



East Stroudsburg Area School District
Carl T. Secor Administration Center
50 Vine Street
East Stroudsburg, PA 18301
Phone: (570) 424-8500 - Fax (570) 424-5646
www.esasd.net

Mr. Ryan K. Moran,
Assistant Superintendent for Curriculum
and Instruction

Mr. Brian D. Baddick,
Assistant Superintendent for Pupil
Services

Mr. Thomas J. McIntyre,
Chief Financial Officer

Dr. William R. Riker
Superintendent

EAST STROUDSBURG AREA SCHOOL DISTRICT
Property/Facilities Committee Meeting Dates For 2020

PUBLIC NOTICE

February	05,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
March	04,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
April	01,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
May	06,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
June	03,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
July	01,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
August	05,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
September	02,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
October	07,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room
November	04,	2020	-- 5:30 PM -- Carl T. Secor Administration Center -- Board Room

Patricia L. Rosado
Board Secretary



D'HUY Engineering, Inc.
 One East Broad Street, Suite 310 Bethlehem, PA 18018
 Phone: 610.865.3000 Fax: 610.861.0181

INVOICE

No. 50474
 11/29/2019

East Stroudsburg Area School District

50 Vine Street
 East Stroudsburg, PA 18301
 Mr. Tom McIntyre

Resica Elementary School Roof Replacement
287011

For Services Rendered From October 26, 2019 To November 29, 2019

DEI Fee = 7% of Construction Cost \$667,715 = \$46,740.05

00 - Basic Services

Contract Amount	Previously Billed	% Complete	Invoice Amount
\$46,740.05	\$39,729.04	90.00	\$2,337.01

INVOICE TOTAL \$2,337.01

Prior Billing Information

Invoice		0 - 30	31 - 60	61-90	Over 90	Balance
50282	10/25/2019	\$2,337.00	\$0.00	\$0.00	\$0.00	\$2,337.00
Total Prior Billing		\$2,337.00	\$0.00	\$0.00	\$0.00	\$2,337.00



D'HUY Engineering, Inc.
 One East Broad Street, Suite 310 Bethlehem, PA 18018
 Phone: 610.866.3000 Fax: 610.861.0181

INVOICE

No. 50475
 11/29/2019

East Stroudsburg Area School District

50 Vine Street
 East Stroudsburg, PA 18301
 Mr. Tom McIntyre

Trane Controls Oversight
287013
 For Services Rendered From October 26, 2019 To November 29, 2019

00 Basic Services

<u>Contract Amount</u>	<u>Previously Billed</u>	<u>% Complete</u>	<u>Invoice Amount</u>
\$26,255.00	\$23,629.50	95.00	\$1,312.75

INVOICE TOTAL \$1,312.75

Prior Billing Information

<u>Invoice</u>	<u></u>	<u>0 - 30</u>	<u>31 - 60</u>	<u>61-90</u>	<u>Over 90</u>	<u>Balance</u>
50284	10/25/2019	\$1,312.75	\$0.00	\$0.00	\$0.00	\$1,312.75
Total Prior Billing		\$1,312.75	\$0.00	\$0.00	\$0.00	\$1,312.75



D'HUY Engineering, Inc.
 One East Broad Street, Suite 310 Bethlehem, PA 18018
 Phone: 610.865.8000 Fax: 610.861.0181

INVOICE

No. 50473
 11/29/2019

East Stroudsburg Area School District

50 Vine Street
 East Stroudsburg, PA 18301
 Mr. Tom McIntyre

High School North Roof Replacement
287010

For Services Rendered From October 28, 2019 To November 29, 2019

DEI Fee = 7% of Construction Cost \$7,008,635 = \$490,604

01 - High School North / Lehman I.S. Roof Investigation

Contract Amount	Previously Billed	% Complete	Invoice Amount
\$12,900.00	\$12,900.00	100.00	\$0.00

02 - Design, Bidding & Construction Phase Services

Contract Amount	Previously Billed	% Complete	Invoice Amount
\$490,604.00	\$245,302.00	51.94	\$9,500.06

INVOICE TOTAL \$9,500.06

Prior Billing Information

Invoice		0 - 30	31 - 60	61-90	Over 90	Balance
50280	10/25/2019	\$32,367.60	\$0.00	\$0.00	\$0.00	\$32,367.60
Total Prior Billing		\$32,367.60	\$0.00	\$0.00	\$0.00	\$32,367.60

V.C.1

Contractor's Application For Payment No. 6

Application Period: 12/31/2019	Application Date: 12/13/2019
To (Owner): EastStroudsburg Area SD	Via (Engineer) D'Huy Engineering Inc.
Project: North HS and Lehman Intermediate	Engineer's Project No.:
Owner's Contract No.:	Contractor's Project No.:

APPLICATION FOR PAYMENT
Change Order Summary

Approved Change Orders Number	Additions	Deductions
TOTALS		
NET CHANGE BY CHANGE ORDERS		

1. ORIGINAL CONTRACT PRICE \$ 7,008,635.00
2. Net change by Change Orders \$
3. CURRENT CONTRACT PRICE (Line 1 ± 2) \$ 7,008,635.00
4. TOTAL COMPLETED AND STORED TO DATE (Column F on Progress Estimate) \$ 4,191,785.00
5. RETAINAGE:
 - a. 5 % x \$ 4,191,785 Work Completed \$ 209,589.25
 - b. % x \$ Stored Material \$
 - c. Total Retainage (Line 5a + Line 5b) \$
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c) \$ 3,982,195.75
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application) \$ 3,791,190.87
8. AMOUNT DUE THIS APPLICATION \$ 191,004.88
9. BALANCE TO FINISH, PLUS RETAINAGE (Column G on Progress Estimate + Line 8 above) \$ 3,026,439.25

CONTRACTOR'S CERTIFICATION

The undersigned Contractor certifies that: (1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment; (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interest or encumbrances); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Payment of \$ 191,004.88 (Line 8 or other - attach explanation of other amount)

Is recommended by: [Signature] (Engineer) 12/27/19 (Date)

Payment of \$ _____ (Line 8 or other - attach explanation of other amount)

is approved by: _____ (Owner)

Approved by: _____ Funding Agency (if applicable) _____ (Date)



AIA Document G703™ - 1992

Continuation Sheet

From Contractor:
Jotian, Inc.
PO Box 186
Florence, NJ 08518

To:
East Stroudsburg Area SD
50 Vine Street
East Stroudsburg, PA 18301

AIA Document G702™-1992, Application and Certificate for Payment, or G732™-2009, Application and Certificate for Payment, Construction Manager as Adviser Edition, Project: 119010 INVOICE 119010-008 North HS and Lehman Intermediate Dingmans Ferry, PA 18328 ARCHITECT'S PROJECT NO: [blank]

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (Not in D or E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE (if variable rate)
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD					
1	BONDS	82,000.00	82,000.00	0.00	0.00	0.00	82,000.00	0.00	8,200.00
2	PHASE I	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	MOBILIZATION	50,000.00	50,000.00	0.00	0.00	0.00	50,000.00	0.00	5,000.00
4	EQUIPMENT	110,000.00	110,000.00	0.00	0.00	0.00	110,000.00	0.00	11,000.00
5	ROOF VACUUM	36,000.00	36,000.00	0.00	0.00	0.00	36,000.00	0.00	3,600.00
6	ROOF DEMO	160,000.00	160,000.00	0.00	0.00	0.00	160,000.00	0.00	16,000.00
7	ROOFING - MATERIALS	2,219,105.00	2,219,105.00	0.00	0.00	0.00	2,219,105.00	0.00	110,944.30
8	ROOFING - LABOR	517,000.00	517,000.00	5,170.00	0.00	0.00	517,000.00	0.00	8,240.95
9	SHEET METAL - MATERIALS	551,640.00	551,640.00	0.00	0.00	0.00	551,640.00	0.00	0.00
10	SHEET METAL - LABOR	129,000.00	129,000.00	6,450.00	0.00	0.00	129,000.00	0.00	12,900.00
11	MASONRY - THRU WALL	225,540.00	225,540.00	0.00	0.00	0.00	225,540.00	0.00	22,554.00
12	PLUMBING - DRAINS	106,500.00	106,500.00	0.00	0.00	0.00	106,500.00	0.00	10,650.00
13	PLUMBING - DRAINS	5,000.00	5,000.00	0.00	0.00	0.00	5,000.00	0.00	500.00
14	PHASE II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15	MOBILIZATION	45,000.00	45,000.00	0.00	0.00	0.00	45,000.00	0.00	0.00
16	EQUIPMENT	75,000.00	75,000.00	0.00	0.00	0.00	75,000.00	0.00	0.00
17	ROOF VACUUM	25,000.00	25,000.00	0.00	0.00	0.00	25,000.00	0.00	0.00
18	ROOF DEMO	105,000.00	105,000.00	0.00	0.00	0.00	105,000.00	0.00	0.00
19	ROOFING - MATERIALS	1,225,555.00	1,225,555.00	0.00	0.00	0.00	1,225,555.00	0.00	0.00
20	ROOFING - LABOR	321,800.00	321,800.00	0.00	0.00	0.00	321,800.00	0.00	0.00
21	SHEET METAL - MATERIAL	364,080.00	364,080.00	0.00	0.00	0.00	364,080.00	0.00	0.00
22	SHEET METAL - LABOR	80,000.00	80,000.00	0.00	0.00	0.00	80,000.00	0.00	0.00
23	MASON - THRU WALL	196,000.00	196,000.00	0.00	0.00	0.00	196,000.00	0.00	0.00
24	PLUMBING - DRAINS	56,000.00	56,000.00	0.00	0.00	0.00	56,000.00	0.00	0.00
25	PLUMBING - DRAINS	5,000.00	5,000.00	0.00	0.00	0.00	5,000.00	0.00	0.00
GRAND TOTAL		6,690,220.00	4,175,165.00	16,620.00			4,191,785.00	2,498,435.00	209,589.25

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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AIA Document G703™ - 1992

Continuation Sheet

To: East Stroudsburg Area SD
50 Vine Street
East Stroudsburg, PA 18301

From Contractor:
Jettan, Inc.
PO Box 166
Florence, NJ 08518

APPLICATION NO: 6
APPLICATION DATE: 12/13/2019
PERIOD TO: 12/15/2019
ARCHITECT'S PROJECT NO:

Application and Certificate for Payment, or G732™-2009, Project 119010
containing Contractor's signed certification is attached.
INVOICE 119010-006
North HS and Lehman Intermediate
Dingmans Ferry, PA 18328

In tabulations below, amounts are in US dollars.
Use Column I on Contracts where variable retainage for line items may apply.

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (Not in D or E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE (if variable rate)
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD					
26	CLOSEOUTS	10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00	0.00
27	ALLOWANCES	308,415.00	0.00	0.00	0.00	0.00	0.00	308,415.00	0.00
GRAND TOTAL		7,008,635.00	4,175,165.00	16,620.00	0.00	4,191,785.00	60	2,816,850.00	208,589.25

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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D'HUY ENGINEERING, INC.

One East Broad Street
Suite 310
Bethlehem, PA 18018
(610) 865-3000
FAX (610) 861-0181

LETTER OF TRANSMITTAL

Date: 12/30/2019	Job No.: 287010
Attention: Thomas McIntyre	
Re: East Stroudsburg Area School District High School North and Lehman Int. Schools Roof Replacement Projects	

TO: East Stroudsburg Area School District
50 Vine Street
East Stroudsburg, PA 18301

We are sending you Attached
Via Fed Ex the following:

Drawings Prints Plans Samples Specifications Copy of Letter
 Change Order Sketches Details Submittals Photographs As Described

Copies	Date	No.	Description
2		6	Application for Payment - Jottan, Inc.
2			Consent of Surety to Reduction in or Partial Release in Retainage

These are transmitted as checked below:

For Approval Approved as submitted Resubmit copies for approval
 For your use Approved as noted Submit copies for distribution
 As requested Returned for corrections Return corrected prints
 For Payment

FOR BIDS DUE Prints returned after loan to us

REMARKS

Please process the attached Applications for Payment for the above named project. Upon completion, please forward one (1) copy with payment to Jottan, Inc. and retain one (1) copy for your records.
Thank you,

Copy to:
Fed Ex 7773 5857 0092

Signed: 
Josh Grice, PE, Project Manager

V.L.C.R.

