/10/23

[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.

CONTRACTOR NAME BRD Builders
 ADDRESS: 2099 Main Street Hartford, CT 06120

SUBCONTRACTOR NAME Electrical Services Group
 ADDRESS: 37 Townsend Ave New Haven, CT 06512

WEEKLY PAYROLL

PROJECT NAME/ADDRESS: E520-Colchester Senior Center
 15 Louis Lane Colchester, CT 06415

WORKERS COMPENSATION INSURANCE CARRIER
 Graphic Arts Mutual Insurance Company
 POLICY # 5437455

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

PAYROLL NUMBER 15

Week-Ending Date 07/14/23

EFFECTIVE DATE: 04/01/23
 EXPIRATION DATE: 04/30/24

Person/Worker and Address and Section	Appr Rate %	M/F 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 Prevaling Rate Job	Check # And Net Pay			
				SAT	SUN	MON	TUE	WED	THU	FRI						FICA	Federal With-holding	State With-holding			List Other		
				No Work Performed																			
				Cash Fringe																			
				1.																			
				2.																			
				3.																			
				4.																			
				5.																			
				6.																			

* 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 July 14, 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)

07/17/23
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

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

16

Week-Ending Date
07/21/23

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 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 Prevaling Rate Job	Check # And Net Pay	
				SAT	SUN	MON	TUE	WED	THU	FRI							FICA	Federal With-holding	State With-holding			List Other
Smith, Rahmand E 5 Allison Street Middletown, CT 06457 ***-**-2399		M	Electrician Journeyman									6.50	PW TOT	\$43,750 Base Rate	1. 32.782	1,366.28	93.06	118.79	60.56	155.87	284.38	938.00 Dir Dep
				07/15	07/16	07/17	07/18	07/19	07/20	07/21												
			0205938-E2																			
OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL																						

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 _____
- 4) Disability _____
- 2) Pension or retirement DB 401-K Contractor Plan \$1.3123, DB 401K Contractor Plan \$31.47
- 5) Vacation, holiday _____
- 3) Life insurance _____
- 6) Other (please specify) _____


CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of July 21, 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.

 _____
(Signature) Managing Member (Title) Submitted on 07/24/23

- 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.

[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

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 17
Week-Ending Date 07/28/23
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 and %	M/F Race	Work Classification	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 Prevaling Rate Job	Check # And Net Pay		
				SAT	SUN	MON	TUE	WED	THU	FRI							FICA	Federal With-holding	State With-holding			List Other	
			Trade License - OSHA 10 Certification Number	No Work Performed																			
													Cash Fringe										

* 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 July 28, 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)

07/31/23
Submitted on

***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 07/06/2023,

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 (Signature) Bookkeeper/HR Manager (Title) 7/6/2023 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 31-53(b)(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 Payroll 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 Pedy Brook Blvd.
 Waterbury, CT 06709

CONTRACTOR NAME AND ADDRESS:
 BRD Builders, LLC
 2099 Main Street, Hartford, CT 06120

WORKER'S COMPENSATION INSURANCE CARRIER
 SELECTIVE INSURANCE
 POLICY # WC9024167
 EFFECTIVE DATE: 12/10/2022
 EXPIRATION DATE: 12/10/2023

PAVROLL NUMBER 16
Week-Ending Date 7/8/2023
PROJECT NAME & ADDRESS Senior Center, Lebanon Avenue Colchester, CT

SUBCONTRACTOR NAME & ADDRESS

PERSON/WORKER, ADDRESS and SECTION	APR. RATE %	NAME (FAMILY AND SUFFIX)	WORK CLASSIFICATION	DAY AND DATE							Total ST. 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						FEDERAL WITH-HOLDING	STATE WITH-HOLDING	PFL	EE 401K Contribution	LIST OTHER						
Robert Lamarre 88 Blue Traquil Drive Thomaston, CT 06787		MW	Site Supervisor		8	8	8	8	8	8		\$48.08		1.5	\$1,923.08											
Mich Cleveland 1401 Kings Highway Fairfield, CT 06824		MW	Assistant Site Super		8	8	8	8	8	8		\$40.00		2.5	\$1,730.77											
												0.00		3.5												
												0.00		4.5												
														5.5												
														6.5												
														1.5												
														2.5												
														3.5												
														4.5												
														5.5												
														6.5												

SALARY

SALARY

***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 _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, Holiday _____
- 6) ther (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 07/08/2023,

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.

