



## DEI Contract Compliance Checklist State Prevailing Wage Projects

Contract Name: \_\_\_\_\_  
Contract Number: \_\_\_\_\_  
Contract Holder: \_\_\_\_\_

### Subcontractor Utilization Form:

- Subcontractor Approval Request Form 2004:**
  - DEI requires that all subcontractors, regardless of tier, be approved by DEI prior to starting work on a city project. This is the only form that suppliers are required to submit. This form must be submitted via VCCS along with the subcontractor approval request.
- Subcontractor Substitution Request Form 2006 (if applicable):**
  - This form must be approved by DEI prior to termination of a contract with a City certified business after the bids or proposals have been submitted or the contract has been awarded. The contractor must provide a written explanation for the request. This form must be submitted via VCCS along with the subcontractor approval request.

### Wage Enforcement Forms:

- Subcontractor Utilization Plan Form WE-20:**
  - This must be submitted by the contract holder and any other contractor who intends to hire a subcontractor prior to commencing work on the project. This form must be submitted via VCCS along with the subcontractor approval request.
- Affidavit Regarding Wage Theft or Payroll Fraud Form WE-30:**
  - Must be submitted for each contractor or subcontractor prior to their commencement of work. If a company has any affiliates, the affiliated companies MUST be disclosed in section 1(F) of this form. This form must be submitted via VCCS along with the subcontractor approval request.

### Prevailing Wage Forms:

- Schedule of Payments & Payroll Dates:**
  - This form is required to be submitted by all contractors and subcontractors prior to beginning work on the project. This form must be submitted via LCP Tracker.
- Prevailing Wage Notification to Employee Form:**
  - The contractor or subcontractor shall furnish the Prevailing Wage Notification Form to each employee on the project that is not covered by a collective bargaining agreement and do not contribute to a benefits plan that has been approved by the State of Ohio. The Prevailing Wage Notification Form must be uploaded in LCPTracker along with the first payroll.
- Union Affiliation Letter (if applicable):**
  - This form may be used as an alternative to the Prevailing Wage Notification where appropriate. The Union Affiliation Letter must be on union letterhead and uploaded in LCPTracker along with the first payroll.
- Apprenticeship Certificates (if applicable):**
  - Apprenticeship certificates must be uploaded in LCPTracker for approval by DEI before the certified payroll can be submitted. The certificate must be issued by the U.S. Department of Labor. Please email the DEI department for approval once uploaded to avoid delays in certified payroll submittals. This form must be submitted via LCP Tracker.
- Certified Payroll Reports:**
  - For contracts awarded after August 1, 2015, certified payroll reports must be submitted using LCPTracker. Please be sure DEI has current contact information regarding certified payrolls for your company or any subcontractors you intend to hire. See below for information concerning LCP Tracker.
- DEI Final Affidavit of Prevailing Wages Form 104:**
  - This form must be submitted once a contractor has completed their work on the project. Each contractor and subcontractor must complete and notarize. Please be sure that the dates correspond with the certified payroll on file. Final Affidavits must be submitted and approved before final pay applications can be approved by DEI. This form must be submitted via LCP Tracker.
- DEI Final Affidavit of Prevailing Wages for Truckers Form 105 (if applicable):**
  - This form must be submitted once a trucking contractor has completed their work on the project. Each trucking contractor and subcontractor who qualifies for the *de minimis* exemption must complete this form. Final Affidavits must be submitted and approved before final pay applications can be approved by DEI. This form must be submitted via LCP Tracker.

**NOTE:** This checklist is not exhaustive of all possible requirements and is intended to be used as a quick contractor guide. Please reach out to your compliance coordinator for additional information.

**Ongoing Reporting Requirements:**

1. **Vendor Certification and Compliance System** ([Vendor Compliance and Certification System - City of Cincinnati \(diversitycompliance.com\)](http://diversitycompliance.com)):
  - Subcontractor approval requests must be submitted on VCCS for each contractor who will work on a project, prior to the commencement of work. DEI will review the request for approval once all required forms have been submitted.
  - Form 2004, Form WE-20, and Form WE-30 must be submitted via VCCS along with the subcontractor approval request.
  - Monthly subcontractor payments must be reported by the hiring contractor and confirmed by the subcontractor.
  
2. **LCP Tracker** (<http://www.lcptracker.net>):
  - Certified payroll reports must be submitted using LCPTracker. Please be sure DEI has current contact information regarding certified payrolls for your company or any subcontractors you intend to hire.
  - The State of Ohio requires monthly certified payroll reports for projects 4 months or longer, and weekly certified payroll reports for projects less than 4 months long.
  - All required prevailing wage documentation must be submitted via LCP Tracker.

