



508 South State Street ■ Waseca, Minnesota 56093-3033
507-835-9700 ■ FAX 507-835-8871 ■ www.ci.waseca.mn.us

February 2021

Dear Waseca Commercial Property Owner:

The City of Waseca is applying for Small Cities Development Program dollars through the MN Department of Employment and Economic Development, which could assist commercial properties, and mixed use commercial/rental housing properties, in a downtown target area, with rehabilitation needs. You are receiving this letter because your property is within the boundary of the proposed Target Area (map included). In order to establish need in the Target Area, it is necessary to obtain more detailed information from those property owners who may be interested in accessing funds to rehabilitate their commercial properties. Eligible projects may include such things as windows/doors/roofs and other façade improvements such as signage/awnings; mechanical and electrical system repairs; energy improvements; code violations and ADA compliance.

If program funding is awarded, the City wishes to provide 0% and 2% repair loans for eligible repairs to commercial properties. The 0% loan would carry no interest, would have no payments, and would be forgiven 20% per year for five years if the property stays in compliance with program requirements. The 2% loan would be a ten-year installment loan, with monthly payments. *If your building also includes residential housing units you may be further eligible to receive a 0% deferred repair loan, which would carry no interest, would have no payments, and would be forgiven 20% per year for five years as long as the rental units stay in compliance with program requirements.* By filling out the Commercial Property Rehab Survey, you also place yourself on the program waiting list. Property owners on the waiting list will be contacted if program funding is awarded next summer.

If this interests you, please take the following steps:

- 1) Read the Commercial Property Rehab Example Financing sheet (*and the Rental Property Rehab Example Financing sheet, if applicable to your property*) and check the box on the Survey (on the front page) to indicate that you have read it.
- 2) Continue to fill out the Survey. (Your name and contact information is required for us to use your Survey and to place you on the waiting list).
- 3) Read and fill out the Commercial Owner Interest Letter.
- 4) Seal the Commercial Rehab Survey & Commercial Owner Interest Letter and drop off at City Hall at 508 South State Street in Waseca or add postage and mail to:
**Southwest Minnesota Housing Partnership / Attn: Janet, 2401 Broadway Avenue,
Slayton, MN 56172**

All Surveys must be returned NO LATER than Friday, February 26 , 2021.

The Southwest Minnesota Housing Partnership (SWMHP) has been commissioned to tabulate and prepare the surveys to determine the scope of rehab needs of the properties. The City will receive a summary of the survey results after the results have been tabulated and personal contact information is removed. All answers you provide are confidential!

If you have questions in completing your Survey, please call Joel at 507-836-1617 at the Southwest Minnesota Housing Partnership.

Thank you for your interest in the potential commercial rehabilitation funding program!
The City of Waseca

PROPOSED TARGET AREA FOR COMMERCIAL REHABILITATION



CITY OF WASECA

2021 COMMERCIAL REHAB

EXAMPLE FINANCING

Hometown LLC is the owner of a commercial property (one parcel number) within the rehab target area and runs a business out of the space. Their inspection shows a need for \$29,500 in repairs:

Roof Repair	\$ 15,000
Electrical	2,000
Heating System	5,000
Tuck Pointing	5,000
Handicap Entrances	<u>2,500</u>
Total	\$29,500



To qualify, property ownership must be established and match the applicant.

To pay for the repairs they can access:

- ◆ **0% deferred rehab loan for 40% of the repair cost (five year term) (\$11,800).**
 20% (1/5th) of the loan will be forgiven each full year.
 No principal remains if the property owner remains in compliance for five years (current on taxes, operated for approved commercial business and retains ownership).

- ◆ **2% low interest loan for 40% of the repair cost (ten year term).**
(\$11,800). An amortizing loan with principal and interest repaid to the City monthly.

NOTE: If using both the 0% deferred and the 2% low interest loan, the combined total cannot exceed \$40,000 per building with a minimum of \$5,000 per building.

- ◆ **Owner match or other funding for the remaining 20% of repair costs (\$5,900).** Cash or bank loans. Funds must be escrowed prior to the start of construction

This is how Hometown LLC will pay for their repairs:

\$ 11,800	0% deferred commercial loan
\$ 11,800	2% low interest loan
<u>\$ 5,900</u>	Owner's Match (ABC Bank Loan)*
\$ 29,500	Total

* Match funds will vary in their sources and terms. The commercial property owner is responsible for locating their match funds and completing any necessary documentation.