5.16

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 7/12/23
 (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**

***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 _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, Holiday _____
- 6) ther (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 07/22/2023,

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.

5.16

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 7/28/23
 (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*****

***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 _____
- 2) Pension or retirement _____
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, Holiday _____
- 6) ther (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

For the week ending date of 07/29/2023,

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:

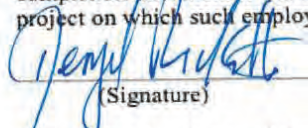
1. All persons employed on said project have been paid the full weekly wages earned by them during the week in accordance with Connecticut General Statutes, section 31-53, as amended. Further, I hereby certify and state the following:

24

- 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.

5.6

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
(Title)

8/2/23
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.

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.
 Waterbury, CT 06109

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

WORKERS' COMPENSATION INSURANCE CARRIER
 Selective Insurance Company
 POLICY # WC 909906701

PAYROLL NUMBER
 05

PROJECT NAME & ADDRESS
 Colchester Senior Center
 13 Louis Lane
 Colchester CT 06415

EFFECTIVE DATE 4/1/2023
 EXPIRATION DATE 4/1/2024

PERSON/WORKER ADDRESS and SECTION	APPR RATE % AND FEMALE RACE*	MALE/ 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											
Peter E Hamel 14 Peterson Road Pomfret Center CT 06259	80	M/C	PCC Painter, 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	0.00	0.00
Benjamin T Izzarelli 211 Woodchuck Hill Road Canaanbury CT 06331			PCC Painter, Cleaner, and Caulker 15-006219962	0	0	0	0	0	0	0	0	0	\$ 31.52 Base Rate	1 \$ 2 \$ 19.87 3 \$ 4 \$ 5 \$ 6 \$ 3.27	0	0.00	0.00	0.00	0.00	0.00	0.00
				0	0	0	0	0	0	0	0	0	\$ 0.00 Cash Fringe	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0	0.00	0.00	0.00	0.00	0.00	0.00
				0	0	0	0	0	0	0	0	0	\$ 0.00 Base Rate	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0	0.00	0.00	0.00	0.00	0.00	0.00
				0	0	0	0	0	0	0	0	0	\$ 0.00 Cash Fringe	1 \$ 2 \$ 3 \$ 4 \$ 5 \$ 6 \$	0	0.00	0.00	0.00	0.00	0.00	0.00

12/9/2013
 WWS-CPI

*IF REQUIRED

*SEE REVERSE SIDE

PAGE NUMBER 1 OF

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

[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

CONTRACTOR NAME AND ADDRESS
BRD Builder
2099 Main Street
Hartford CT 06102

SUBCONTRACTOR NAME & ADDRESS
The Timmy Construction Group, LLC
14 Peterson Road
Pomfret Center CT 06259

WORKERS' COMPENSATION INSURANCE CARRIER
Selective Insurance Company
POLICY # WIC 909906701

PAYROLL NUMBER 07
Week-Ending Date 07/29/2023
PROJECT NAME & ADDRESS Colchester Senior Center
19 Louis Lane Colchester CT 06415

EFFECTIVE DATE 4/1/2023
EXPIRATION DATE 4/1/2024

PERSON/WORKER ADDRESS and SECTION	APPR RATE %	MALE/FEMALE AND RACE*	WORK CLASSIFICATION Trade License Type & Number - OSHA (0 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					FEDERAL	STATE	LIST OTHER				
Peter E Hamel 14 Peterson Road Pomfret Center CT 06259		M/Caucasian	PCC Painter, Cleaner, and Caulker 35-601381951	0	0	0	0	0	0	0	0	0	\$ 65.00	1 \$ 13.28	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 31.52	2 \$ 19.87	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	3 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	4 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	5 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	6 \$ 3.27	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	1 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	2 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	3 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	4 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	5 \$	0	0.00	0.00	0.00	0.00	0.00	0
				0	0	0	0	0	0	0	0	0	\$ 0.00	6 \$	0	0.00	0.00	0.00	0.00	0.00	0

12/9/2013 WWS-CPI *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) _____

CERTIFIED STATEMENT OF COMPLIANCE

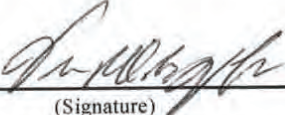
For the week ending date of 07/01/2023,
I, VICTOR O'BRIEN JR of GML Construction Inc. (hereafter known as
Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

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.