**This checklist is not exhaustive of all possible requirements and is intended to be used as a quick guide for contractors.  
Please direct all DEI Contract Compliance Program documents and inquiries to:**

Compliance Coordinator Name: \_\_\_\_\_  
Compliance Coordinator Email: \_\_\_\_\_

### **Form 2004 – Subcontractor Approval Request**

- This form must be submitted via VCCS along with the subcontractor approval request.
  - This form must be fully completed with accurate and current information.
  - Must be submitted by each contractor prior to beginning work on the project.
- This form must be signed by the organization who holds the contract with the city, the organization requesting the use of the subcontractor, and the subcontractor whose use is being requested for the project.



**City of Cincinnati**  
**Subcontractor Approval Request (Form 2004)**  
 This form serves as a subcontractor agreement for the City's compliance monitoring purposes.

**Project Information:**

This section is to be completed by the Requesting Contractor.

Contract Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

City Administering Department: \_\_\_\_\_ City Project Manager: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Requesting Contractor: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Prime Contractor (If not the same as above): \_\_\_\_\_ Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Proposed Subcontractor:**

This section is to be completed by the proposed subcontractor.

Subcontractor: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Compliance Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

City of Cincinnati Certifications:    MBE    WBE    SBE    ELBE    SLBE

Description of Work	Estimated Subcontract Amount	Estimated Start Date	Estimated Completion Date

Total Subcontract Amount: \_\_\_\_\_

**Signatures:**

This form must be signed by all the Authorized Representatives listed above.

Subcontractor: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

### **Form 2006 – Subcontractor Substitution Request**

- This form must be submitted via VCCS along with the subcontractor approval request.
- This form must be approved by DEI prior to terminating a contract with a City certified MBE, WBE, SBE, SLBE, or ELBE after the bids or proposals have been submitted, or the contract has been awarded.
  - The requesting contractor must provide a written explanation for the substitution request.

**Subcontractor Substitution Request (Form 2006)**

This form must be approved by the Department of Economic Inclusion prior to terminating a contract with a City certified business on a City contract. This form must be submitted along with a Subcontractor Approval Request (Form 2004) for the proposed subcontractor.

**Prime Contractor Information:**

Prime Contractor Name: \_\_\_\_\_  
 Contract Title: \_\_\_\_\_ Contract No.: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Subcontractor Substitution Requests:**

	Subcontractor Name	Work Description	Total Subcontract Amount	MBE/WBE/SBE/SLBE/EBLE
Current Subcontractor				
Proposed Substitution				

Explanation of the reason for the Substitution Request (attach sheets as necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Subcontractor Information:**

Subcontractor Name: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:**

Prime Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

**DEI USE ONLY:**

DEI Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

DEI Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **WE-20 – Subcontractor Utilization Form**

- This form must be submitted via VCCS along with the subcontractor approval request.
- This form must be submitted by the organization who is holding the contract with the City and any other contractor intending to hire a subcontractor on the project.
- The form must be completed in its entirety and include current and accurate information.

**Contractor / Subcontractor Utilization Plan (WE-20)**

**SECTION 1: Project and Prime Contractor's Information**

A. Contract Name: \_\_\_\_\_ B. Contract No: \_\_\_\_\_

C. Project Site Address: \_\_\_\_\_ D. Prime Contractor's Name: \_\_\_\_\_

**SECTION 2: Requesting Contractor (if not the same as above)**

A. Requesting Contractor Name (if not the same as above): \_\_\_\_\_

B. Authorized Representative Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3: Proposed Contractor/Subcontractors**

For each proposed subcontractor, submit a completed Form 2004 and WE-30.

Subcontractor's Name	Primary Owner's Name	Primary Owner's Phone	Primary Owner's Email Address	Form WE-30 Attached? Yes/No	Estimated Subcontract Amount	Date Work is Estimated to Begin

Check this box if additional contractors or subcontractors are listed on the second page of this form.

**SECTION 4: Contractor's Signature**

I hereby verify that I am the duly authorized representative of the Prime Contractor identified in Section 1 or the Contractor identified in Section 2 above with the full authority to execute this Contractor/Subcontractor Utilization Plan on behalf of said Prime Contractor or Contractor and that the information contained herein is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_





### **WE-30 – Affidavit Regarding Wage Theft or Payroll Fraud**

- **This form must be submitted via VCCS along with the subcontractor approval request.**
- Prior to the commencement of work, this form must be submitted by the organization in contract with the City and all contractors who will be working on the project.
- Section 1(F) must be completed with the requested information. Leaving this section blank will result in denial and require resubmission of the form.
  - This form must be signed and notarized.