2021 RENTAL HOUSING REHAB EXAMPLE FINANCING

Bob & Patty are owners (landlords) of a mixed-use rental property with each unit containing two bedrooms, within the rehab target area. Their rental inspection shows a need for \$15,000 in repairs:

Roof repair	\$ 6,800
Insulation	3,000
Smoke detectors	300
Electrical	900
Heating System	2,000
Lead Abatement	<u>2,000</u>
Total	\$15,000



To qualify, 51% of the rental units must house families with incomes less than 80% AMI*.

Landlord income does not matter. Their tenants are both families of 4 and neither of their household incomes exceed \$60,150.

To qualify, the landlord must agree to control rents during the term of the rehab loan and the rents may not to exceed the local Fair Market Rent** which includes utilities paid by the tenants. The landlord charges \$550 per unit and the tenants pay no utilities (FMR for a 2 bedroom is \$734).

To pay for the repairs they can access:

- ◆ **0% deferred rehab loan for 70% of the repair costs (\$10,500).** 20% of the loan will be forgiven each full year; no principal remains if the rental owner maintains rent and income requirements for 5 years.
- ◆ **Owner match or other funding for the remaining 30% of repair costs (\$4,500).** Cash or bank loan.

This is how Bob and Patty will pay for their repairs:

\$10,500 deferred rental rehab loan	
<u>4,500</u> owner match	
\$15,000 Total	

*2020 Area Median Family Income (AMI) Limits (80%):

1 person \$42,150 / 2 people \$48,150 / 3 people \$54,150 / 4 people \$60,150 / 5 people \$65,000 / 6 people \$69,800 / 7 people \$74,600 / 8 people \$79,400 (These amounts are adjusted each spring)

**2021 Fair Market Rents:

Efficiency \$556 / 1-Bedroom \$560 / 2-Bedrooms \$734 / 3-Bedrooms \$1,050 / 4-Bedrooms \$1,063 (These amounts are adjusted each spring)

City of Waseca

2021 COMMERCIAL PROPERTY REHAB SURVEY

The answers you provide in this survey are confidential and will be used only by the survey consultant. Your participation in this process is very important for the success of this project. Thank You!

OWNER INFORMATION

By completing this survey, you are indicating your interest in participating in the Commercial Property rehab program. **You MUST provide personal contact information to be placed on the waiting list for the rehab program.** Persons on the waiting list will be contacted to make an application when funding is awarded.

NOTE for owners of multiple properties: A separate survey is required for EACH PROPERTY you want included in the Rehab Program. You may make additional copies of this form as needed.

Name of Property Owner:			
Owner Address:			Owner Phone:
Building Address:	Parcel Number(s):		
Please check the items that describe you (the owner). Check as many as apply. THIS QUESTION IS OPTIONAL.*	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black/African American AND White <input type="checkbox"/> American Indian/Alaska Native AND Black/African American <input type="checkbox"/> Other Multi-Race	<input type="checkbox"/> Single Female Head of Household <input type="checkbox"/> Disabled <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
* Information regarding race, ethnicity, disability, and other household characteristics is requested in order to ensure that your local government complies with Federal Laws prohibiting discrimination on the basis of those characteristics. You are NOT required to provide this information but are encouraged to do so. This information will NOT be used in evaluating your request for funds through this program. If you choose not to provide this information, we are required to note your race, ethnicity, and/or disability status based on visual observation or surname.			

Check here that you read and understood the attached Commercial Property Rehab Example Financing sheet. I understand that only exterior improvements and code violations are eligible for SCDP funding. I have indicated my interest in rehabilitation by signing this survey.