 PRESIDENT 07/07/23
(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
 Certified Payrolls with a statement of compliance shall be submitted monthly to the contracting agency.

WEEKLY PAYROLL

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 CONST INC PO BOX 51967 INDIAN ORCHARD MA 01151

WORKERS COMPENSATION INSURANCE CARRIER: AIA POLICY # AVVCA0070409792023A EFFECTIVE DATE: 03/09/23 EXPIRATION DATE: 03/09/24

PROJECT NAME & ADDRESS: Colchester Senior Center 15 Louis Lane Colchester CT 06415

PERSON/WORKER ADDRESS and SECTION	Week-Ending Date	MALE/FEMALE AND RACE*	WORK CLASSIFICATION	DAY AND DATE							Total 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		
Peter Lloyd 310 Stafford Road Mansion MA01057 SECTION	07/08/2023	M O	Operator OSHA 10				7.86	6.58	8.08				22.52	\$ 71.48	1.5	2.5	2,126.51	162.67	337.46	101.13	10.80	1,609.73	# 5735 \$ 1,514.45
Michael Mason 22 Clinton St Easthampton MA01027 SECTION		M C	Laborer OSHA 10				8.23	7.98	8.12				24.33	\$ 56.40	1.5	2.5	1,660.21	127.00	230.37	78.76	8.44	1,372.21	# 5738 \$ 1,215.64
Kenneth Mielowski 219 Greenwich Road Ware MA01082 SECTION		M O	Operator OSHA 10				8.02	6.43	7.80				22.25	\$ 71.48	1.5	2.5	2,022.43	154.72	312.48	101.12	10.27	1,590.43	# 5736 \$ 1,443.84
Ivor Santos 804 White St Springfield MA01109 SECTION		M H	Laborer OSHA 10				8.07	7.93	8.15				24.15	\$ 56.40	1.5	2.5	1,650.06	126.23	264.54	82.50	144.64	1,362.06	# 5739 \$ 1,032.15

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

Weekly Payroll Certification For
Public Works Projects (Continued)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

WEEKLY PAYROLL

Week-Ending Date: 07/08/2023
Contractor or Subcontractor Business Name:

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	O/T Hours	BASE HOURLY RATE	TOTAL REGIME 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							FEDERAL HOLDING	STATE HOLDING	OTHER LIST																								
Adam Spah 29 Dupuis Road Holyoke MA01040 SECTION	R	m	Operator OSHA 10	07/02	07/03	07/04	07/05	07/06	07/07	07/08	8.25	8.00	8.15	24.40	S-TIME \$ 71.48	1 \$	2,144.11	164.02	341.68	107.21	10.89	1,744.11	# 5737																				

* IF REQUIRED

NOTICE: THIS PAGE MUST BE ACCOMPANIED BY A COVER PAGE (FORM # WWS-CPI)

*** 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

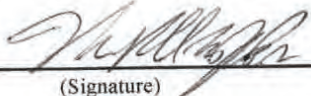
For the week ending date of 07/08/2023,
I, VIC OBRIEN JR of GMI Const. Inc. (hereafter known as
Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

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.

 PRESIDENT 07/14/23
(Signature) (Title) Submitted on (Date)

*** 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

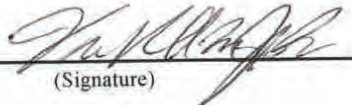
For the week ending date of 07/15/2023
I, VIC OBRIEN JR of GML Const. Inc (hereafter known as
Employer) in my capacity as PRESIDENT (title) do hereby certify and state:

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.