**Affidavit Regarding Wage Theft or Payroll Fraud (WE-30)**

**SECTION 1: Information for Firm Completing this Affidavit**

- A. Business Name: \_\_\_\_\_
- B. Business Address: \_\_\_\_\_
- C. Business Tax ID No.: \_\_\_\_\_
- D. Principal/Primary Owner's Name: \_\_\_\_\_
- E. Principal's Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- F. For the business identified in 1.A. above, list all parent or sibling companies, subsidiaries or other affiliated businesses that have some commonality of ownership, and indicate relationship. You must list "None" if there are no affiliates. (attach additional sheets if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2: Project Information**

- A. Contract Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_
- B. Work to be Performed: \_\_\_\_\_
- C. Estimated Dates of Work: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**SECTION 3: Prior Adverse Determinations of Wage Theft or Payroll Fraud (select one):**

- A.  In the immediately preceding 3 years there have been no Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above.

*Continued on 2<sup>nd</sup> page.*

B.  In the immediately preceding 3 years there have been a total of \_\_\_\_\_ Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above. For each such Adverse Determination, provide the following information (use additional sheets as necessary):

Date of Adverse Determination	Agency Making Determination	Describe Specific Violation(s) as Determined by Agency	Violation Fully Resolved? Y/N	*

**SECTION 4: Certification**

I hereby certify under penalty of perjury that I have personal knowledge of the statements made herein on behalf of the firm identified in 1.A. above, and that the statements are true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to before me and subscribed in my presence by \_\_\_\_\_ as his or her free and voluntary act this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

### **Schedule of Payments & Payroll Dates**

- **This form must be submitted via LCP Tracker.**
- This form is mandated and prescribed by the State of Ohio.
- Prior to the commencement of work, this form must be submitted by all contractors working on the project.
- This form must include all the dates in which employees will be paid while the contractor works on the project.

**SCHEDULE OF PAYMENTS/PAYROLL DATES**

As required by Ohio Prevailing Wage Law, each Contractor and Subcontractor must provide to the City of Cincinnati's Department of Economic Inclusion (DEI), **ON OR BEFORE THE DATE THE CONTRACTOR/SUBCONTRACTOR BEGINS WORK ON THE PROJECT**, the following information regarding the dates on which employees will be paid. (Ohio Revised Code § 4115.071(C)) Contractors also must ensure this information is provided by their subcontractors.

\*\*\*\*\*

\_\_\_\_\_ estimates it will begin performance on the  
(Name of Contractor/Subcontractor)

\_\_\_\_\_ project on \_\_\_\_\_,  
(Name and Location of Project) (Start Date)

and estimates it will conclude work on said project on \_\_\_\_\_. Our firm is required to pay wages  
(Estimated End Date)

to its workers on each of the following dates during the estimated duration of work on this project: **[CHECK ONE]**

See complete list of employee pay dates for year 20\_\_\_\_, which is attached. If our firm's work on this project is expected to extend beyond the end of this calendar year, a supplemental Schedule of Payments/Payroll Dates will be submitted before the expiration of this current year.

**OR**

I have completed the table of below, listing under each column the dates on which our workers will be paid during that month. If our firm's work on this project extends beyond the last payment date listed below, a supplemental Schedule of Payments/Payroll dates will be submitted prior to the last date shown.

1st Month	2nd Month	3rd Month	4th Month

I understand that I am required to submit an initial certified payroll report for this project to DEI through the LCPtracker system not later than two weeks after the initial pay date listed above. I further understand that I am required to submit supplemental certified payroll reports, **including weeks during which no work is performed**, not less often than weekly for work expected to be completed in 4 or fewer months, and not less often than monthly for work expected to take longer than 4 months.

\_\_\_\_\_  
Signature of Authorized Representative of Contractor/Subcontractor

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title

### **Prevailing Wage Notification to Employee Form**

- This form must be submitted via LCP Tracker.
- This form is mandated and prescribed by the State of Ohio.
- Prior to the commencement of work, this form must be signed by all employees working on the job site.
  - This form must be completed in its entirety and signed by both the employee and employer.
- If the prevailing wage rates are updated during a project, an updated Prevailing Wage Notification must be submitted.