Contractor's Application For Payment No. 7

Application Period: 11/30/2019	Application Date: 11/20/2019
From (Contractor): C&D Waterproofing Corp	Via (Engineer): D'Huy Engineering, Inc.
Contractor's Project No.: 19-292	Engineer's Project No.: DE# 287011

APPLICATION FOR PAYMENT

Change Order Summary

Approved Change Order Number	Additions	Deductions	
			667,715.00
			0.00
			667,715.00
			620,345.00
5. RETAINAGE			
	a. 10% X \$620,345.00 Work Completed		62,034.50
	b. 10% X \$0.00 Stored Material		0.00
	c. Total Retainage (Line 5a + Line 5b)		62,034.50
	6 AMOUNT ELIGIBLE TO DATE (Line 4 + Line 5c)		568,310.50
	7. LESS PREVIOUS PAYMENTS (Line 6 - prior Application)		563,135.50
	8. AMOUNT DUE THIS APPLICATION		5,175.00
	9. BALANCE TO FINISH PLUS RETAINAGE (Column G on Progress Estimate + Line 5 above)		109,404.50

CONTRACTOR'S CERTIFICATION

The undersigned Contractor certifies that: (1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Application for Payment; (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interest or encumbrances); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Payment of: \$ 5,175.00
(Line 8 or other - attach explanation of other amount)

is recommended by Joshua Spin (Engineer) 12/9/19 (Date)

Payment of: \$ _____
(Line 8 or other - attach explanation of other amount)

is approved by _____ (Owner) _____ (Date)

Approved by _____ Funding Agency (if applicable) _____ (Date)

Notary Lisa A. Wittchey E. Coombs Date 11-26-19

Commonwealth of Pennsylvania - Notary Seal
 Lisa A. Wittchey, Notary Public
 Columbia County
 My commission expires December 9, 2022
 Commission number 1195475

Progress Estimate

Contractor's Application

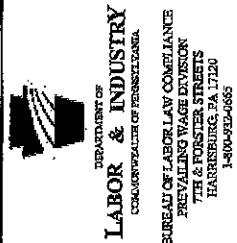
Fort contract: Resica Elementary School - Roof Replacement		Application Number			7								
Application Period: 11/30/2019		Application Date:			11/20/2019								
A		B		C		D		E		F		G	
Specification Section No.	Description	Item	Scheduled Value	From Previous Application (C+D)	Work Completed This Period	Materials Presently Stored (not in C or D)	Total Completed and Stored to Date (C+D+E)	% (F) B	Balance to Finish (B-F)				
1	PAYMENT & PERFORMANCE BONDS		9,650.00	9,650.00	0.00	0.00	9,650.00	100%	0.00				
2	MOBILIZATION / SITE SET-UP		18,000.00	18,000.00	0.00	0.00	18,000.00	100%	0.00				
3	SHINGLE ROOF - STORED MATERIAL		123,115.00	123,115.00	0.00	0.00	123,115.00	100%	0.00				
4	SHINGLE ROOF - LABOR		126,535.00	126,535.00	0.00	0.00	126,535.00	100%	0.00				
5	SHINGLE ROOF - METAL - STORED MATERIAL		69,000.00	69,000.00	0.00	0.00	69,000.00	100%	0.00				
6	SHINGLE ROOF - METAL - LABOR		79,850.00	79,850.00	0.00	0.00	79,850.00	100%	0.00				
7	BUILT-UP ROOF - MATERIAL		95,200.00	95,200.00	0.00	0.00	95,200.00	100%	0.00				
8	BUILT-UP ROOF - LABOR		70,000.00	59,500.00	3,500.00	0.00	63,000.00	90%	7,000.00				
9	EQUIPMENT RENTAL		15,000.00	14,250.00	0.00	0.00	14,250.00	95%	750.00				
10	DEMOBILIZATION/SITE CLEAN-UP		4,500.00	0.00	2,250.00	0.00	2,250.00	50%	2,250.00				
11	WARRANTIES/PROJECT CLOSEOUTS		4,000.00	0.00	0.00	0.00	0.00	0%	4,000.00				
12	ALTERNATE #1 - 30 YEAR		9,700.00	8,730.00	0.00	0.00	8,730.00	90%	970.00				
13	ALTERNATE #2 - SKYLIGHT INFILL		10,765.00	10,765.00	0.00	0.00	10,765.00	100%	0.00				
14	ALLOWANCE #1 - NAILABLE ROOF ISO		9,600.00	0.00	0.00	0.00	0.00	0%	9,600.00				
15	ALLOWANCE #2 - STEEL DECKING		3,500.00	0.00	0.00	0.00	0.00	0%	3,500.00				
16	ALLOWANCE #3 - 1 X 8 PLYWOOD		2,500.00	0.00	0.00	0.00	0.00	0%	2,500.00				
17	ALLOWANCE #4 - ROOFER - (SHINGLE)		16,800.00	0.00	0.00	0.00	0.00	0%	16,800.00				
Totals			667,715.00	614,595.00	5,750.00	0.00	620,345.00	93%	47,370.00				

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR C&D WATERPROOFING CORP	SUBCONTRACTOR
ADDRESS 300 Papermill Road Bloomsburg, PA 17815	ADDRESS

PAYROLL NUMBER 10	WEEK ENDING DATE 11/01/2019	PROJECT AND LOCATION RESICA ES ROOF REPLACEMENT LOCATION	PROJECT # 287011
		PROJECT SERIAL # 19-292	



EMPLOYEE NAME	APPR RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #				
			HOURS WORKED EACH DAY																	
			10/26	10/27	10/28	10/29	10/30	10/31	11/01											
Se	Su	Mo	Tu	We	Th	Fr	Fr													
ROBERT L BOATRIGT III 307 WEST BROAD STREET FL2 TAMAQUA, PA 18232 xxx-xx-2754		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5			37.15	C: 0.00 FB: 31.27	235.88	167.18	11458	
STANLEY A COLLINS 300 RICHARDSON STREET SW #3 ATLANTA, GA 30312 xxx-xx-1239		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5			37.15	C: 0.00 FB: 31.27	163.19	167.18	11461	
JOHN E HARRISON 67 SLOCUM ROAD DALLAS, PA 18612 xxx-xx-8254		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5			37.15	C: 0.00 FB: 31.27	121.75	167.18	11464	
ROBERT L LONG III 506 OLD STATE ROAD SWEET VALLEY, PA 18656 xxx-xx-7017		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5			37.15	C: 0.00 FB: 31.27	108.28	167.18	11469	
																C:				
																FB:				
																C:				
																FB:				

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement ROOFER - \$20.37
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with EAST STROUDSBURG SCHOOL DISTRICT
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) The legal name and the business address of the contractor or subcontractor are:

C&D WATERPROOFING CORP
300 Papermill Road
Bloomsburg, PA 17815

(b) The undersigned is: a single proprietorship a corporation organized in the state of PENNSYLVANIA
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
JEFFREY L. MARSHMAN	PRESIDENT	
JOSEPH C. JARSKI	SECRETARY	

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

11/07/2019

(DATE)

Michael E. Coombes

(SIGNATURE)

Asst. Controller

(TITLE)

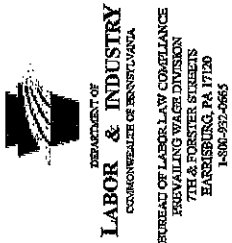
Taken, sworn and subscribed before me this 7th Day
of Nov. A.D., 2019

Lisa A. Witchey
Commonwealth of Pennsylvania - Notary Seal
Lisa A. Witchey, Notary Public
Columbia County
My commission expires December 9, 2022
Commission number 1195475

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR C&D WATERPROOFING CORP	SUBCONTRACTOR	
ADDRESS 300 Papermill Road Bloomsburg, PA 17815	ADDRESS	
PAYROLL NUMBER 11	WEEK ENDING DATE 11/08/2019	PROJECT AND RESICA ES ROOF REPLACEMENT LOCATION
		PROJECT SERIAL # 19-292 PROJECT # 287011



EMPLOYEE NAME	APPR RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash, FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #		
			11/02	11/03	11/04	11/05	11/06	11/07	11/08								
			Sa	Su	Mo	Tu	We	Th	Fr								
No Work Performed.																	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement ROOFER - \$20.37
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with EAST STROUDSBURG SCHOOL DISTRICT
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

- 2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

- 3. The undersigned certifies that:
 - (a) The legal name and the business address of the contractor or subcontractor are:
C&D WATERPROOFING CORP
300 Papermill Road
Bloomsburg, PA 17815
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of PENNSYLVANIA
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
JEFFREY L. MARSHMAN	PRESIDENT	
JOSEPH C. JARSKI	SECRETARY	

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

11/14/2019
(DATE)


Michelle E. Coombes
(SIGNATURE)
Asst. Controller
(TITLE)

Taken, sworn and subscribed before me this 14th Day
of Nov. A.D., 2019

Lisa A. Witchey
Commonwealth of Pennsylvania - Notary Seal
Lisa A. Witchey, Notary Public
Columbia County
My commission expires December 9, 2022
Commission number 1195475

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR C&D WATERPROOFING CORP	SUBCONTRACTOR	 DEPARTMENT OF LABOR & INDUSTRY COMMONWEALTH OF PENNSYLVANIA BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-932-0665
ADDRESS 300 Papermill Road Bloomsburg, PA 17815	ADDRESS	
PAYROLL NUMBER 12	WEEK ENDING DATE 11/15/2019	PROJECT AND LOCATION RESICA ES ROOF REPLACEMENT
PROJECT SERIAL # 19-292		PROJECT # 287011

EMPLOYEE NAME	APPR RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-O TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			11/09	11/10	11/11	11/12	11/13	11/14	11/15							
			Sa	Su	Mo	Tu	We	Th	Fr							
HOURS WORKED EACH DAY																
No Work Performed.																

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement ROOFER - \$20.37
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with EAST STROUDSBURG SCHOOL DISTRICT
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) The legal name and the business address of the contractor or subcontractor are:

C&D WATERPROOFING CORP
300 Papermill Road
Bloomsburg, PA 17815

(b) The undersigned is: a single proprietorship a corporation organized in the state of PENNSYLVANIA
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
JEFFREY L. MARSHMAN	PRESIDENT	
JOSEPH C. JARSKI	SECRETARY	

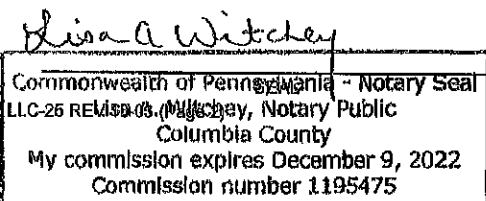
The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

11/21/2019
(DATE)

Michele E. Coomber
(SIGNATURE)


Asst. Controller
(TITLE)

Taken, sworn and subscribed before me this 21st Day
of Nov. A.D., 2019



WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) ALL INFORMATION MUST BE COMPLETED

CONTRACTOR C&D WATERPROOFING CORP	SUBCONTRACTOR	 LABOR & INDUSTRY COMMONWEALTH OF PENNSYLVANIA BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 716 & FORSTER STREETS HARRISBURG, PA 17120 1-800-992-6666
ADDRESS 300 Papermill Road Bloomsburg, PA 17815	ADDRESS	
PAYROLL NUMBER 10	WEEK ENDING DATE 11/01/2019	PROJECT AND LOCATION RESICA ES ROOF REPLACEMENT
PROJECT SERIAL # 19-292		PROJECT # 287011

EMPLOYEE NAME	APPR RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #		
			HOURS WORKED EACH DAY														
			10/28	10/27	10/26	10/25	10/24	10/23	10/22							10/21	
	Sa	Su	Mo	Tu	We	Th	Fr										
ROBERT L BOATRIGHT III 307 WEST BROAD STREET FL2 TAMAQUA, PA 18232 xxx-xxx-2754		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5		C: 0.00 FB: 31.27	235.88	167.18	11458
STANLEY A COLLINS 300 RICHARDSON STREET SW #3 ATLANTA, GA 30312 xxx-xxx-1238		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5		C: 0.00 FB: 31.27	163.19	167.18	11461
JOHN E HARRISON 67 SLOCUM ROAD DALLAS, PA 18612 xxx-xxx-8254		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5		C: 0.00 FB: 31.27	121.75	167.18	11464
ROBERT L LONG III 506 OLD STATE ROAD SWEET VALLEY, PA 18656 xxx-xxx-7017		Membrane Roofer	0	0	0	4.5	0	0	0	0	0	4.5		C: 0.00 FB: 31.27	108.28	167.18	11469
														C:			
														FB:			
														C:			
														FB:			

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement ROOFER - \$20.37
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with EAST STROUDSBURG SCHOOL DISTRICT
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
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3. The undersigned certifies that:

(a) The legal name and the business address of the contractor or subcontractor are:

C&D WATERPROOFING CORP
300 Papermill Road
Bloomsburg, PA 17815

(b) The undersigned is: a single proprietorship a corporation organized in the state of PENNSYLVANIA
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
JEFFREY L. MARSHMAN	PRESIDENT	
JOSEPH C. JARSKI	SECRETARY	

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

11/07/2019
(DATE)

Michael E. Coombe
(SIGNATURE)
Asst. Controller
(TITLE)

Taken, sworn and subscribed before me this 7th Day
of Nov. A.D., 2019

Lisa A. Witchey
Commonwealth of Pennsylvania - Notary Seal
Lisa A. Witchey, Notary Public
Columbia County
My commission expires December 9, 2022
Commission number 1195475

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR C&D WATERPROOFING CORP	SUBCONTRACTOR
ADDRESS 300 Papermill Road Bloomsburg, PA 17815	ADDRESS
PAYROLL NUMBER 11	PROJECT AND LOCATION RESICA ES ROOF REPLACEMENT
WEEK ENDING DATE 11/08/2019	PROJECT # 287011
PROJECT SERIAL # 19-292	



EMPLOYEE NAME	APPR RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			11/02	11/03	11/04	11/05	11/06	11/07	11/08						
			Sa	Su	Mo	Tu	We	Th	Fr						
HOURS WORKED EACH DAY															
No Work Performed.											C:				
											FB:				
											C:				
											FB:				
											C:				
											FB:				
											C:				
											FB:				
											C:				
											FB:				

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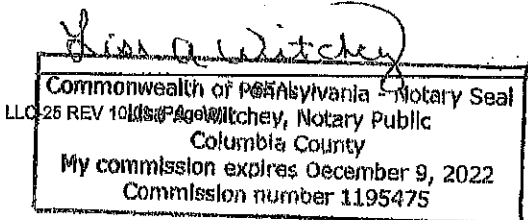
NAME	TITLE	ADDRESS
JEFFREY L. MARSHMAN	PRESIDENT	
JOSEPH C. JARSKI	SECRETARY	

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11/14/2019
(DATE)


Michelle E. Coombes
(SIGNATURE)
Asst. Controller
(TITLE)

Taken, sworn and subscribed before me this 14th Day
of Nov. A.D., 2019



WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR C&D WATERPROOFING CORP ADDRESS 300 Papermill Road Bloomsburg, PA 17815	SUBCONTRACTOR ADDRESS	 <p>DEPARTMENT OF LABOR & INDUSTRY COMMONWEALTH OF PENNSYLVANIA BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-592-0655</p>
PAYROLL NUMBER 12 WEEK ENDING DATE 11/15/2019	PROJECT AND LOCATION RESICA ES ROOF REPLACEMENT PROJECT # 287011 PROJECT SERIAL # 19-292	

EMPLOYEE NAME	APPR RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S- TIME O- TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (O-Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			11/09	11/10	11/11	11/12	11/13	11/14	11/15							
			Sa	Su	Mo	Tu	We	Th	Fr							
No Work Performed.																