 PRESIDENT 07/21/23
(Signature) (Title) Submitted on (Date)

*** 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 07/22/2023

I, VICTOR R 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 and 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) [Handwritten Signature]

 (Title) PRESIDENT

 Submitted on (Date) 07/27/23

[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

CONTRACTOR NAME AND ADDRESS: BRD BUILDERS LLCT 2099 MAIN ST HARTFORD CT 06415	PROJECT NAME & ADDRESS: Colchester Senior Center 15 Louis Lane Colchester CT 06415	SUBCONTRACTOR NAME & ADDRESS: AIM POLICY # AVVC40070409792023A EFFECTIVE DATE: 03/09/23 EXPIRATION DATE: 03/09/24
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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					FEDERAL	STATE	LIST OTHER							
				07/23	07/24	07/25	07/26	07/27	07/28	07/29					WITH-HOLDING	WITH-HOLDING								
Michael Mason 22 Clinton St Easthampton MA 01027 SECTION		m	Laborer		8:08	8:12	7:72	6:85					30.77	\$ 56.40	1 S	1,914.93	146.50	286.66	91.50	9.73	1,735.43	# 5753 \$ 1,380.54		
Christopher Torres 96 Walnut St, Apt 1 Chicopee MA 01020 SECTION		m	Laborer		8:00	8:00	9:00	7:00					32.00	\$ 56.40	1 S	1,933.86	147.94	291.22	89.30	9.82	1,804.80	# 5755 \$ 1,395.58		
		O	OSHA										O-TIME	\$	4 S									
			OSHA										O-TIME	\$	5 S									
			OSHA										O-TIME	\$	6 S									

[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.
Waterbury, 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
Berkey Net
POLICY # WC1848241

PAYROLL NUMBER 8

Week-Ending Date 07/1/23

PROJECT NAME & ADDRESS
Colchester Senior Center
Colchester, CT 06415

EFFECTIVE DATE: 05/19/2023
EXPIRATION DATE: 05/19/2024

PERSON/WORKER, ADDRESS and SECTION	APPR RATE % AND RACE*	MALE/FEMALE	WORK CLASSIFICATION	DAY AND DATE							Total ST 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						FEDERAL	STATE	LIST OTHER					
Ignacio Arce 140 Sherman Ave Meriden, CT 06450		M/H	Carpenter OSHA-20-006308107			8		8.5		4		20.5	\$ 36.00 Base Rate		1. \$	1,296.20	105.64	40.03	87.89	39.88	1,275.51	DD \$1,023.76	
Angel Cruz 941 Balwin Street Waterbury, CT 06706		M/H	Labor OSHA-11-006058807			8		6				14	\$ 31.50 Base Rate		2. \$	1,167.60	96.16	53.60	55.18	257.02	789.60	DD \$706.64	
Jose Antonio Molina 28 Mildred Rd West Hartford, CT 08107		M/H	Labor OSHA-20-006308106			8		6		4		18	\$ 30.00 Base Rate		2. \$	1,015.20	82.75	131.98	40.96	30.45	1,015.20	DD \$729.06	
Jaime Lopez 305 South Cherry Street Wallingford, CT 06492		M/H	Labor OSHA-20-00624486					4		4		8	\$ 30.00 Base Rate		1. \$	916.20	74.87	35.60	11.62	27.48	451.20	DD \$766.83	
													\$ 26.40 Cash Fringe		6. \$								

12/9/2013 *IF REQUIRED

*SEE REVERSE SIDE

PAGE NUMBER 1 OF 3

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 07/1/23,


I, Miguel Barba of A&B Concrete 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 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.


Owner
07/3/23
(Signature)
(Title)
Submitted on (Date)

*****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.

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

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
 Berkeley Net
 POLICY # WC1848241
 EFFECTIVE DATE: 05/19/2023
 EXPIRATION DATE: 05/19/2024