PROPERTY INFORMATION

As property owner, do you operate a business in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently lease/rent any portion of the building to others to operate an existing business?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list the businesses that operate in your building: _____ _____
Approximately how many employees are employed within your building?	_____ employees <i>Include the TOTAL number of people employed by ALL businesses that operate within this one property.</i>
Is any portion of your building vacant?	<input type="checkbox"/> Yes (_____%) <input type="checkbox"/> No ** DO NOT include residential or potential residential area. COMPLETE SECTION B IF YOUR PROPERTY INCLUDES RESIDENTIAL SPACE.
What year was your building constructed?	_____ <i>If unsure, please provide your best estimate.</i>

What is the estimated market value of your property?	\$ _____	<i>This information can be found on an appraisal or your Property Tax Statement, listed as your "Estimated Market Value." If you do not have this information, please provide your best estimate.</i>
Is your building listed on the National Registry of Historic Places?	<input type="checkbox"/> Yes **	<input type="checkbox"/> No
Does this building contain residential rental units?	<input type="checkbox"/> Yes **	<input type="checkbox"/> No
** If yes, please complete <u>Section B</u> (next page).		

COMMERCIAL REHAB PROGRAM INFORMATION

How would you rate the condition of the following items in your building?					
Exterior	Roof	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Foundation	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Siding/Brickwork	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Interior	Ceiling	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Walls	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Floors/Floor Covering	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Systems	Electrical	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Plumbing	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	HVAC	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Energy Conservation	Insulation	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Windows	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Doors	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Furnace	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Water Heater	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Other	Smoke Alarms	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Sprinkler System	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Handicap Accessibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
What do you feel are the THREE most needed repairs in your building?	1.				
	2.				
	3.				
Would you be able to pay for a portion of the repair costs through a low-interest loan?	<input type="checkbox"/> Yes (see below)		<input type="checkbox"/> No		
	How much would you be able to repay on a monthly basis?				\$ _____

THANK YOU FOR COMPLETING THIS SURVEY. Please remember to provide your contact information to be placed on the waiting list for the program.

NOTE: If your building contains Residential Rental units, continue to Section B (next page).

SECTION B – RESIDENTIAL RENTAL/COMMERCIAL PROPERTY

What is the total number of apartments in this property?	_____ apartments				
	How many are currently suitable for occupancy? _____ Unsuitable? _____				
Please indicate the total number of units by bedroom size.	_____ Efficiency	_____ 2 Bedroom	_____ 4 Bedroom		
	_____ 1 Bedroom	_____ 3 Bedroom			
Do you occupy one of the units?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please indicate the size of the unit (by number of bedrooms). _____ bedrooms				
Are any of the units handicap accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, how many are handicap accessible? _____				
Are you experiencing higher-than-normal vacancy rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, why?				
Do you have a waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, how many households are currently on the waiting list? _____				
What rent per month do you currently charge for units (by bedroom size)?	Efficiency	\$ _____	+ utilities paid by tenant/ mo.	\$ _____	
	1 Bedroom	\$ _____	+ utilities paid by tenant/ mo.	\$ _____	
	2 Bedroom	\$ _____	+ utilities paid by tenant/ mo.	\$ _____	
	3 Bedroom	\$ _____	+ utilities paid by tenant/ mo.	\$ _____	
	4 Bedroom	\$ _____	+ utilities paid by tenant/ mo.	\$ _____	
Do you have space above or within your commercial space you wish to convert to residential rental units under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, How many units do you wish to create? Units: _____				
	Indicate the number of units you plan to create by bedroom size				
	_____ 1 bedroom	_____ 2 bedroom	_____ 3 bedroom	_____ 4 bedroom	
How would you rate the condition of the following items in your residential rental units?					
Interior	Ceiling	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Walls	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Floors	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Systems	Electrical	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Plumbing	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	HVAC	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Energy Conservation	Insulation	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Windows	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Doors	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Furnace	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Water Heater	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
Other	Smoke Alarms	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Sprinkler System	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
	Handicap Accessibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't Know/NA
What do you feel are the THREE most needed repairs in your building?	1.				
	2.				
	3.				

THANK YOU FOR COMPLETING THIS SURVEY. Please remember to provide your contact information to be placed on the waiting list for the program.