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C&D WATERPROOFING CORP
300 Papermill Road
Bloomsburg, PA 17815

(b) The undersigned is: a single proprietorship a corporation organized in the state of PENNSYLVANIA
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

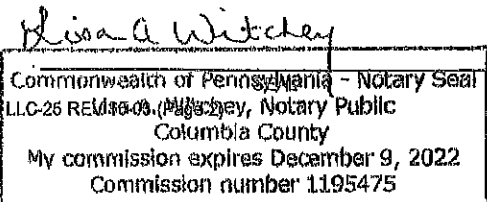
NAME	TITLE	ADDRESS
JEPFREY L. MARSHMAN	PRESIDENT	
JOSEPH C. JARSKI	SECRETARY	

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11/21/2019
(DATE)

M. Michele E. Coomber
(SIGNATURE)
Asst. Controller
(TITLE)

Taken, sworn and subscribed before me this 21st Day
of Nov. A.D., 2019



LETTER OF TRANSMITTAL

D'HUY ENGINEERING, INC.

One East Broad Street
 Suite 310
 Bethlehem, PA 18018
 (610) 865-3000
 FAX (610) 861-0181

TO: East Stroudsburg Area School District
 50 Vine Street
 East Stroudsburg, PA 18301

Date: 12/10/2019	Job No.: 287014
Attention: Thomas McIntyre	
Re: ESASD High School North & Lehman IS Water Heater Replacement	

We are sending you Attached
 Via Fed Ex the following:

Drawings Prints Plans Samples Specifications Copy of Letter
 Change Order Sketches Details Submittals Photographs As Described

Copies	Date	No.	Description
2 1 ea.		1 - 16 1 - 3 (Final)	Application for Payment - JBM Mechanical, Inc. Certified Payroll: JBM Mechanical, Inc. W/E 4/13/19 to W/E 4/20/19, W/E 5/11/19 to W/E 5/25/19, W/E 6/8/19 to W/E 6/29/19, W/E 7/20/19 to W/E 8/31/19, W/E 10/5/19, W/E 10/19/19, W/E 11/2/19 to W/E 11/9/19 Kahl Welding W/E 5/18/19, W/E 8/3/19 Wind Gap Electric W/E 5/22/19 to W/E 9/3/19 Radar Insulation Inc. W/E 9/8/19 to W/E 9/22/19

These are transmitted as checked below:

For Approval Approved as submitted
 For your use Approved as noted
 As requested Returned for corrections

Resubmit copies for approval
 Submit copies for distribution
 Return corrected prints

For signature

Prints returned after loan to us

REMARKS

Please process the attached Application for Payment. Upon completion, please return one (1) copy with payment to JBM Mechanical, Inc. and retain one (1) copy for your records. Please keep Certified Payrolls for your records.
 Thank you,

Copy to:
 Fed Ex 7771 9904 8676

Signed: 
 Josh Grice, PE, Project Manager

AIA Document G702™ - 1992

Application and Certificate for Payment

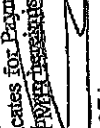
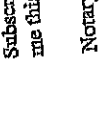
TO OWNER: E. STROUDSBURG AREA SCHOOL DIST. PROJECT: E. STROUDSBURG WH REPLACEMENT APPLICATION NO. 1 / PERIOD TO 1/15/2019
 321 N. COURTLAND ST. HIGH SCHOOL NORTH & LEHMAN IN
 E. STROUDSBURG, PA 18301

FROM CONTRACTOR: J B M MECHANICAL, INC. VIA ARCHITECT: DHUV ENGINEERING
 3273 Gun Club Road I E. BROAD ST.
 Nazareth, PA 18054 BETHLEHEM, PA 18018

CONTRACT FOR: Plumbing
CONTRACT DATE: 2/25/2019
PROJECT NOS: M19-007

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

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 payments are being requested.

CONTRACTOR: 
 By: PENNSYLVANIA
 State of: NORTHAMPTON
 County of:
 Subscribed and sworn to before me this 19th day of Nov, 2019
 Notary Public: 
 My Commission expires:
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Daria L. Slark, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires May 22, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

ARCHITECT'S CERTIFICATE FOR PAYMENT
 In accordance with the Contract Documents, based on on-site observations and the data containing information and belief 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 the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 12,150.00
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and Certificate for Payment. There are changes to conform with the amount certified.)

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

AMOUNT CERTIFIED \$ 12,150.00
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and Certificate for Payment. There are changes to conform with the amount certified.)

AMOUNT CERTIFIED \$ 12,150.00
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and Certificate for Payment. There are changes to conform with the amount certified.)

CHANGES	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this month	\$	\$
TOTALS	\$	\$

CHANGES	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this month	\$	\$
TOTALS	\$	\$

NET CHANGES by Change Order
CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.
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AIA Document G703™ - 1992

Continuation Sheet

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's certification is attached. In tabulations below, amounts are stated to the nearest dollar. Use Column 1 of contracts where variable retainage for line items may apply.

1094
 APPLICATION NO: 11/19/2019
 APPLICATION DATE: 11/30/2019
 PERIOD TO: M19-007

ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (G-G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
05	BONDS/INSURANCE	6,000.00			6,000.00		6,000.00		300.00
10	MOBILIZATION	3,000.00			3,000.00		3,000.00		150.00
15	PIPE MAINS/BRANCHES MAT	40,000.00			40,000.00		40,000.00		2,000.00
20	PIPE MAINS/BRANCHES LAB	12,000.00			12,000.00		12,000.00		600.00
25	DEMO MATERIAL	2,000.00			2,000.00		2,000.00		100.00
30	DEMO LABOR	6,000.00			6,000.00		6,000.00		300.00
35	HANGERS	6,000.00			6,000.00		6,000.00		300.00
40	CONCRETE/STONE MATERIAL	4,000.00			4,000.00		4,000.00		200.00
45	CONCRETE/STONE LABOR	2,000.00			2,000.00		2,000.00		100.00
50	RENTAL	3,500.00			3,500.00		3,500.00		175.00
55	BLR. ROOM EQUIP. MATERIAL	90,000.00			90,000.00		90,000.00		4,500.00
60	BLR. ROOM EQUIP. LABOR	40,000.00			40,000.00		40,000.00		2,000.00
65	ELECTRIC MATERIAL	7,500.00			7,500.00		7,500.00		375.00
70	ELECTRIC LABOR	6,000.00			6,000.00		6,000.00		300.00
75	PIPE INSULATION MATERIAL	8,000.00			8,000.00		8,000.00		400.00
80	PIPE INSULATION LABOR	7,000.00			7,000.00		7,000.00		350.00
85	ALLOWANCE	24,000.00						24,000.00	
	Totals	267,000.00			243,000.00		243,000.00	24,000.00	12,150.00

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Contractor's Application For Payment No. 1

Application Period: _____ Application Date: _____
 To (Owner): E. Stroudsburg School District From (Contractor): JBM Mechanical, Inc. Via (Engineer): D'Huy Engineering Inc.
 Project: E. Stroudsburg WH Replacement Contract: Plumbing
 Owner's Contract No.: _____ Contractor's Project No.: M19007 Engineer's Project No.: 287014


APPLICATION FOR PAYMENT
 Change Order Summary


Approved Change Order Number	Approved Change Order Description	Original Contract Price	Net Change by Change Orders
TOTALS			
NET CHANGE BY CHANGE ORDERS			

1. ORIGINAL CONTRACT PRICE \$ 267,000.00
 2. Net change by Change Orders \$ 0
 3. CURRENT CONTRACT PRICE (Line 1 + 2) \$ 267,000.00
 4. TOTAL COMPLETED AND STORED TO DATE (Column F on Progress Estimate) \$ 243,000.00
 5. RETAINAGE:
 a. 5 % x 243,000 Work Completed \$ 12,150.00
 b. _____ % x \$ _____ Stored Material \$ _____
 c. Total Retainage (Line 5a + Line 5b) \$ 12,150.00
 6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5c) \$ 230,850.00
 7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application) \$ 0
 8. AMOUNT DUE THIS APPLICATION \$ 230,850.00
 9. BALANCE TO FINISH, PLUS RETAINAGE (Column G on Progress Estimate + Line 8 above) \$ 36,150.00

CONTRACTOR'S CERTIFICATION

The undersigned Contractor certifies that (1) all previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with Work covered by prior Applications for Payment; (2) title of all Work, materials, and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to Owner at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to Owner indemnifying Owner against any such Liens, security interests or encumbrances); and (3) all Work covered by this Application for Payment is in accordance with the Contract Documents, and is not defective.

Payment of: \$ 230,850.00 (Line 8 or other - attach explanation of other amount)
 is recommended by:  (Engineer) 12/9/19 (Date)
 Payment of: \$ _____ (Line 8 or other - attach explanation of other amount)
 is approved by: _____ (Owner) _____ (Date)
 Approved by: _____ (Funding Agency (if applicable)) _____ (Date)

By:  Date: 11/9/19



AIA Document G702™ - 1992

Application and Certificate for Payment

TO OWNER: E. STROUDSBURG AREA SCHOOL DIST. PROJECT: E STROUDSBURG WH REPLACEMENT APPLICATION NO. 1
 321 N. COURTLAND ST. HIGH SCHOOL NORTH & LEHMAN IN PERIOD FOR 11/30/2019
 E. STROUDSBURG, PA 18301

FROM CONTRACTOR: J B M MECHANICAL, INC. VIA ARCHITECT: DHUY ENGINEERING
 3273 Gun Club Road I.E. BROAD ST.
 Nazareth, PA 18064 BETHLEHEM, PA 18018

CONTRACT FOR: *Plumbing*
 CONTRACT DATE: 2/25/2019
 PROJECT NOS: MI9-007

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 FIELD
 OTHER

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM \$ 267,000.00
- 2. Net change by Change Orders \$ 0.00
- 3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 267,000.00
- 4. TOTAL COMPLETED & STORED MATERIAL (Column G on G703) \$ 267,000.00
- 5. RETAINAGE:
 - a. 5% of Completed Work \$ 12,150.00
 - b. (Column H + E on G703) \$
 - Of Stored Material (Column F on G703) \$

- 6. TOTAL EARNED LESS RETAINAGE \$ 230,850.00
 (Line 4 Less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 0.00
 (Line 6 from prior Certificates)
- 8. CURRENT PAYMENT DUE \$ 230,850.00
 (Line 3 less Line 6)

CHANGE ORDER NUMBER	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$	\$
Total approved this month	\$	\$
TOTALS	\$	\$

NET CHANGES by Change Order: \$

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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 payments are being made to the Architect.

CONTRACTOR: *[Signature]*
 By: _____ PENNSYLVANIA
 State of: NORTHAMPTON
 County of: _____
 Date: 11/19/19

Subscribed and sworn to before me this 19th day of April, 2019
 Notary Public: *[Signature]*
 My Commission expires: May 22, 2020
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Dana L. Stark, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires May 22, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Contract Documents. State that are changed to conform with the amount certified.)

ARCHITECT: _____
 By: _____
 Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. No cash payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



AIA Document G703™ - 1992

Continuation Sheet

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column (I) on contracts where variable retainage for these items may apply.

1094
 APPLICATION NO. 11/19/2019
 APPLICATION DATE: 11/30/2019
 PERIOD TO: M19-007
 ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD				
05	BONDS/INSURANCE	3,000.00			3,000.00	3,000.00		300.00
10	MOBILIZATION	3,000.00			3,000.00	3,000.00		150.00
15	PIPE MAINS/BRANCHES MAT	40,000.00			40,000.00	40,000.00		2,000.00
20	PIPE MAINS/BRANCHES LAB	12,000.00			12,000.00	12,000.00		600.00
25	DEMO MATERIAL	2,000.00			2,000.00	2,000.00		100.00
30	DEMO LABOR	6,000.00			6,000.00	6,000.00		300.00
35	HANGERS	6,000.00			6,000.00	6,000.00		300.00
40	CONCRETE/STONE MATERIA	4,000.00			4,000.00	4,000.00		200.00
45	CONCRETE/STONE LABOR	2,000.00			2,000.00	2,000.00		100.00
50	RENTAL	3,500.00			3,500.00	3,500.00		175.00
55	BLR. ROOM EQUIP. MATERIA	90,000.00			90,000.00	90,000.00		4,500.00
60	BLR. ROOM EQUIP. LABOR	40,000.00			40,000.00	40,000.00		2,000.00
65	ELECTRIC MATERIAL	7,500.00			7,500.00	7,500.00		375.00
70	ELECTRIC LABOR	6,000.00			6,000.00	6,000.00		300.00
75	PIPE INSULATION MATERIAL	8,000.00			8,000.00	8,000.00		400.00
80	PIPE INSULATION LABOR	7,000.00			7,000.00	7,000.00		350.00
85	ALLOWANCE	24,000.00					24,000.00	
Totals		267,000.00			243,000.00	243,000.00	24,000.00	12,150.00
							91.01	

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Certified Payroll Report

J B M MECHANICAL, INC.