PERSON/WORKER, ADDRESS and SECTION	APPR RATE % AND RACE*	MALE/FEMALE	WORK CLASSIFICATION	DAY AND DATE							Total ST Hours	BASE HOURLY RATE	TYPE OF 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					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING			LIST OTHER												
Ignacio Arce 140 Sherman Ave Menden, CT 06450	M/H		Carpenter OSHA-20-006308107	10 Certification Number	S	M	T	W	TH	F	S	Total Hours	\$ 35.00 Base Rate	1 through 6 (see back)																		
					02	03	04	05	06	07	08																					
					No Work Performed Week of 7/2/23 - 7/8/23																											
																					\$ 27.22 Cash Fringe	1. \$										
																					\$ 31.50 Base Rate	2. \$										
																					\$ 24.90 Cash Fringe	3. \$										
Angel Cruz 941 Balwin Street Waterbury, CT 06706	M/H		Labor OSHA-11-006056807		S	M	T	W	TH	F	S	Total Hours	\$ 30.00 Base Rate																			
					02	03	04	05	06	07	08																					
					No Work Performed Week of 7/2/23 - 7/8/23																											
																					\$ 26.40 Cash Fringe	4. \$										
																					\$ 30.00 Base Rate	5. \$										
																					\$ 26.40 Cash Fringe	6. \$										
Jose Antonio Molina 28 Mildred Rd West Hartford, CT 06107	M/H		Labor OSHA-20-006308106		S	M	T	W	TH	F	S	Total Hours	\$ 30.00 Base Rate																			
					02	03	04	05	06	07	08																					
					No Work Performed Week of 7/2/23 - 7/8/23																											
																					\$ 26.40 Cash Fringe	1. \$										
																					\$ 30.00 Base Rate	2. \$										
																					\$ 26.40 Cash Fringe	3. \$										
Jaime Lopez 305 South Cherry Street Wallingford, CT 06492	M/H		Labor OSHA-20-00624486		S	M	T	W	TH	F	S	Total Hours	\$ 26.40 Cash Fringe																			
					02	03	04	05	06	07	08																					
					No Work Performed Week of 7/2/23 - 7/8/23																											
																					\$ 26.40 Cash Fringe	4. \$										
																					\$ 30.00 Base Rate	5. \$										
																					\$ 26.40 Cash Fringe	6. \$										

12/9/2013 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 _____ 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 07/8/2023,

I, Miguel Barba of A&B Concrete 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 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)

Owner

(Title)

07/11/2023

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.

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

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

OSHA 10 ~ ATTACH CARD TO 1ST CERTIFIED PAYROLL

WEEKLY PAYROLL

CONTRACTOR NAME AND ADDRESS: BRD Builders
 2099 Main Street
 Hartford, CT 06120

WEEKLY PAYROLL

PROJECT NAME & ADDRESS: Colchester Senior Center
 15 Louis Lane
 Colchester, CT 06415

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION: Ignacio Arce
 140 Sherman Ave
 Meriden, CT 06450

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION: Angel Cruz
 941 Balwin Street
 Waterbury, CT 06706

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION: Jose Antonio Molina
 28 Mildred Rd
 West Hartford, CT 06107

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION: Jaime Lopez
 305 South Cherry Street
 Wallingford, CT 06492

WEEKLY PAYROLL

PERSON/WORKER, ADDRESS and SECTION	APPR RATE % AND RACE*	M/F	M/F	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					FICA	FEDERAL WITH-HOLDING	STATE WITH-HOLDING			LIST OTHER														
Ignacio Arce 140 Sherman Ave Meriden, CT 06450	M/H			Carpenter OSHA-20-006308107	S	M	T	W	TH	F	S	Total Hours	\$ 35.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$																					
					09	10	11	12	13	14	15																								
					No Work Performed Week of 7/9/23 - 7/15/23																														
					Total																\$ 27.22 Cash Fringe														
					Total																\$ 31.50 Base Rate														
					Total																\$ 24.90 Cash Fringe														
					Total																\$ 30.00 Base Rate														
Jose Antonio Molina 28 Mildred Rd West Hartford, CT 06107	M/H			Labor OSHA-20-006308106	S	M	T	W	TH	F	S	Total Hours	\$ 26.40 Cash Fringe	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$																					
					09	10	11	12	13	14	15																								
					No Work Performed Week of 7/9/23 - 7/15/23																														
					Total																\$ 26.40 Cash Fringe														
					Total																\$ 30.00 Base Rate														
					Total																\$ 26.40 Cash Fringe														
Jaime Lopez 305 South Cherry Street Wallingford, CT 06492	M/H			Labor OSHA-20-00624486	S	M	T	W	TH	F	S	Total Hours	\$ 30.00 Base Rate	1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$																					
					09	10	11	12	13	14	15																								
					No Work Performed Week of 7/9/23 - 7/15/23																														
					Total																\$ 26.40 Cash Fringe														
					Total																\$ 30.00 Base Rate														
					Total																\$ 26.40 Cash Fringe														

12/9/2013 WWS-CP1 *IF REQUIRED *SEE REVERSE SIDE PAGE NUMBER 1 OF 2

[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.