# PREVAILING WAGE NOTIFICATION to EMPLOYEE

4115.05.....the contractor or subcontractor shall furnish each employee not covered by a collective bargaining agreement written notification of the job classification to which the employee is assigned, the prevailing wage determined to be applicable to the classification, separated into the hourly rate of pay and the fringe payments, and the identity of the prevailing wage coordinator appointed by the public authority. The contractor or subcontractor shall furnish the same notification to each affected employee every time the job classification of the employee is changed.

<b>Project Name:</b>	<b>Job Number:</b>
<b>Contractor:</b>	
<b>Project Location:</b>	
<b>Job site posting of prevailing wage rates located:</b>	

Prevailing Wage Coordinator		Employee	
<b>Name:</b>	(City Staff Name)	<b>Name:</b>	
<b>Street:</b>	805 Central Avenue, Suite 610	<b>Street:</b>	
<b>City:</b>	Cincinnati	<b>City:</b>	
<b>State/Zip:</b>	Ohio / 45202	<b>State/Zip:</b>	
<b>Phone:</b>	(City Staff)	<b>Phone:</b>	

You will be performing work on this project that falls under these classifications. You will be paid the appropriate rate for the type of work you are performing.			
Classification	Prevailing Wage Rate Total Package	Minus your fringe benefit	Your hourly base rate

Hourly fringe benefits paid on your behalf by this company			
Fringe	Amount	Fringe	Amount
Health Insurance		Vacation	
Life Insurance		Holiday	
Pension		Sick Pay	
Bonus		Training	
Other		<b>Total Hourly Fringes</b>	

<b>Contractor's Signature *</b>	<b>Date:</b>
<b>Employee's Signature *</b>	<b>Date:</b>

\* Please ensure that all required signatures have been executed on the document prior to submittal.



### **Form 104 - Final Affidavit of Prevailing Wages**

- This form must be submitted via LCP Tracker.
- This form must be submitted by each contractor once they complete work on a project before retainage can be released.
- The dates included in the form must match the dates of payrolls that have been submitted by the contractor.
  - This form must be signed and notarized.

**AFFIDAVIT OF CONTRACTOR  
OR SUBCONTRACTOR PREVAILING WAGES**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of person signing the affidavit) (Title)

of the \_\_\_\_\_, do hereby certify that the wages paid to  
all employees for the full number of hours worked in connection with City Contract No. \_\_\_\_\_  
for \_\_\_\_\_  
(description of project)

during the following period from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

are in accordance with the prevailing wages prescribed by the contract documents.

I further certify that no rebates or deductions from any wages due any person have been directly  
or indirectly made other than those provided by law.

\_\_\_\_\_  
(Signature of Officer or Agent)

Sworn to and subscribed in my presence this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**NOTICE CONCERNING AFFIDAVIT FORM**

The above affidavit must be executed by the officer or agent of the contractor or subcontractor who  
supervises the payment of employees and notarized, before the City will release the surety and/or make  
final payment due under the terms of the contract.

### **Form 105 – Final Affidavit of Prevailing Wages (Trucking Firm)**

- **This form must be submitted via LCP Tracker.**
- This form is only to be submitted by trucking firms who met the *de minimis* requirements and are therefore exempt from prevailing wage requirements.
- The affidavit must be fully completed, and the contractor must check the box certifying they met the *de minimis* requirements.
  - This form must be signed and notarized.

**FINAL AFFIDAVIT OF CONTRACTOR OR SUBCONTRACTOR (TRUCKING FIRM)  
PREVAILING WAGES**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of person signing the affidavit) (Title)  
of \_\_\_\_\_, do hereby certify that the wages paid to all  
employees for the full number of hours worked in connection with City Contract No. \_\_\_\_\_  
for \_\_\_\_\_  
(description of project)

during the following period from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

are in accordance with the prevailing wages prescribed by the contract documents unless I am claiming the trucking firm *de minimis* exemption set forth below.

I further certify that no rebates or deductions from any wages due any person have been directly or indirectly made other than those provided by law.

**[Check the following statement only if it applies:]**

\_\_\_\_\_ I certify the contractor identified above is a trucking firm entitled to and claiming an exemption from the payment of prevailing wages on the basis that, during the entire time the firm was working on the project, no driver or other employee was on the project site for more than a *de minimis* amount of time.

\_\_\_\_\_  
(Signature of Officer or Agent)

Sworn to and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by the person identified on the first line of this affidavit.

\_\_\_\_\_  
NOTARY PUBLIC

**NOTICE CONCERNING AFFIDAVIT FORM**

The above affidavit must be executed by the officer or agent of the contractor or subcontractor who supervises the payment of employees and notarized, before the City will release the surety and/or make final payment due under the terms of the contract.