For the Period Ending: 04-13-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Job	Date	Day	Rate	Hours	Total	Cash	Fringe	Fringe	Gross	Deductions				Net
										FICA	SWH	SWH	Other	
RANDY W. HOFFMAN	04-07	Sun												
XXX-XX-1292	04-08	Mon	29.87	8.00	239.00	15.77	5.00	365.12	284.28	55.42	1.08	19.05	1,307.19	
S - 1 APPRENTICE 50% Reg	04-09	Tue												
	04-10	Wed												
	04-11	Thu												
	04-12	Fri												
	04-13	Sat												
Total				8.00				365.12	284.28	55.42	1.08	19.05	1,307.19	

Totals for E STROUDSBURG WH

Date	Day	Hours	Gross	FICA	SWH	SWH	Other	Net
04-07-19	Sunday	8.00	239.00	284.28	55.42	1.08	19.05	1,307.19
04-08-19	Monday	8.00	239.00	284.28	55.42	1.08	19.05	1,307.19
04-09-19	Tuesday	8.00	239.00	284.28	55.42	1.08	19.05	1,307.19
04-10-19	Wednesday	16.00	478.00	568.56	110.84	2.16	38.10	2,199.50
04-11-19	Thursday	8.00	239.00	284.28	55.42	1.08	19.05	1,307.19
04-12-19	Friday	8.00	239.00	284.28	55.42	1.08	19.05	1,307.19
04-13-19	Saturday	8.00	239.00	284.28	55.42	1.08	19.05	1,307.19
Total		64.00	1,916.00	2,305.12	461.04	8.32	75.30	7,499.05

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Exton School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

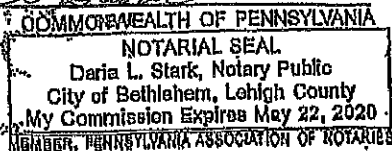
3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Lehighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

4/16/19
(DATE)
Daria L. Stark



Dwight Eisenhower
(SIGNATURE)
President
(TITLE)
Taken, sworn and subscribed before me this 16 Day
of April A.D., 2019

Certified Payroll Report

For the Period Ending: 04-20-19

J B M MECHANICAL, INC.

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Emp ID	Emp Name	Sex	Reg	04-14-19	04-15-19	04-16-19	04-17-19	04-18-19	04-19-19	04-20-19	Total Hours	Cash	Fringe	Rate	Gross This Job	Total Gross	FICA	SWH	SUI/SDI	Other	Net
S - 1	RANDY W. HOFFMAN	Male	LABORER Reg		5.00						5.00	12.63	5.00	21.40	170.15	1,610.15	240.74	49.43	17.10		1,178.73
M - 0	DAVID W. KNGEBERRY	Male	PLUMBER JM Reg		5.00						5.00	15.77	5.00	42.64	292.05	1,012.05	86.75	31.07	11.12		805.08

Totals for E STROUDSBURG WH

04-14-19	04-15-19	04-16-19	04-17-19	04-18-19	04-19-19	04-20-19	Total Hours	Cash	Fringe	Rate	Gross This Job	Total Gross	FICA	SWH	SUI/SDI	Other	Net
.00	10.00	.00	.00	.00	.00	.00	10.00	462.20	5.00	42.64	462.20	2,522.20	327.49	200.50	31.07	11.12	1,983.81

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with E Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are: _____
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

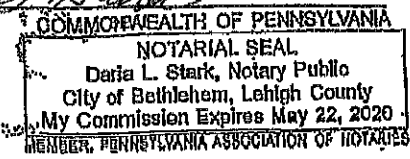
NAME	TITLE	ADDRESS
Dwight Eisenhower		Belmont, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1968, 43 PS. § 165.1 through 165.17.

4/23/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 23 Day
of April A.D. 2019



Certified Payroll Report

J B M MECHANICAL, INC.

For the Period Ending: 05-11-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

FRANK W. HOFFMAN
XXX-XX-1292 Caucasian Male
S - 1 APPRENTICE 50% Reg

DAVID W. KNOEDER
XXX-XX-3224 Caucasian Male
M - 0 PLUMBER JM Reg

GUSTAVE E. SPITZER
XXX-XX-4049 Caucasian Male
M - 2 PLUMBER JM Reg

	05-08	05-09	05-10	05-11	Total	Cash	Hrly Fringe	Hrly Fringe	Gross This Job	Total Gross	FICA	SWH	Other	Net
	Wed	Thu	Fri	Sat	8.00	15.77	5.00	5.00	365.12	1,824.95	289.04	56.03	19.25	1,319.94
	Wed	Thu	Fri	Sat	8.00	15.77	5.00	5.00	365.12	2,336.40	304.80	71.73	24.36	1,755.36
	Wed	Thu	Fri	Sat	8.00	15.77	5.00	5.00	467.28	3,106.64	380.65	87.27	293.35	2,126.03

Total	Gross	This Job	Deductions	Net
7,268.00	1,299.68	1,299.68	974.49	5,201.35
			FICA	
			SWH	
			SDI	
			Other	

Totals for	05-05-19	05-06-19	05-07-19	05-08-19	05-09-19	05-10-19	05-11-19	Total
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hours
	.00	.00	.00	24.00	.00	.00	.00	24.00

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with E. Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa
 a partnership other organization (describe) _____

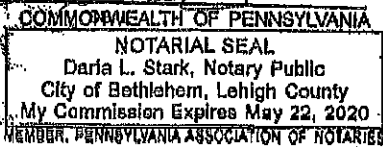
(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Delighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

5/14/19
(DATE)
Daria L. Stark

[Signature]
(SIGNATURE)
Dwight Eisenhower
(TITLE)
President



Taken, sworn and subscribed before me this 14 Day
of May A.D., 2019

Certified Payroll Report

For the Period Ending: 05-18-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee Name	Sex	Reg	05-18-19							Total Hours	Rate	Cash	Fringe	Hrly Fringe	Gross This Job	Total Gross	Deductions			Net
			Sun	Mon	Tue	Wed	Thu	Fri	Sat								FICA	SWH	Other	
RYAN D. GUEDES	Male	Reg	8.00	8.00	8.00	8.00	8.00	8.00	32.00	42.64	15.77	5.00	1,889.12	2,225.12	179.13	60.33	484.58	1,363.40		
RANDY W. HOFFMAN	Male	Reg	8.00	8.00	8.00	8.00	8.00	8.00	32.00	31.98	15.77	5.00	1,910.00	1,910.00	308.45	58.64	20.10	1,374.55		
DAVID W. KNOEDLER	Male	Reg	8.00	8.00	8.00	8.00	8.00	8.00	32.00	42.64	15.77	5.00	2,336.40	2,336.40	178.74	1.40	24.36	1,755.37		
GUSTAV E. SPITZER	Male	Reg	8.00	8.00	8.00	8.00	8.00	8.00	32.00	42.64	15.77	5.00	2,336.40	2,336.40	158.54	1.40	285.65	1,616.00		
Totals for E STROUDSBURG WH																				
05-12-19	Sunday	24.00	32.00	32.00	32.00	32.00	32.00	32.00	152.00				8,451.82	8,811.92	211.19	63.62	1,004.57	6,099.32		
05-13-19	Monday	24.00	32.00	32.00	32.00	32.00	32.00	32.00												
05-14-19	Tuesday	24.00	32.00	32.00	32.00	32.00	32.00	32.00												
05-15-19	Wednesday	32.00	32.00	32.00	32.00	32.00	32.00	32.00												
05-16-19	Thursday	32.00	32.00	32.00	32.00	32.00	32.00	32.00												
05-17-19	Friday	32.00	32.00	32.00	32.00	32.00	32.00	32.00												
05-18-19	Saturday	.00	.00	.00	.00	.00	.00	.00												
Totals																				
														8,451.82	8,811.92	211.19	63.62	1,004.57	6,099.32	

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with E. Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

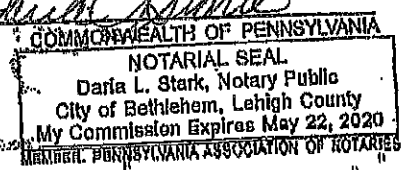
NAME	TITLE	ADDRESS
Dwight Eisenhower		Belighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

5/21/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 21 Day
of May A.D., 2019



Certified Payroll Report

For the Period Ending: 05-25-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	M	T	W	T	F	S	S	Total Hours	Rate	Cash	Fringe	Hrly Fringe	Gross This Job	Deductions			Net
														FICA	SUI/SDI	Other	
KYLE D. GUEDES XXX-XX-6626 Caucasian Male M - 0 PLUMBER JM Reg	05-20	05-21	05-22	05-23	05-24	05-25		16.00	42.64	15.77	5.00	934.56	151.38	53.74	1.21	1,191.87	
DAVID W. KNOEDLER XXX-XX-3224 Caucasian Male M - 0 PLUMBER JM Reg	05-19	05-20	05-21	05-22	05-23	05-24	05-25	8.00	42.64	15.77	5.00	467.28	24.04	14.35	.28	387.19	
GUSTAV E. SPITZER XXX-XX-4049 Caucasian Male M - 2 PLUMBER JM Reg	05-19	05-20	05-21	05-22	05-23	05-24	05-25	24.00	42.64	15.77	5.00	1,401.84	268.39	71.61	1.56	1,786.16	

Totals for E STROUDSBURG WH

Employee	M	T	W	T	F	S	S	Total Hours	Rate	Cash	Fringe	Hrly Fringe	Gross This Job	Deductions			Net	
														FICA	SUI/SDI	Other		
05-19-19 Sunday																		
05-20-19 Monday	24.00							24.00	42.64	15.77	5.00	1,401.84	268.39	71.61	1.56	1,786.16		
05-21-19 Tuesday		24.00						24.00	42.64	15.77	5.00	1,401.84	268.39	71.61	1.56	1,786.16		
05-22-19 Wednesday			23.00					23.00	42.64	15.77	5.00	934.56	151.38	53.74	1.21	1,191.87		
05-23-19 Thursday				8.00				8.00	42.64	15.77	5.00	467.28	24.04	14.35	.28	387.19		
05-24-19 Friday					.00													
05-25-19 Saturday						.00												
Total								71.00					3,901.93	6,896.49	2,388.25	4.14	4,682.85	

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Extruding Area School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are: _____
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Beighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

5/29/19
(DATE)

Daria Stark
NOTARIAL SEAL
Daria L. Stark, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires May 22, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Dwight Eisenhower
(SIGNATURE)
President

Taken, sworn and subscribed before me this 29 Day
of May A.D. 2019

Certified Payroll Report

J B M MECHANICAL, INC.

For the Period Ending: 06-08-19

Job: M19-007 E STROUDSBURG WH
 50 VINE STREET
 E STROUDSBURG, PA 18301

Employee	Sex	Reg	06-06-19							Total Hours	Total Gross	Deductions				Net
			Sun	Mon	Tue	Wed	Thu	Fri	Sat			FICA	SWH	SDI	Other	
GUSTAV E. SPITZER	Caucasian	Male					8.00			8.00	478.48	196.66	61.60	1.36	284.99	1,572.22
M - 2		PLUMBER JM Reg									478.48	153.49	1.36			

Totals for E STROUDSBURG WH

Day	Date	Hours	Gross	FICA	SWH	SDI	Other	Total Gross	Total Deductions	Net
Sunday	06-03-19	.00								
Monday	06-04-19	.00								
Tuesday	06-05-19	.00								
Wednesday	06-06-19	8.00	478.48	153.49	61.60	1.36	284.99	2,270.32	196.66	1,572.22
Thursday	06-07-19	.00								
Friday	06-08-19	.00								
Saturday	06-08-19	.00								
Total		8.00	478.48	153.49	61.60	1.36	284.99	2,270.32	196.66	1,572.22

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with E. Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) The legal name and the business address of the contractor or subcontractor are:

(b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Beighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1968, 43 PS. § 165.1 through 165.17.

6/11/19

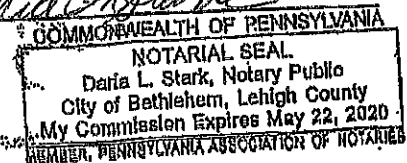
 (DATE)

Dwight Eisenhower

 (SIGNATURE)
President

 (TITLE)

Taken, sworn and subscribed before me this 11 Day
 of June A.D. 2019



Certified Payroll Report

J B M MECHANICAL, INC.

For the Period Ending: 06-15-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

06-09 06-10 06-11 06-12 06-13 06-14 06-15
SUN Mon Tue Wed Thu Fri Sat
8.00 8.00 8.00 8.00 8.00

DAVID W. KNOEPPER
06-09 06-10 06-11 06-12 06-13 06-14 06-15
SUN Mon Tue Wed Thu Fri Sat
8.00 8.00 8.00 8.00 8.00
M - 0 PLUMBER JM Reg

GUSTAVE SPITZER
06-09 06-10 06-11 06-12 06-13 06-14 06-15
SUN Mon Tue Wed Thu Fri Sat
8.00 8.00 8.00 8.00 8.00
M - 2 PLUMBER JM Reg

Total	FICA	SWH	Other	Net
Gross	185.53	55.09	18.94	1,396.40
This Job	137.26	1.08		
Total	1,794.30			1,219.37

Total	FICA	SWH	Other	Net
Gross	129.57	46.98	280.23	1,219.37
This Job	117.07	1.08		
Total	1,794.30			1,219.37

Total	FICA	SWH	Other	Net
Gross	3,588.60	315.10	254.33	2,615.77
This Job	299.17	2.15		
Total	3,588.60			2,615.77

Total	FICA	SWH	Other	Net
Gross	129.57	46.98	280.23	1,219.37
This Job	117.07	1.08		
Total	1,794.30			1,219.37

Totals for	Hours	Total
06-09-19	Sunday	16.00
06-10-19	Monday	16.00
06-11-19	Tuesday	12.00
06-12-19	Wednesday	16.00
06-13-19	Thursday	16.00
06-14-19	Friday	.00
06-15-19	Saturday	.00
Total	Hours	60.00

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law, (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with E. Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are: _____
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

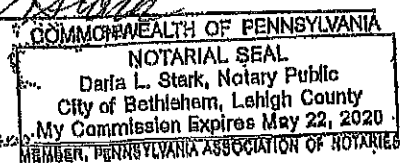
NAME	TITLE	ADDRESS
Dwight Eisenhower		Beighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

6/18/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 18 Day
of June A.D. 2019



Certified Payroll Report

ANICAL, INC.

