**TO:** HCD

(Forwarded to HUD Northern California Regional Labor Relations Officer)

**FROM:**

*(Labor Standards Officer/Coordinator) (State Recipient/HOME/CDBG Non-Entitlement Jurisdiction/CHDO)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard Agreement #:** | **Wage Decision #:** | | **Modification Date:** |
| **Project Name:** | | | | |
| **Project Address:** | | | | |
| **Prime /  Sub Construction Contract Amount: $** | | **Contract Award Date:** | |

**Prime Contractor:**

(Name) (Address) (City) (State) (Zip)

**Contractor’s License #:**

**Subcontractor:**

(Name) (Address) (City) (State) (Zip)

**Contractor’s License #:**

1. **VIOLATIONS**

Violation(s) of  **Prime Contractor** or **Subcontractor** (check only one)

1. Were any workers paid less than the specified Davis-Bacon rates that applied to this project?

**YES /  NO**

If YES:

1. What is the total amount of restitution paid by or on behalf of the above listed contractor?

$       *(Attach a list of names of employees, their employers and the amount of restitution and nature of violation for each employee.)*

1. What was the method or restitution?

**Paid by Contractor**

**Paid by**       with funds withheld from payment to the Contractor.

*(Type City/County/CHDO Name)*

1. Were any workers paid incorrect overtime payments?  **YES /  NO**

If **YES**: *attach a detailed report that includes the number of the overtime violation(s) including the following:*

1. Company’s Name, address, and phone number
2. Date Contractor was notified in writing of the amount of liquidated damaged which could be assessed ($10 for each calendar day that incorrect overtime payments were made for each worker)
3. Date the Contractor responded to the written notice: (Must be within 30 days of the receipt); and
4. Did the Contractor seek a reduction (or waiver) of the liquidated damages? If YES:
   1. Was the request approved, if “yes,” for what reason?
   2. On what grounds was HUD or DOL’s response based?
   3. Total mount of Liquidated Damages paid.
   4. What was the method of Liquidated Damage payment, e.g. was it paid by the contractor, or was it paid by the City/County/CHDO with funds withheld from payment to the Contractor?
   5. Did the Contractor appeal the final Liquidated Damage assessment decision? (Attach copies of all correspondence.)
5. Were any wage underpayment violations aggravated or willful?  **YES /  NO**

**If YES,** *attach detailed report*

1. Wage underpayments were discovered through:  **HUD-11 Interviews  Review of Certified Payrolls  Other:**
2. Should sanctions (e.g. debarment) again the Contractor/subcontractor be considered?

**YES /  NO**

**If YES,** attach a detailed justification for the sanctions.

1. **ATTACHMENT(S):** None **B.** Overtime Violations **C.** Underpayment Violations **E.** Sanctions
2. **DISPOSITION** *(Type Narrative)*

**City/County/CHDO Labor Compliance Officer/Coordinator**

Signature: Signature:

Name:       Name:

Title:       Title:

Recipient:       Recipient:

Date:       Date: