**FINAL WAGE COMPLIANCE REPORT**

| | |
|---|---|
| Grant Recipient Name: | Contract Number: |
| Contact Person: | Telephone No.: |
| Project Name: | Project Location: |
| Construction Completion Date: | Total Amount Paid: $ |
| Prime Contractor: | |
| Subcontractors | |

1. Were any workers paid less than the specified Davis-Bacon rates that applied to this project?
   ☐ Yes ☐ No

2. If YES:

a. What was the total amount of restitution paid? $_____

b. What was the method of restitution?
   ☐ Paid by the Contractor
   ☐ Paid by Grant Recipient with funds withheld from payment to the Contractor

| Firm | Affected Employees | Amount of Restitution Paid | Nature of Violations |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

(Attach additional pages if necessary.)

3. Were any workers not paid the correct overtime payments? Yes ☐ No ☐

***If YES: Liquidated damages at the rate of $10 for each calendar day for each worker must be calculated and the Contractor notified of his liability, and***

4. Provide information concerning the nature of the overtime violations. This should include:

   a. Firm's Name, Address and Phone Number: _____

   b. Date Contractor was notified in writing of the amount of liquidated damages which could be assessed:
   _____

   c. Date the Contractor responded to the written notice: (must be within 30 days of the receipt of notification):
   _____

   d. Did the Contractor seek a reduction or waiver of the liquidated damages?

   ☐ Yes ☐ No

e. If YES: Was the requested approved and for what

☐ Yes - Reduction. ☐ Yes - Waiver. ☐ No.

f. On what grounds was HUD's or USDOL's response based? _____
_____

g. Total amount of Liquidated Damages paid: $_____

h. What was the method of payment of the Liquidated Damages?

☐ Paid by the Contractor

☐ Paid by the Grant Recipient with funds withheld from payment to the Contractor.

i. Did the Contractor appeal the final decision to assess Liquidated Damages to the Wage Appeals Board?

☐ Yes ☐ No

j. Attach copies of all correspondence relative to any Liquidated Damages.

5. If appropriate, attach a recommendation of and justification for sanctions against the Contractor.

Submitted by:

_____
Authorized Official Signature

_____ _____
Typed Name/Title Date