For the Period Ending: 06-22-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	Sex	Race	Reg	06-16-19 to 06-22-19							Total Hours	Total Rate	Cash Fringe	Rtly Fringe	Gross This Job	Total Gross	Deductions			Net
				Sun	Mon	Tue	Wed	Thu	Fri	Sat							FICA	SWH	Other	
DAVID W. KNOEDLER	Male	Caucasian	Reg	8.00	8.00	8.00				16.00	44.04	15.77	5.00	956.96	2,748.80	395.52	84.38	28.49	2,028.47	
ESTER STASIEWICZ	Female	Caucasian	Reg	8.00	8.00	8.00				16.00	44.04	15.77	5.00	956.96	2,748.80	307.92	76.29	289.78	1,889.07	
XXXX-XX-4049	Male	Caucasian	Reg	8.00	8.00	8.00				16.00	44.04	15.77	5.00	956.96	2,748.80	190.09	1.65			

Totals for E STROUDSBURG WH

Day	Date	Hours	Rate	Total	Fringe	Gross	FICA	SWH	Other	Net
Sunday	06-16-19	16.00				1,913.92				3,917.54
Monday	06-17-19	16.00								
Tuesday	06-18-19	16.00								
Wednesday	06-19-19	16.00								
Thursday	06-20-19	16.00								
Friday	06-21-19	16.00								
Saturday	06-22-19	16.00								
Total		96.00		5,497.60	687.44	1,913.92	400.37	160.68	3.30	3,917.54

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with East Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

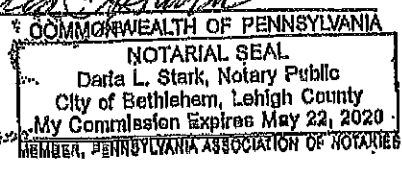
NAME	TITLE	ADDRESS
Dwight Eisenhower		Lehighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963; 43 P.S. § 165.1 through 165.17.

6/25/19
(DATE)
[Signature]

[Signature] Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 25 Day
of June A.D., 2019



Certified Payroll Report

J B M MECHANICAL, INC.

For the Period Ending: 06-29-19

Job: MM19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	06-29	06-28	06-27	06-26	06-25	06-24	06-23	06-22	06-21	06-20	06-19	Total Hours	Rate	Cash	Fringe	Hrly Fringe	Gross This Job	FICA	SWH	Other	Net
DAVID W. KNOEDLER Male PLUMBER JM Reg					8.00	8.00						16.00	44.04	15.77	5.00	956.96	385.52	84.39	28.49	2,028.46	
KOLE J. POKRIVSKAKS Male APPRENTICE 40% Reg				8.00	8.00	8.00						24.00	26.42	15.77	5.00	1,012.56	275.55	51.81	21.25	1,208.88	
GUSTAV E. SPITZER Male PLUMBER JM Reg					8.00	8.00						16.00	44.04	15.77	5.00	956.96	301.92	76.29	289.78	1,868.06	

Totals for	06-23-19	06-24-19	06-25-19	06-26-19	06-27-19	06-28-19	06-29-19	Total Hours	Total Gross	FICA	SWH	Other	Net
E STROUDSBURG WH	Sunday .00	Monday 24.00	Tuesday 24.00	Wednesday .00	Thursday 3.00	Friday .00	Saturday .00	56.00	2,748.80	772.99	528.49	4.31	5,126.40

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$.50⁰⁰ Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with East Stroudsburg Area School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

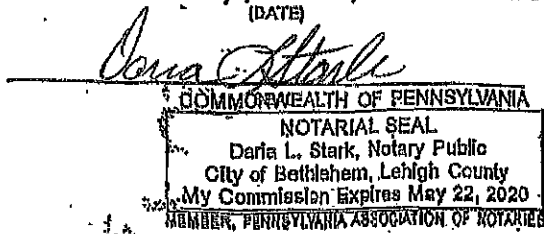
(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Lehighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

7/2/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)



Taken, sworn and subscribed before me this 2 Day
of July A.D., 2019

Certified Payroll Report

For the Period Ending: 07-20-19

J B M MECHANICAL, INC.

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	07-14 07-15 07-16 07-17 07-18 07-19 07-20							Total Hours	Rate	Cash Fringe	May Fringe	Gross This Job	Total Gross	FWH			SWH			Other Deducts	Net
	SUN	MON	TUE	WED	THU	FRI	SAT							Hours	FICA	SUI	SDI	Deducts	FICA		
DAVID W. KNOEDLER Male PLUMBER JIM Reg					8.00	8.00		16.00	44.04	15.77	5.00	956.96	2,748.80	395.52	84.39	1.65	210.28	28.49		2,028.47	
DESSA W. SCHWITZER Male PLUMBER JIM Reg					8.00	8.00		16.00	44.04	15.77	5.00	956.96	2,748.80	395.52	84.39	1.65	210.28	28.49		2,028.47	
Totals for E STROUDSBURG WH					16.00	16.00		32.00				1,913.92	5,497.60	771.04	168.78	3.30	420.56	57.98		3,917.53	

Totals for E STROUDSBURG WH

Employee	07-14	07-15	07-16	07-17	07-18	07-19	07-20	Total Hours	Total Gross	Total Deductions	Net
DAVID W. KNOEDLER					8.00	8.00		16.00	956.96	210.28	746.68
DESSA W. SCHWITZER					8.00	8.00		16.00	956.96	210.28	746.68
Totals					16.00	16.00		32.00	1,913.92	420.56	1,493.36

Deductions

FICA 400.38

SWH 160.68

SDI 3.30

Other 318.27

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stroudsburg Area School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Belighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

7/23/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

[Signature]
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Darla L. Stark, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires May 22, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Taken, sworn and subscribed before me this 23 Day
of July A.D., 2019

Certified Payroll Report

For the Period Ending: 07-27-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	DOB	Sex	Reg	07-21 Sun	07-22 Mon	07-23 Tue	07-24 Wed	07-25 Thu	07-26 Fri	07-27 Sat	Total Hours	Rate	Cash Fringe	Prly Fringe	Gross This Job	Total Gross	FICA	SWH	Other Deducts	Net
DAVID W. KNOEDLER	XXX-XX-3224	Caucasian	Male	8.00	8.00	8.00	8.00	8.00	8.00		40.00	44.04	15.77	5.00	2,392.40	2,392.40	317.12	73.45	24.92	1,792.45
M - 0															2,392.40	183.02	1.44			
EUSTACE W. SPITZER	XXX-XX-4049	Caucasian	Male	8.00	8.00	8.00	8.00	8.00	8.00		40.00	44.04	15.77	5.00	2,392.40	2,392.40	223.51	66.34	286.21	1,653.06
M - 2														2,392.40	162.82	1.44				

Totals for E STROUDSBURG WH

07-21-19 Sunday	07-22-19 Monday	07-23-19 Tuesday	07-24-19 Wednesday	07-25-19 Thursday	07-26-19 Friday	07-27-19 Saturday	Total Hours	Total Gross	FICA	SWH	Other Deducts	Net
.00	16.00	16.00	16.00	16.00	.00	.00	80.00	4,784.80	223.51	66.34	286.21	3,445.53

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stroudsburg School
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
District for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Beighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

7/29/19

(DATE)

Dwight Eisenhower

(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 29 Day
 of July A.D., 2019

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Daria L. Stark, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires May 22, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Certified Payroll Report

For the Period Ending: 08-03-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

07-28	07-29	07-30	07-31	08-01	08-02	08-03	Total	Cash	Hrly	Gross	Total	FICA	SWH	Other	Net
Sun	Mon	Tue	Wed	Thu	Fri	Sat	8.00	15.77	5.00	478.48	3,162.07	486.44	97.08	32.62	2,302.13
8.00	8.00									478.48		241.90	1.90		

07-28	07-29	07-30	07-31	08-01	08-02	08-03	Total	Cash	Hrly	Gross	Total	FICA	SWH	Other	Net
Sun	Mon	Tue	Wed	Thu	Fri	Sat	8.00	15.77	5.00	478.48	3,162.07	392.84	86.97	293.91	2,162.73
8.00	8.00									478.48		221.72	1.90		

Totals for E STROUDSBURG WH

07-28-19	07-29-19	07-30-19	07-31-19	08-01-19	08-02-19	08-03-19	Total	Gross	Total	FICA	SWH	Other	Net
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	16.00	966.96	6,324.14	879.28	186.05	3.80	4,464.06
.00	16.00	.00	.00	.00	.00	.00				463.62	326.53		

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Andrews Air School (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Lehighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

8/6/19
(DATE)

Dwight Eisenhower
(SIGNATURE) President

Taken, sworn and subscribed before me this 6 Day of August A.D. 2019

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Daria L. Stark, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires May 22, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Certified Payroll Report

MECHANICAL, INC.

For the Period Ending: 08-10-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

DAVID W. KNOEDLER
XXX-XX-3224 Caucasian Male
M - 0 PLUMBER JM Reg

CHRISTOPHER E. SPITZER
XXX-XX-4049 Caucasian Male
M - 2 PLUMBER JM Reg

Total Gross	FICA	SWH	Other	Net
2,748.80	395.52	84.39	28.49	2,028.47
	210.28	1.65		

Total Gross	FICA	SWH	Other	Net
2,748.80	301.92	76.29	289.78	1,889.07
	190.09	1.65		

Gross This Job	Rate	Hours	Total
956.96	44.04	16.00	16.00
956.96	15.77	5.00	5.00

Gross This Job	Rate	Hours	Total
956.96	44.04	16.00	16.00
956.96	15.77	5.00	5.00

Day	Hours	Rate	Total
Sun	8.00	8.00	8.00
Mon	8.00	8.00	8.00
Tue	8.00	8.00	8.00
Wed	8.00	8.00	8.00
Thu	8.00	8.00	8.00
Fri	8.00	8.00	8.00
Sat	8.00	8.00	8.00

Day	Hours	Rate	Total
Sun	8.00	8.00	8.00
Mon	8.00	8.00	8.00
Tue	8.00	8.00	8.00
Wed	8.00	8.00	8.00
Thu	8.00	8.00	8.00
Fri	8.00	8.00	8.00
Sat	8.00	8.00	8.00

Total Gross	FICA	SWH	Other	Net
5,497.60	697.44	400.37	318.27	3,917.54
	160.68	3.30		

Total Gross	FICA	SWH	Other	Net
5,497.60	400.37	160.68	318.27	3,917.54
	160.68	3.30		

Gross This Job	Rate	Hours	Total
1,913.92	44.04	16.00	16.00
1,913.92	15.77	5.00	5.00

Gross This Job	Rate	Hours	Total
1,913.92	44.04	16.00	16.00
1,913.92	15.77	5.00	5.00

Day	Hours	Rate	Total
Sun	8.00	8.00	8.00
Mon	8.00	8.00	8.00
Tue	8.00	8.00	8.00
Wed	8.00	8.00	8.00
Thu	8.00	8.00	8.00
Fri	8.00	8.00	8.00
Sat	8.00	8.00	8.00

Day	Hours	Rate	Total
Sun	8.00	8.00	8.00
Mon	8.00	8.00	8.00
Tue	8.00	8.00	8.00
Wed	8.00	8.00	8.00
Thu	8.00	8.00	8.00
Fri	8.00	8.00	8.00
Sat	8.00	8.00	8.00

Totals for	Day	Hours	Rate	Total
	Sunday	8.00	8.00	8.00
	Monday	8.00	8.00	8.00
	Tuesday	8.00	8.00	8.00
	Wednesday	8.00	8.00	8.00
	Thursday	8.00	8.00	8.00
	Friday	8.00	8.00	8.00
	Saturday	8.00	8.00	8.00
	Total	56.00		56.00

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Etterdsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 RS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) The legal name and the business address of the contractor or subcontractor are:

(b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Beighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987) as amended, August 9, 1963, 43 RS. § 165.1 through 165.17.

8/13/19

(DATE)

Daria L. Stark

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Daria L. Stark, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires May 22, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Dwight Eisenhower

(SIGNATURE)

President

(TITLE)

Taken, sworn and subscribed before me this 13 Day
 of August A.D., 2019

Certified Payroll Report

For the Period Ending: 08-17-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	M	T	W	T	F	S	S	Total Hours	Rate	Cash		Total Gross	FWH	SWH		Other Deducts	Net
										Fringe	Rate			FICA	SWH		
DAVID W. KNOEDLER	08-11	08-12	08-13	08-14	08-15	08-16	08-17	32.00	44.04	15.77	5.00	2,511.20	343.25	77.09	26.11	1,871.13	
XXX-XX-3224 Caucasian Male	8.00	8.00	8.00	8.00	8.00							1,913.92					
M - 0 PLUMBER JM Reg												1,913.92	192.11	1.51			
GUSTAVO E. SPITZER	08-12	08-13	08-14	08-15	08-16	08-17	08-18	32.00	44.04	15.77	5.00	2,511.20	249.86	68.99	287.40	1,731.74	
XXX-XX-4049 Caucasian Male	8.00	8.00	8.00	8.00								1,913.92	171.91	1.51			
M - 2 PLUMBER JM Reg												1,913.92					

Totals for E STROUDSBURG WH

Employee	M	T	W	T	F	S	S	Total Hours	Rate	Total Gross	Total Deductions	Net
08-11-19 Sunday	.00									5,022.40	592.90	3,602.87
08-12-19 Monday	16.00							16.00		704.64	145.08	559.56
08-13-19 Tuesday		16.00						16.00		704.64	145.08	559.56
08-14-19 Wednesday			16.00					16.00		704.64	145.08	559.56
08-15-19 Thursday				16.00				16.00		704.64	145.08	559.56
08-16-19 Friday					16.00			16.00		704.64	145.08	559.56
08-17-19 Saturday						16.00		16.00		704.64	145.08	559.56
Totals								64.00		5,022.40	592.90	3,602.87

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stouffville Area School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

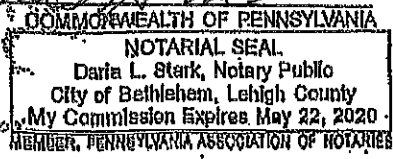
NAME	TITLE	ADDRESS
Dwight Eisenhower		Belmont, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1962, 43 P.S. § 165.1 through 165.17.