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

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
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, CT 06492

WORKERS COMPENSATION INSURANCE CARRIER: Berkeley Net
POLICY # WC1848241

PAYROLL NUMBER: 9

Week-Ending Date: 07/22/2023

PROJECT NAME & ADDRESS: Colchester Senior Center
15 Louis Lane
Colchester, CT 06415

EFFECTIVE DATE: 05/19/2023
EXPIRATION DATE: 05/19/2024

PERSON/WORKER, ADDRESS and SECTION	APPR RATE % AND RACE*	MALE/FEMALE	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		
Ignacio Arce 140 Sherman Ave Menden, CT 06450	M/H		Carpenter OSHA-20-0069308107	7.5								1	16	\$ 35.00 Base Rate	1. S	1,742.40	142.01	91.97	118.14	52.27	995.52	DD \$1,338.01
				16	17	18	19	20	21	22	Total O/T Hours	TOTAL FRINGE BENEFIT PLAN CASH										
Angel Cruz 941 Balwin Street Waterbury, CT 06706	M/H		Labor OSHA-11-006056807	7.5								1	20.5	\$ 31.50 Base Rate	2. S	1,675.95	136.59	112.77	94.60	272.27	1,156.20	DD \$1,089.72
Bryan Jimenez 83 Smith Street Apt. 3 West Haven, CT 06516	M/H		Labor OSHA-11-006136744	7.5								4.5	12	\$ 23.00 Base Rate	2. S	1,089.30	88.79	90.60	40.28	32.67	676.80	DD \$836.96

*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 _____
- 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 07/22/2023,

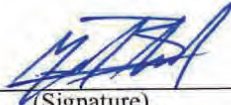
I, Miguel Barba of A&B Concrete LLC, (hereafter known as Employer) in my capacity as Owner (title) do hereby certify and state:

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 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.


Owner
07/25/2023
(Signature)
(Title)
Submitted on (Date)

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

State of Connecticut July 14 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 _____ the undersigned for
and in consideration of sum of \$30,942.08 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 July 13, 2023.
Date

Give Under my hand and this seal this 14th day of July A.D. 2023

Witness: Denzil Ricketts _____ (SEAL)

Witness: _____ (SEAL)

By: Denzil Ricketts
Title Manager

Subscribed and sworn to before me this
14th Day Of July 2023
My Commission Expires _____
Denzil Ricketts **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 July 14 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 Obrien the undersigned for
and in consideration of sum of \$14,466.84 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 July 13, 2023.
Date

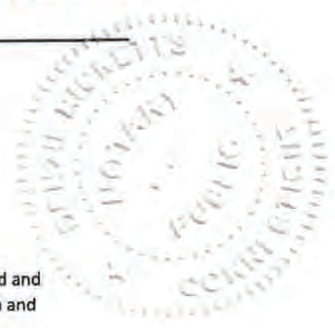
Give Under my hand and this seal this 14th day of July A.D. 2023

Witness: Jenzil Ricketts (SEAL)

Witness: _____ (SEAL)

By: Jeannine Obrien
Title Secretary

Subscribed and sworn to before me this 14 Day Of July 2023
Jenzil Ricketts NOTARY PUBLIC
My Commission Expires Mar. 31, 2026
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



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

State of Connecticut 17-Jul 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

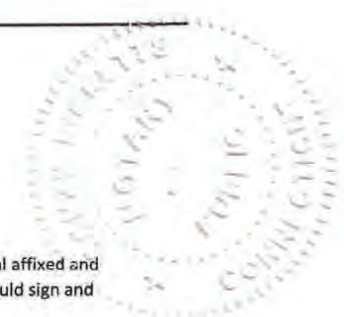
NOW, THEREFORE, KNOW YE, that Jeannine Obrien the undersigned for
and in consideration of sum of \$23,773.28 Dollars, through General Construction
Requisition #, ___ the receipt whereof is hereby acknowledged, do hereby waive and release any
and all lien, or claim or right to lien on said above described 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 July 17, 2023.
Date

