

THIS 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: , \$0.00
- 2) Pension or retirement: Pension , \$3.00
- 3) Life Insurance: , \$0.00
- 4) Disability: , \$0.00
- 5) Vacation, holiday: , \$0.00
- 6) Other (please specify): Training , \$0.25

CERTIFIED STATEMENT OF COMPLIANCE

- 1 The undersigned, having executed a contract with **PA Awarding Authority** for the construction of the above identified project, acknowledge 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 is 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: **Pennsylvania Demo 2378 Dane Hill Road West Charleston, PA 22687**
 - 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
Ben Smyth	President	PO Box 411, West Charleston, PA 66541
Nancy Hoffman	Vice President	PO Box 411, West Charleston, PA 66541

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.

(DATE)

(Signature)

(Title)

SEAL

Taken, sworn and subscribed before me this _____ day of _____ A.D. 2003