8/20/19
(DATE)
Daria L. Stark

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 20 Day
of August A.D., 2019



Certified Payroll Report

For the Period Ending: 08-24-19

Job: M19-007 ESTROUDSBURG WH
 50 VINE STREET
 ESTROUDSBURG, PA 18301

DAVID W. KNOEDLER
 XXX-XX-3224 Caucasian Male
 M - 0 PLUMBER JM Reg

~~XXXXXXXXXX~~ SNYDER
 XXX-XX-4606 Caucasian Male
 M - 4 PLUMBER JM Reg

Gross This Job	Total Gross	FICA	SWH	Other Deducts	Net
358.86	2,981.08	446.63	91.52	30.81	2,182.28
358.86		228.05	1.79		

Total Hours	Rate	Cash	Hrly Fringe	Total Fringe
6.00	44.04	15.77	5.00	5.00

Date	Day	Hours	Rate	Cash	Hrly Fringe
08-18	Sun				
08-19	Mon				
08-20	Tue				
08-21	Wed				
08-22	Thu				
08-23	Fri	5.00			
08-24	Sat	6.00			

Total Gross	FICA	SWH	Other Deducts	Net
3,264.59	437.92	100.22	33.65	2,441.11
299.05	249.73	1.96		

Total Gross	FICA	SWH	Other Deducts	Net
6,245.57	477.78	191.74	3.75	4,623.39
687.91		54.45		

Total Hours	Rate	Cash	Hrly Fringe	Total Fringe
11.00	44.04	15.77	5.00	5.00

Date	Day	Hours	Rate	Cash	Hrly Fringe
08-18-19	Sunday				
08-19-19	Monday				
08-20-19	Tuesday				
08-21-19	Wednesday				
08-22-19	Thursday				
08-23-19	Friday	11.00			
08-24-19	Saturday	.00			

Total Gross	FICA	SWH	Other Deducts	Net
6,245.57	477.78	191.74	3.75	4,623.39
687.91		54.45		

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
- a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

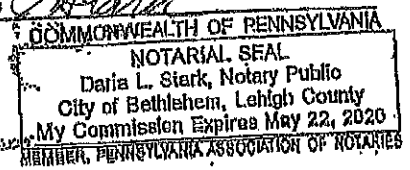
NAME	TITLE	ADDRESS
Dwight Eisenhower		Belington, Pa.
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

8/27/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 27 Day
of August A.D., 2019



Certified Payroll Report

For the Period Ending: 08-31-19

Job: M19-007 E STROUDSBURG WH
50 VINE STREET
E STROUDSBURG, PA 18301

Employee	Sex	Reg	08-25 to 08-31							Total Gross	Total FICA	Total SWH	Total Other Deducts	Net			
			Sun	Mon	Tue	Wed	Thu	Fri	Sat								
DAVID W. KNOEDLER	Male	Reg			8.00				8.00	44.04	15.77	5.00	478.48	2,270.32	173.68	23.70	1,711.62
GONALD P. SNYDER	Male	Reg			7.00				7.00	44.04	15.77	5.00	418.67	2,033.08	155.53	21.33	1,622.07

Totals for E STROUDSBURG WH

Date	Day	Hours	Total Gross	Total FICA	Total SWH	Total Other Deducts	Net
08-25-19	Sunday	.00	.00	.00	.00	.00	.00
08-26-19	Monday	.00	.00	.00	.00	.00	.00
08-27-19	Tuesday	15.00	660.60	45.00	15.00	15.00	585.60
08-28-19	Wednesday	.00	.00	.00	.00	.00	.00
08-29-19	Thursday	.00	.00	.00	.00	.00	.00
08-30-19	Friday	.00	.00	.00	.00	.00	.00
08-31-19	Saturday	.00	.00	.00	.00	.00	.00
Total		15.00	660.60	45.00	15.00	15.00	585.60

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(a).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Belington, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

9/4/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Dania Stark
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Dania L. Stark, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires May 22, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Taken, sworn and subscribed before me this 4 Day
of Sept A.D., 2019

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement: \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

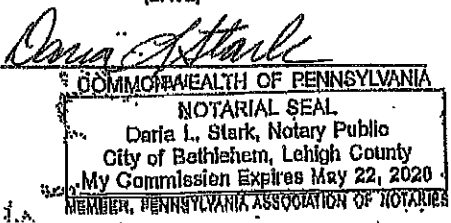
NAME	TITLE	ADDRESS
Dwight Eisenhower		Belmont, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, AUGUST 9, 1963, 43 PS. § 165.1 through 165.17.

10/8/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 8 Day
of Oct A.D., 2019



Certified Payroll Report

J B M MECHANICAL, INC.

For the Period Ending: 10-19-19

Job: M19-007 E STROUDSBURG WH
 50 VINE STREET
 E STROUDSBURG, PA 18301

RONALD P. SNYDER 10-13 10-14 10-15 10-16 10-17 10-18 10-19 Total
 XXX-XX-4905 Caucasian Male Sun Mon Tue Wed Thu Fri Sat Sun
 M - 4 PLUMBER JM Reg 6.50 6.50 6.50 6.50 6.50 6.50 6.50 6.50

Total Gross	1,793.77
FICA	141.79
SWH	55.07
SDI	1.08
Other	18.94
Net	1,439.67

Cash	15.77
Fringe	5.00
Rate	44.04
Rate	44.04
Fringe	5.00
Rate	5.00

Gross This Job	388.77
Total Gross	1,793.77

FICA	141.79
SWH	55.07
SDI	1.08
Other	18.94

Totals for E STROUDSBURG WH

10-13-19	10-14-19	10-15-19	10-16-19	10-17-19	10-18-19	10-19-19	Total
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hours
.00	.00	.00	.00	.00	6.50	.00	6.50
							Gross
							This Job
							388.77
							Total Gross
							1,793.77
							Deductions
							FICA
							141.79
							SWH
							55.07
							SDI
							1.08
							Other
							18.94
							Net
							1,439.67

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement: \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with *E. Stroudsburg School District* (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Bethington, Pa
President		

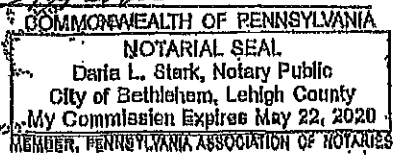
The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

10/22/19
(DATE)

Dwight Eisenhower
(SIGNATURE) President

Daria L. Stark

(TITLE)
Taken, sworn and subscribed before me this 22 Day
of October A.D., 2019



Certified Payroll Report

For the Period Ending: 11-02-19

Job: M19-007 E STROUDSBURG WH
 50 VINE STREET
 E STROUDSBURG, PA 18301

DAVID W/KNOBLEDER 10-27-19 10-28 10-29 10-30 10-31 11-01 11-02 Total
 XXX-XX-3224 Caucasian Male Sun Mon Tue Wed Thu Fri Sat
 M - 0 PLUMBER JM Reg 5.00 5.00 4.00 4.00 5.00 5.00
 Total Hours 9.00
 Rate 44.04
 Fringe 15.77
 Cash Fringe 5.00
 Total Gross This Job 538.29
 FICA 203.75
 SWH 57.63
 Other 1.13
 Total Gross 1,877.09
 FICA 203.75
 SWH 57.63
 Other 1.13
 Net 1,451.21

Totals for E STROUDSBURG WH

10-27-19	10-28-19	10-29-19	10-30-19	10-31-19	11-01-19	11-02-19	Total
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hours
.00	.00	.00	.00	5.00	5.00	.00	9.00
							Gross
							This Job
							538.29
							Total
							Gross
							1,877.09
							Deductions
							FICA
							203.75
							SWH
							57.63
							SDI
							1.13
							Other
							19.77
							Net
							1,451.21

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

***FRINGE BENEFITS EXPLANATION (FB):** Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa.
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

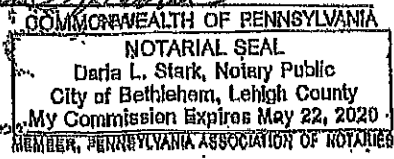
NAME	TITLE	ADDRESS
Dwight Eisenhower		Belmont, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (P.L. 987), as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

11/5/19
(DATE)

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)

Taken, sworn and subscribed before me this 5 Day
of November A.D., 2019



Certified Payroll Report

For the Period Ending: 11-09-19

Job: M19-007 E STROUDSBURG WH
 50 VINE STREET
 E STROUDSBURG, PA 18301

Employee	11-03-19 to 11-09-19							Total Hours	Rate	Cash	Fringe	Total	Gross This Job	FWH FICA	SWH SUI/SDI	Other Deducts	Net
	Sun	Mon	Tue	Wed	Thu	Fri	Sat										
DAVID W. KNOEDLER XXX-XX-3224 Caucasian Male M - 0 PLUMBER JM Reg					4.00	4.00	4.00	44.04	15.77	5.00	239.24	239.24	80.42	29.45	10.59	764.81	
RONALD S. SNYDER XXX-XX-4905 Caucasian Male M - 4 PLUMBER JM Reg					6.00	6.00	6.00	44.04	15.77	5.00	358.86	358.86	152.00	57.68	19.79	1,504.53	

Totals for E STROUDSBURG WH

11-03-19 Sunday	.00	11-04-19 Monday	.00	11-05-19 Tuesday	.00	11-06-19 Wednesday	.00	11-07-19 Thursday	6.00	11-08-19 Friday	4.00	11-09-19 Saturday	.00	Total Hours	10.00	Rate	44.04	Cash	15.77	Fringe	5.00	Total	598.10	Gross This Job	598.10	FWH FICA	232.42	SWH SUI/SDI	217.42	Other Deducts	87.43	Net	2,268.34
-----------------	-----	-----------------	-----	------------------	-----	--------------------	-----	-------------------	------	-----------------	------	-------------------	-----	-------------	-------	------	-------	------	-------	--------	------	-------	--------	----------------	--------	----------	--------	-------------	--------	---------------	-------	-----	----------

THIS SIDE MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care _____
- 2) Pension or retirement \$5.00 Lhr.
- 3) Life Insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) _____

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with E Stroudsburg School District (AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR) for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the Pennsylvania Prevailing Wage Act, Act of August 15, 1961, PL. 987 as amended, 43 PS. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) The legal name and the business address of the contractor or subcontractor are:
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pa
 a partnership other organization (describe) _____

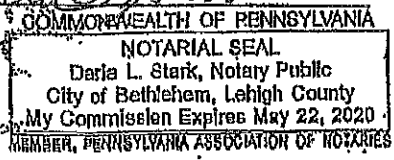
(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Dwight Eisenhower		Lehighton, Pa
President		

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the Pennsylvania Prevailing Wage Act of August 15, 1961 (PL. 987), as amended, August 9, 1963, 43 PS. § 165.1 through 165.17.

11/12/19
(DATE)
Daria L. Stark

Dwight Eisenhower
(SIGNATURE)
President
(TITLE)



Taken, sworn and subscribed before me this 12 Day
of Nov. A.D., 2019

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) ALL INFORMATION MUST BE COMPLETED

CONTRACTOR JBM Mechanical 3273 Gan Club Road Nazareth, PA 18064	SUBCONTRACTOR Kahl Welding 1271 Airport Rd Bethel PA 19507
PAYROLL NUMBER 1	PROJECT AND LOCATION ES. H.S. East Stroudsburg PA
WEEK ENDING DATE 5/18/19	PROJECT SERIAL #



BUREAU OF LABOR LAW COMPLIANCE
PREVAILING WAGE DIVISION
7TH & FORSTER STRAITS
HARRISBURG PA 17159
1-800-952-6066

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributors)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			S	M	T	W	Th	F	S							
Timothy Kahl		Pipfitter Owner	0	0	0	7	0	0	0	0	7		\$95.00	-	\$665.22	1280

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 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

1. The undersigned, having executed a contract with J.B.M. Mechanical
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

- for the construction of the above-identified project, acknowledges that:
- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) the legal name and the business address of the contractor or subcontractor are: Kahl Welding
1271 Airport Rd, Bethel, PA 19507
- (b) The undersigned is: a single proprietorship a corporation organized in the state of _____
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Timothy O. Kahl	Owner	Same

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

5/27/19 Susan E. Blouch
(DATE)

Timothy O. Kahl
(SIGNATURE)

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 SUSAN E. BLOUCH
 Notary Public
 LEBANON COUNTY
 My Commission Expires Aug 18, 2019

Owner
(TITLE)
 Taken, sworn and subscribed before me this 27th Day
 of May A.D., 2019

833437

Karl Welding

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE
		5-16-19
NAME <i>JBM Mech.</i>		
ADDRESS		
CITY, STATE, ZIP <i>ES H.S. North Campus</i>		

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	HOUSE ACCT.	PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1			
2	<i>Weld Threal</i>		<i>7.15</i>
3	<i>o Lets</i>		
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18	<i>[Signature]</i>		

RECEIVED BY:

4-5885
E-46320/46350

KEEP THIS SLIP FOR REFERENCE

01-11

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

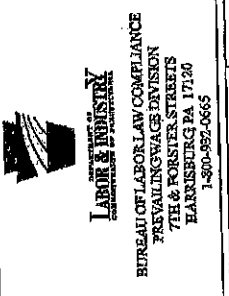
ALL INFORMATION MUST BE COMPLETED

Contractor or Subcontractor (Please check one)

CONTRACTOR Kahl Welding
 ADDRESS 1271 Airport Road Berne, PA 19507
 PAYROLL NUMBER 1 WEEK ENDING DATE 8/3/19

SUBCONTRACTOR Wink Welding LLC
 ADDRESS 150 Fox Road Schuylkill Haven, PA 17972

PROJECT AND LOCATION East Shrewsbury High School
 PROJECT SERIAL # 1 PROJECT # (Jem)



BUREAU OF LABOR LAW COMPLIANCE
 PREVAILING WAGE DIVISION
 7TH & FORSTER STREETS
 HARRISBURG PA 17120
 1-800-852-0665

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #		
			S	M	T	W	T	F	S									
Wesley Kahl		pipe fitter	8									8	0	\$85.00	C: - FB:	-	\$680.00	173
															C:			
															C:			
															C:			
															C:			
															C:			
															C:			
															C:			
															C:			

*SEE REVERSE SIDE PAGE NUMBER 1 OF 2

REGISTRATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 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

1. The undersigned, having executed a contract with Kahl Welding
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

_____ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

The undersigned certifies that:

(a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).