Give Under my hand and this seal this 17th day of Jul A.D. 2023

Witness: [Signature] (SEAL)
Witness: _____ (SEAL)

By: [Signature]
Title Secretary

Subscribed and sworn to before me this
17th Day Of July 2023
My Commission Expires [Signature]
DENZIL RICKETTS
NOTARY PUBLIC
My Commission Expires Mar. 31, 2026
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

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

State of Connecticut 25-Jul 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 Obrien the undersigned for
and in consideration of sum of \$29,983.87 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 July 25, 2023.
Date

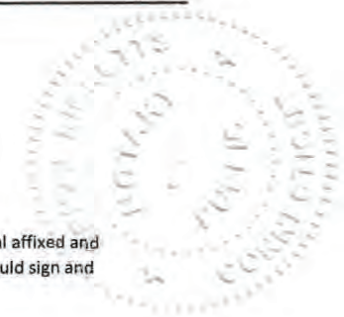
Give Under my hand and this seal this 25th day of Jul A.D. 2023

Witness: [Signature] (SEAL)

Witness: _____ (SEAL)

By: [Signature]
Title Secretary

Subscribed and sworn to before me this
25th Day Of July 2023
My Commission Expires _____
[Signature] 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

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:	6/7/2023

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 , April 22, 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, FORTY AND 00/100 (\$11,040.00) pertains to the provisions outlined herein and represents the funds paid to the undersigned, up to the dated noted above.

WITNESS the signature of the undersigned as of this 14th day of June, 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 14th day of June, 2023.

Nancy J. Baldi (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:	05-24-2023

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 , 04-19-2023 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 , Four Thousand, Nine Hundred Sixty And No/100 (\$4960.00) pertains to the provisions outlined herein and represents the funds paid to the undersigned, up to the dated noted above.

WITNESS the signature of the undersigned as of this 1st day of June, 2023.

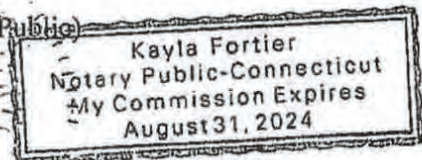
By: Nancy J. Baldi
(Signed)

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

State of CT County of New London
Sworn to before me this 1 day of JUNE, 2023.

Kayla Fortier 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:	Core & Main 83 Progress Ave. Springfield, MA 01104
Project Location:	Colchester Sr Center 15 Louis Lane Colchester CT 06415	Work Performed and/or Materials Supplied through:	Date: T049015- \$1,709.87 T001767- \$26,401.44	07/18/2023

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 , 07/18/2023 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 ,TWENTY EIGHT THOUSAND, THIRTY SIX AND 31 (**\$28,036.31**) pertains to the provisions outlined herein and represents the funds paid to the undersigned, up to the dated noted above.

WITNESS the signature of the undersigned as of this 18th day of July, 20 23.

By: *Aerin Karrenbrock*
(Signed)

Aerin Karrenbrock, Credit Manager
(Printed Name & Title)

State of Missouri County of St. Louis
Sworn to before me this 18th day of July, 20 23.

Theresa Farrell (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:	Core & Main 83 Progress Ave. Springfield, MA 01104
Project Location:	Colchester Sr Center 15 Louis Lane Colchester CT 06415	Work Performed and/or Materials Supplied through:	Date:	07/24/2023

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, 07/18/2023 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, TWENTY THREE THOUSAND, SIX HUNDRED SIXTY-TWO AND 68/100 (\$23,662.68) pertains to the provisions outlined herein and represents the funds paid to the undersigned, up to the dated noted above.

WITNESS the signature of the undersigned as of this 24th day of July, 2023.

By: *Danielle McFarland*
(Signed)

Danielle McFarland Credit Associate
(Printed Name & Title)

State of Missouri County of St. Louis
Sworn to before me this 24th day of July, 2023.

Sam McKeague (Notary Public)

