



COMPLIANCE

8120 Kinsman Road, Cleveland, Ohio 44104
P: (216) 271-2250 | F: (216) 432-5908
cmha.net

Labor Compliance Agreement

Contract # _____ Project Description: _____

Scope of Work: _____

Contractor/Subcontractor Information:

Company Name: _____

Address: _____ Phone #: _____

_____ Email: _____

FED ID#: _____ Contract Amount: _____

PAYROLL AUTHORIZATION STATEMENT

The following persons are hereby authorized to complete and sign all Certified Payroll Reports (WH347) on the above referenced project:

Name: _____ Signature: _____

Name: _____ Signature: _____

PRECONSTRUCTION STATEMENT

The contractor/subcontractor:

a) _____ Yes _____ No Has read and understands the Labor Standards presented in the General Contract Conditions for the above reference project.

b) _____ Yes _____ No Has received a copy of the applicable wage rates for the above referenced project

c) _____ Yes _____ No Fringe Benefits to be paid to approved plans, funds or program. If yes, please list local(s) signatory to:

Contractor / subcontractor certifies compliance with CMHA's Labor Compliance requirements and further certifies compliance with all Federal Labor Standards, State and local EEO requirements.

Officer of Company:

_____ Print Name and Title

_____ Signature

_____ Date



COMMITMENT ACCOUNTABILITY RESPECT EXCELLENCE SAFETY