(b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) the legal name and the business address of the contractor or subcontractor are: Wmk Welding LLC
150 FOX ROAD, SCHUYLKILL HAVEN, PA 17972

(b) The undersigned is: a single proprietorship a corporation organized in the state of _____
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

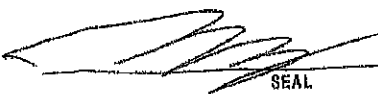
NAME	TITLE	ADDRESS
<u>Wesley Kahl</u>	<u>owner</u>	<u>same</u>

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

8-2-19
(DATE)

M. Kahl
(SIGNATURE)

Owner
(TITLE)



SEAL

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Marlin R. Brubaker Jr., Notary Public
Jackson Twp., Lebanon County
My Commission Expires Aug. 21, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Taken, sworn and subscribed before me this 2nd Day
of August A.D., 2019

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p style="font-size: small;">BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG PA, 17120 1-800-992-0666</p>
PAYROLL NUMBER 1	WEEK ENDING DATE 05/22/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION
		PROJECT SERIAL # _____ PROJECT # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			HOURS WORKED EACH DAY												
			M	T	W	T	F	S	S						
Lewis Chillot 307 Martino Avenue Roseto, PA 18013 9725		Electrician Journeyman	20	21	22	16	17	18	19	3	\$62.64	C: FB: \$1440.00	\$843.89	\$167.92	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.39%
- 2) Pension or retirement \$8.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBF-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

_____ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091

(b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.


Rebecca N. Drake
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rebecca N. Drake, Notary Public
 Wind Gap Borough
 Northampton County
 My Commission Expires 04-26-2021

Peter Albanese
 (SIGNATURE)
Peter Albanese President
 (TITLE)

Taken, sworn and subscribed before me this _____ Day
 of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 LABOR & INDUSTRY DEPARTMENT OF LABOR & INDUSTRY BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 718 & FORSTER STREETS HARRISBURG PA 17120 1-800-932-0665
PAYROLL NUMBER 2 WEEK ENDING DATE 05/29/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # PROJECT # -	

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME 0-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S							
			27	28	29	23	24	25	26							
NO WORK PERFORMED THIS WEEK																

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.39%
- 2) Pension or retirement \$8.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

_____ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961; P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

Peter Albanese
(SIGNATURE)

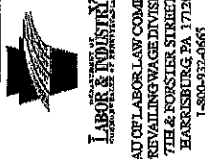
Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	
PAYROLL NUMBER 3	WEEK ENDING DATE 06/05/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S								
			03	04	05	29	30	01	02								
NO WORK PERFORMED THIS WEEK																	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.39%
- 2) Pension or retirement \$8.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBF-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
- 2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
- 3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	708 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

Peter Albanese
(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 LABORERS & INDUSTRY BUREAU OF LABOR/LAW COMPLIANCE PREVAILING WAGE DIVISION 718 & FORSTER STREETS HARRISBURG PA 17120 1-800-952-0665
PAYROLL NUMBER 4	WEEK ENDING DATE 06/12/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S							
			10	11	12	06	07	08	09							
NO WORK PERFORMED THIS WEEK																

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

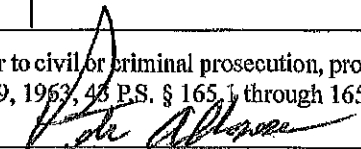
CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)


(SIGNATURE)
Peter Albanese President
(TITLE)

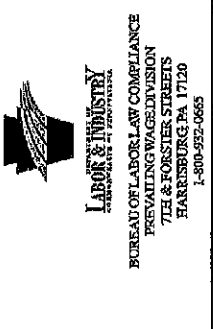
SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # PROJECT #
PAYROLL NUMBER 5	WEEK ENDING DATE 06/19/2019	



BUREAU OF LABOR LAW COMPLIANCE
PREVAILING WAGE DIVISION
712 & FORSTER STREETS
HARRISBURG, PA 17120
1-800-932-0885

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME 0-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S							
			17	18	19	13	14	15	16							
NO WORK PERFORMED THIS WEEK																

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)


Peter Albanese
(SIGNATURE)
Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET ADDRESS WIND GAP, PA 18091	 <p>LABOR & INDUSTRY BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 71E & FORSTER STREETS HARRISBURG, PA 17120 1-800-552-0663</p>
PAYROLL NUMBER 6	WEEK ENDING DATE 06/26/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # PROJECT #

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S							
			24	25	26	27	28	29	30							
NO WORK PERFORMED THIS WEEK																

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-.50 per hr Promotional Fund-.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

_____ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

Peter Albanese
(SIGNATURE)

Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 126 EAST SEVENTH STREET WIND GAP, PA 18091	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____
PAYROLL NUMBER 7	WEEK ENDING DATE 07/03/2019	



BUREAU OF LABOR LAW COMPLIANCE
 PREVAILING WAGE DIVISION
 7TH & FORSTER STREETS
 HARRISBURG, PA 17120
 1-800-952-0665

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S								
			01	02	03	28	29	30	31								
NO WORK PERFORMED THIS WEEK																	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

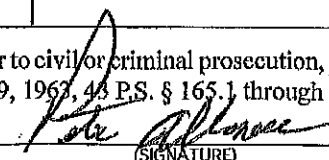
CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
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Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1967, 43 P.S. § 165.1 through 165.17.

(DATE)


(SIGNATURE)

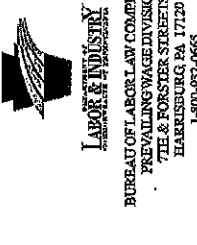
Peter Albanese
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____
PAYROLL NUMBER 8	WEEK ENDING DATE 07/10/2019	

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME 0- TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S							
			08	09	10	04	05	06	07							
NO WORK PERFORMED THIS WEEK																

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
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(DATE)

Peter Albanese
(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p>LABOR & INDUSTRY AUTHORITY OF PENNSYLVANIA</p> <p>BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17126 1-800-552-0665</p>
PAYROLL NUMBER 9	WEEK ENDING DATE 07/17/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S						
			15	16	17	11	12	13	14						
NO WORK PERFORMED THIS WEEK											C:				
											FB:				
											C:				
											FB:				
											C:				
											FB:				
											C:				
											FB:				

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBF-3% NLMCC-.\$.01 per hr Promotional Fund-\$.04 per hr

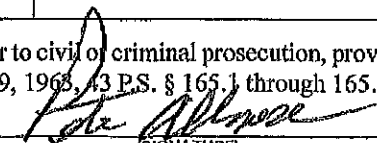
CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
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LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1968, 43 P.S. § 165.1 through 165.17.

(DATE)


(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JEM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17130 1-800-952-0665</p>
PAYROLL NUMBER 10	WEEK ENDING DATE 07/24/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION
PROJECT SERIAL #		PROJECT #

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S								
			22	23	24	18	19	20	21								
NO WORK PERFORMED THIS WEEK																	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

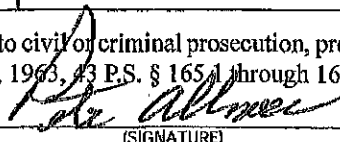
CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
- 2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
- 3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)



(SIGNATURE)
Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p>LABOR & INDUSTRY BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-692-0665</p>
PAYROLL NUMBER 11	WEEK ENDING DATE 07/31/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #	
			M	T	W	T	F	S	S								
			29	30	31	25	26	27	28								
NO WORK PERFORMED THIS WEEK																	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-.\$.01 per hr Promotional Fund-\$.04 per hr

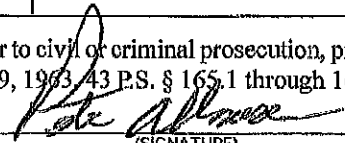
CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
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- 2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
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(DATE)


(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p style="font-size: small;">BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-952-0685</p>
PAYROLL NUMBER 12	WEEK ENDING DATE 08/07/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	G-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S							
			05	06	07	01	02	03	04							
NO WORK PERFORMED THIS WEEK												C:				
												FB:				
												C:				
												FB:				
												C:				
												FB:				
												C:				
												FB:				

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

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Please specify the type of benefits provided and contributions per hour:

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- 3) Life insurance _____
- 4) Disability _____
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CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
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 a partnership other organization (describe) _____
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LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

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(DATE)

Peter Albanese
(SIGNATURE)


Peter Albanese
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p>LABOR & INDUSTRY BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-992-0665</p>
PAYROLL NUMBER 13	WEEK ENDING DATE 08/14/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____ PROJECT # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C=Cash) (FB=Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S						
			12	13	14	08	09	10	11						
John Damato P.O. Box 298 Blakeslee, PA 18610 8998		Electrician Journeyman	8							16	\$57.03	C: \$1434.92 FB:	\$727.51	\$ 912.48 \$2452.29	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEFB-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
- 2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
- 3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

Peter Albanese
(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 <p style="font-size: small;">LABORERS' INTERNATIONAL UNION OF NORTH AMERICA BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-972-0665</p>
PAYROLL NUMBER 14	WEEK ENDING DATE 08/21/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # _____

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S						
			19	20	21	15	16	17	18						
John Damato P.O. Box 298 Blakeslee, PA 18610 8998		Electrician Journeyman	8			8	8			24	\$57.03	C; FB\$1334.80	\$656.03	\$1368.72 \$2281.20	

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBE-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

_____ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
- (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

Peter Albanese
(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 LABORERS' INDUSTRY UNION OF NORTH AMERICA BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 718 & FORSTER STREETS HARRISBURG PA 17120 1-800-932-0655
PAYROLL NUMBER 15	WEEK ENDING DATE 08/27/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION
PROJECT SERIAL #		PROJECT #

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME 0-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			M	T	W	T	F	S	S						
			26	27	28	22	23	24	25						
John Damato P.O. Box 298 Blakeslee, PA 18610 8998		Electrician Journeyman	8	5			8			21	\$57.03	C; FB:\$1334.80	\$656.03	\$1197.63	
			6				8			14	\$27.95	C; FB:\$654.40	\$361.20	\$ 391.30	
Daniel Baram 46 Cottonwood Court Milford, PA 18337 0160		Electrician Apprentice										C; FB:			
												C; FB:			

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBF-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

_____ for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

(a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091

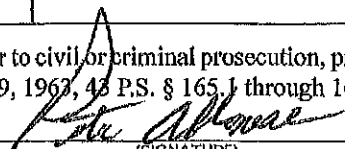
(b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____

(c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)


(SIGNATURE)


Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor or Subcontractor (Please check one) **ALL INFORMATION MUST BE COMPLETED**

CONTRACTOR JBM MECHANICAL, INC. 3273 GUN CLUB ROAD NAZARETH, PA 18064	SUBCONTRACTOR WIND GAP ELECTRIC INC. 125 EAST SEVENTH STREET WIND GAP, PA 18091	 LABOR & INDUSTRY BUREAU OF LABOR LAW COMPLIANCE PREVAILING WAGE DIVISION 7TH & FORSTER STREETS HARRISBURG, PA 17120 1-800-992-0665
PAYROLL NUMBER 16	WEEK ENDING DATE 09/03/2019	PROJECT AND LOCATION EAST STROUDSBURG AREA SCHOOL DISTRICT NORTHSIDE HIGH SCHOOL HWH INSTALLATION PROJECT SERIAL # PROJECT #

EMPLOYEE NAME	APPR. RATE (%)	WORK CLASSIFICATION	DAY AND DATE							S-TIME	O-TIME	BASE HOURLY RATE	TOTAL FRINGE BENEFITS (C-Cash) (FB-Contributions)*	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOB(S)	CHECK #
			HOURS WORKED EACH DAY													
			M	T	W	T	F	S	S							
NO WORK PERFORMED THIS WEEK			02	03	04	29	30	31	01							

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care Health & Welfare-22.70%
- 2) Pension or retirement \$9.00 per hr-Journeyman \$2.20 per hour-Apprentice (excluding 1st & 2nd year uninitiated)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) J.A.T.C.-\$.60 per hr NEBF-3% NLMCC-\$.01 per hr Promotional Fund-\$.04 per hr

CERTIFIED STATEMENT OF COMPLIANCE

- 1. The undersigned, having executed a contract with JBM Mechanical, Inc.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
_____ for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
- 2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
- 3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: Wind Gap Electric, Inc.
125 West Seventh Street Wind Gap, PA 18091
 - (b) The undersigned is: a single proprietorship a corporation organized in the state of Pennsylvania
 a partnership other organization (describe) _____
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
Peter Albanese	President	706 Rudolph Rd Pen Argyl, PA 18072
LeRoy Albanese	Vice President	763 Alpha Road Wind Gap, PA 18091
Robert Grimes	Secretary	1529 Brian Drive Saylorsburg, PA 18353

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

Peter Albanese
(SIGNATURE)
Peter Albanese President
(TITLE)

SEAL

Taken, sworn and subscribed before me this _____ Day
of _____ A.D., _____

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor Name RADAR INSULATION INC.		Contractor Address 18 HILL ASHLEY, PA 15706													
Project No. 570-529-2029		Project Name and Location NORTHSITE LEHRMAN INTERMEDIATE													
Week Ending 9/8/19		Payroll No. 1													
EMPLOYEE NAME	WORK CLASSIFICATION	Date of the Month							Total Hours Worked	Hourly Rate Paid	Gross Amount Earned	TOTAL FRINGE BENEFITS	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE JOBS	Check No. Issued
		9/2	9/3	9/4	9/5	9/6	9/7	9/8							
		M	T	W	T	F	S	S							
DAVID BUBBLO	ASBESTOS & INSULATION WORKERS	ST		8.00	8.00	8.00	8.00		32.00	33.33	1,066.56				4602
		OT							0.00		0.00				
		ST				8.00			8.00	33.33	266.64		183.04	1066.56	4601
		OT							0.00		0.00				
		ST							0.00		0.00				
		OT							0.00		0.00				
		ST							0.00		0.00				
		OT							0.00		0.00				
		ST							0.00		0.00				
		OT							0.00		0.00				
		ST							0.00		0.00				
		OT							0.00		0.00				
		ST							0.00		0.00				
		OT							0.00		0.00				
		ST							0.00		0.00				
		OT							0.00		0.00				

BLOOMSBURG UNIVERSITY COLUMBIA HALL

THE NOTIFICATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

* FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care \$8.00/HR
- 2) Pension or retirement \$8.20/HR. (1ST & 2ND YR APPRENTICE BENEFIT IS \$2.50)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) APPRENTICE FUND \$32/HR

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with SILVERTIP, INC.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.
2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.
3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: RADAR INSULATION INC.
PO BOX 1446, WILKES-BARRE, PA 18703
 - (b) The undersigned is: single proprietorship corporation organized in the state PENNSYLVANIA
 a partnership other organization (describe)
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

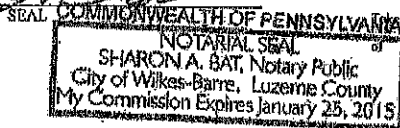
NAME	TITLE	ADDRESS
RANDAL WEAVER	TREASURER	PO BOX 1446, WILKES-BARRE, PA 18703

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

7/16/13
(DATE)

PAYROLL # _____
(SIGNATURE)
TREASURER
(TITLE)

Sharon A. Bat



16th of July
A.D. 2013

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

Contractor Name RADAR INSULATION INC. Phone: 570-829-2829	Contractor X SubContractor	Address 18 HILL ASHLEY, PA 18706	Project Name and Location NORTHSITE LEHMAN INTERMEDIATE	Contract No.		Project No.		Contract Agency/Project #		Project Agency/Project #		Gross Amount Earned	TOTAL FRINGE BENEFITS	TOTAL DEDUCTIONS	GROSS PAY FOR PREVIOUS RATE PERIOD(S)	Check No. Issued
				2	2	19-00484	19-00484	Date of the Month		Total Hours Worked						
				Week Ending 9/15/19		Date of the Month		Day of the Week								
EMPLOYEE NAME	WORK CLASSIFICATION	Apprentice (N) If Applicable	ST	OT	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
DAVID BUBBLO	ASBESTOS & INSULATION WORKERS		ST	OT							33.33	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT	8.00	8.00	8.00	8.00	8.00	8.00	33.33	1,333.20	228.90	4333.20	4812	
REINHARD BOLESTO	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			
	ASBESTOS & INSULATION WORKERS		ST	OT							0.00	0.00	0.00			

NORTHSITE - LEHMAN INTERMEDIATE SCHOOL HOT WATER

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

*FRINGER BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care \$10.20/HR
- 2) Pension or retirement \$9.10/HR, (1ST & 2ND YR APPRENTICE BENEFIT IS \$3.20)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) APPRENTICE FUND \$37/HR

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM MECHANICAL, INC.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)

for the construction of the above-identified project, acknowledges that:

- (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
- (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
- (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:

- (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
- (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:

- (a) the legal name and the business address of the contractor or subcontractor are: RADAR INSULATION INC.
18 HILL ST, ASHLEY, PA 18706
- (b) The undersigned is: single proprietorship corporation organized in the state PENNSYLVANIA
 a partnership other organization (describe)
- (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
RANDAL WEAVER	TREASURER	18 HILL ST, ASHLEY, PA 18706

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

(DATE)

SEAL

PAYROLL # _____
Randal Weaver
(SIGNATURE)
TREASURER
(TITLE)

Taken, sworn and subscribed before me this _____ of _____
of _____ A.D.

WEEKLY PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS

EMPLOYEE NAME	WORK CLASSIFICATION	Apprentice (If Applicable)	Exempt No.	Contracting Agency Project #	Project Start/End	Project Schedule	Date of the Month		Total Hours Worked	Hourly Rate Paid	Gross Amount Earned	TOTAL FRINGE BENEFITS	TOTAL DEDUCTIONS	GROSS PAY FOR PREVAILING RATE (JOB#)	Check No. Issued
							Day of the Week								
							M	T							
DAVID BUBBLO	ASBESTOS & INSULATION WORKERS		3		9/22/19	19-00484	9/18	9/17	9/16	9/15	9/14	9/13	9/12	9/11	9/10
REINHARD BOLESTO	ASBESTOS & INSULATION WORKERS						9/18	9/17	9/16	9/15	9/14	9/13	9/12	9/11	9/10

Contractor Name	Contractor Address
RADAR INSULATION INC. Phone: 570-829-2029	18 HILL ASHLEY, PA 19706 NORTHSTE LERMAN INTERMEDIATE

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RADAR INSULATION INC. Phone: 570-829-2029	18 HILL ASHLEY, PA 19706 NORTHSTE LERMAN INTERMEDIATE

NORTHSITE - LEHMAN INTERMEDIATE SCHOOL HOT WATER

THE NOTARIZATION MUST BE COMPLETED ON FIRST AND LAST SUBMISSIONS ONLY. ALL OTHER INFORMATION MUST BE COMPLETED WEEKLY.

* FRINGE BENEFITS EXPLANATION (FB): Bona fide benefits contribution, except those required by Federal or State Law (unemployment tax, workers' compensation, income taxes, etc.)

Please specify the type of benefits provided and contributions per hour:

- 1) Medical or hospital care \$10.20/HR
- 2) Pension or retirement \$9.10/HR, (1ST & 2ND YR APPRENTICE BENEFIT IS \$3.20)
- 3) Life insurance _____
- 4) Disability _____
- 5) Vacation, holiday _____
- 6) Other (please specify) APPRENTICE FUND \$37/HR

CERTIFIED STATEMENT OF COMPLIANCE

1. The undersigned, having executed a contract with JBM MECHANICAL, INC.
(AWARDING AGENCY, CONTRACTOR OR SUBCONTRACTOR)
for the construction of the above-identified project, acknowledges that:
 - (a) The prevailing wage requirements and the predetermined rates are included in the aforesaid contract.
 - (b) Correction of any infractions of the aforesaid conditions is the contractor's or subcontractor's responsibility.
 - (c) It is the contractor's responsibility to include the Prevailing Wage requirements and the predetermined rates in any subcontract or lower tier subcontract for this project.

2. The undersigned certifies that:
 - (a) Neither he nor his firm, nor any firm, corporation or partnership in which he or his firm has an interest is debarred by the Secretary of Labor and Industry pursuant to Section 11(e) of the PA Prevailing Wage Act, Act of August 15, 1961, P.L. 987 as amended, 43 P.S. § 165-11(e).
 - (b) No part of this contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation or partnership in which such subcontractor has an interest is debarred pursuant to the aforementioned statute.

3. The undersigned certifies that:
 - (a) the legal name and the business address of the contractor or subcontractor are: RADAR INSULATION INC.
18 HILL ST, ASHLEY, PA 18706
 - (b) The undersigned is: single proprietorship a corporation organized in the state PENNSYLVANIA
 a partnership other organization (describe)
 - (c) The name, title and address of the owner, partners or officers of the contractor/subcontractor are:

NAME	TITLE	ADDRESS
RANDAL WEAVER	TREASURER	18 HILL ST, ASHLEY, PA 18706

The willful falsification of any of the above statements may subject the contractor to civil or criminal prosecution, provided in the PA Prevailing Wage Act of August 15, 1961, P.L. 987, as amended, August 9, 1963, 43 P.S. § 165.1 through 165.17.

9-18-19
(DATE)

Commonwealth of Pennsylvania - Notary Seal
 SHARON A. BAT, Notary Public
 SEAL
 Luzerne County
 My Commission Expires January 23, 2023
 Commission Number 1230679

Payroll # 3 FINAL
Randal Weaver
 (SIGNATURE)
 TREASURER
 (TITLE)
 Taken, reviewed and authorized before me this 18th of Sept.
 of 2019 A.D.
Sharon A. Bat

POTENTIAL SUMMER 2020 PROJECTS

- **Carpet Replacement --- (D'Huy to prepare Bid Specs for Resica & J.T. Lambert 12/16/19)**
 - Resica
 - Lehman
 - J.T. Lambert
- **Sewer Treatment Plant Lagoon Liner(s) Replacement (D'Huy continuing with investigation/pricing) (D'Huy to prepare Bid Specs 12/16/19)**
- **High School South Pool Re-grout - (Scott waiting on contractor proposals)**
- **J.T. Lambert Auditorium Upgrades - Separate meetings (D'Huy continuing with investigation/pricing)**
- **High School South Field House Repairs/Upgrades - Separate meetings**
- **J.M. Hill Lighting Upgrades (From T-12 to LED)**
- **Resica - Drinking water (D'huy to prepare bid Specs 12/16/19)**
- **Middle Smithfield - Drinking water D'Huy to prepare bid specs 12/16/19)**
- **Wrestling Room North H.S. - D'huy Conceptual Sketch Plan**
- **J.M. Hill Nurse Relocation D'huy Conceptual Sketch Plan**
- **North Campus Storm Drain Repairs**
- **Smithfield Elementary - Parking Lot Sealcoating**
- **High School North - Gym Floor Sand & Refinish (Facilities is currently soliciting proposals. This project is budgeted within the Facilities Department)**

Vll.D.1

East Stroudsburg Area SD
Current Capital Projects
As of 12/5/2019

Vendor	Original Bid	Date	North Campus Camera Installation	North HS/Lehman Roof Project	North HS/Lehman ATC Upgrade	Restica Roof Project C&D Water Proofing Corp.	South Campus Camera Installation	North HS/Lehman Water Replacement	Totals
Application 1	6071	3/18/2019	\$ 342,736.00						\$ 11,460,906.32
Application 2		6/27/2019	\$ 92,659.50						\$ 1,752,908.05
Application 3		6/27/2019	\$ 73,046.90						\$ 2,383,589.00
Application 4		7/14/2019	\$ 47,505.10						\$ 1,186,278.60
Application 5		9/3/2019	\$ 22,466.70						\$ 1,076,790.77
Application 6		9/3/2019	\$ 24,674.40						\$ 814,212.78
Application 7		9/26/2019	\$ 82,605.40						\$ 278,219.84
Application 8									\$ -
Total Payments to Date			\$ 342,736.00	\$ 3,791,150.87	\$ 2,893,638.00	\$ 667,715.00	\$ 303,182.32	\$ 300,000.00	\$ 7,491,594.04
Left on Contract			\$ -	\$ 3,217,444.13	\$ 333,388.65	\$ 114,579.50	\$ 1,500.00	\$ -	\$ 3,968,932.28
Completion Percentage			100%	84%	88%	88%	100%	0%	65%

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D'Hay Engineering
1446

5 YR CAPITAL PLAN UPDATED 1/03/2020

CAPITAL PROJECT	2018-2019	2019-2020	2020-2021	2021-2022	TOTAL
HSN/LIS Roofing *	\$3,504,318	\$3,504,318			\$7,008,636
ATC Replacement HSN/LIS *	\$1,437,500	\$1,437,500			\$2,875,000
HSS Stadium Turf Replacement				\$400,000	\$400,000
(Telecenter U) P.A. System Upgrades (RES)		\$25,000			\$25,000
HSS Roof Repairs	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Batting Cages (HSN \$25,000/HSS \$25,000)		\$50,000			\$50,000
HSN Water Heater *	\$267,000				\$267,000
Resica Shingle Roof Replacement&Flat Rubber Roof *	\$667,715				\$667,715
Resica Gutters & Downspouts *	\$30,000				\$30,000
Camera System Upgrades(North Campus)	\$637,801				\$637,801
Camera System Upgrades(South Campus)	\$520,136				\$520,136
Camera System Upgrades (ESE) *		\$146,000			\$146,000
Resica Paving Mill/Overlay Repairs			\$192,500	\$192,500	\$385,000
JTL Auditorium	\$225,000				\$225,000
HSS Field House Repairs/Upgrades		\$1,853,495			\$1,853,495
JTL Stage Floor Replacement *	\$36,400				\$36,400
HSS Stage Floor Replacement *	\$58,680				\$58,680
JTL Replace Exterior Dust Collector		\$39,000			\$39,000
JM Hill Lighting Upgrade	\$140,000				\$140,000
North Campus Paving	\$839,701	\$839,701	\$839,701	\$839,701	\$3,358,804
JTL New Cinder Track & Curb		\$78,000			\$78,000
Bushkill HVAC Upgrades-Pneumatics/Boilers/Chiller			\$1,000,000		\$1,000,000
HSS Gymnasium Lighting Upgrades				\$68,250	\$68,250
Smithfield Lighting Upgrades				\$93,200	\$93,200
Cafeteria/Gym/Auditorium/Lobby/Library				\$50,000	\$50,000
IMSE Lighting Upgrades Lobby/Gym					\$30,000
Smithfield Playground (c)	\$30,000				\$30,000
HSS Re-Grout Ceramic Tile Pool Shell	\$39,000				\$39,000

5 YR CAPITAL PLAN UPDATED 1/03/2020

CAPITAL PROJECT	2018-2019	2019-2020	2020-2021	2021-2022	TOTAL
HSS Interior Lighting Upgrades, Classrooms, Hallways, Library, Cafe				\$500,665	\$500,665
JM Hill Replace Gym Fiberboard Ceiling				\$25,000	\$25,000
North/Lehman Lighting Upgrades	\$120,900				\$120,900
Total By Year	\$8,579,151	\$7,998,014	\$2,057,201	\$2,194,316	\$20,828,682

Current 5 Yr Allocation (addition of 5.7 million as per

May 7th Board meeting)

\$29,175,162.00

Projects To Be Completed

\$20,828,682.00

Balance

\$8,346,480.00

(C) -Completed

-Board Approved

*-In Progress

Priority 1

Priority 2

Priority 3

Priority 4

Priority 5