COMMERCIAL OWNER INTEREST LETTER

As a business owner in the Small Cities Development Program area of the City of Waseca, I have completed a survey and have been provided with an example financing sheet on the program. I am interested in participating in this program for the following business/building:

Business Name: _____

Address: _____

Eligible Improvements

I understand that only exterior improvements and code violations are eligible for SCDP funding. Examples would include building façade, accessibility improvements, structural repairs, mechanical repairs, electrical system repairs, windows and doors, elimination of lead based paint and asbestos, energy improvements, and code violations affecting health and safety. I also understand that if the Minnesota Historical Society determines that my project is historically significant that these mandated repairs are a priority.

I also understand that I will have to follow any additional commercial rehabilitation standards that may be required by my City and may include exterior improvements that are consistent with the downtown design guidelines. Repairs that are ineligible include interior repairs that do not meet the eligible repairs criteria, interior electrical fixtures, plumbing fixtures not related to accessibility, air conditioning, structure modifications/additions, interior shelving, and floor covering. I understand these ineligible improvements can be financed by myself and part of my match requirements.

Davis Bacon and Americans with Disabilities Act (ADA)

I understand that any work involving federal funds that exceeds \$2,000 will require Davis Bacon and therefore prevailing wage rates will apply to my project. I have been provided with a copy of the most recent Davis-Bacon wage decision (attached). I also understand that any areas of my building in which rehabilitation are needed will be required to comply with the ADA requirements.

Financing Terms – Commercial Rehabilitation:

The commercial program would be established with the following financing terms

- 40% of the rehabilitation costs will be a 0% deferred loan through SCDP funds that will be forgiven after seven years.
- 40% of the rehabilitation costs will be a 2% (ten year) low interest loan repaid to the City monthly.
- 20% of the rehabilitation costs will be my responsibility as a property owner.

The combined total of the 0% deferred and the 2% low interest loan of the rehabilitation costs funded from the Small Cities Development Program cannot exceed \$40,000 and must be at least \$5,000. Any amount over the maximum match of \$40,000 will have to be borne by the property owner. Based on the attached rehabilitation scenario outlining an estimate of my obligation, I would be financially able to participate in this project. I recognize that as part of this commitment a qualifying business must be maintained in this commercial space during the term of the financing.

(continued on back)

Rental Rehabilitation

My property is a mixed use building with ____ rental units and I am interested in receiving SCDP funding to repair these rental units. I understand that 51% of the units must be occupied by low to moderate income households below 80% of the area median income and that I must maintain rents and utilities paid by the tenant below the area Fair Market Rents (FMR), and that during the term of the SCDP funding (5 years) I cannot increase rents for Low and Moderate Income tenants that are currently paying 30% or more of their income for rent and tenant-paid utilities. I have been provided with a copy of current income and Fair Market Rent limits for the area.

I understand that SCDP funding cannot exceed \$25,000 for a single family unit and \$12,500 per unit for a 2 unit or larger building or 70% of the rehabilitation costs. SCDP funds will be provided as a 0% deferred loan that is forgiven after 5 years provided I maintain rent and income requirements. The remaining 30% is owner match. I also understand that Davis Bacon will apply to projects with eight or more rental units.

Please place my project(s) on the waiting list in the event that the Small Cities Development Program Grant application is funded.

Property Owner

Date

Commercial Rehabilitation Project Information Worksheet:

1. List items to be included in your rehabilitation project: Examples would include building façade, accessibility improvements, structural repairs, mechanical repairs, electrical system repairs, windows and doors, elimination of lead based paint and asbestos, energy improvements, and code violations affecting health and safety.

2. What is the total estimated project cost: \$ _____
3. My commitment to the project will be (20% of project cost)*: \$ _____
4. My source of owner contributed funds will be (bank financing, equity)? _____
5. I can afford to contribute \$ _____ per month towards payments on project financing.

*SCDP funds for commercial rehabilitation will not exceed \$40,000. Owner's shall be responsible for 100% project costs exceeding the maximum SCDP match.

(continued on back)

Rental Rehabilitation Project Information Worksheet:

1. List items to be included in your rehabilitation project: Examples would include building façade, accessibility improvements, structural repairs, mechanical repairs, electrical system repairs, windows and doors, elimination of lead based paint and asbestos, energy improvements, and code violations affecting health and safety.

2. How many units will be included in the project: _____
3. What is the total estimated project cost: \$ _____
4. My commitment to the project will be (30% of project cost)*: \$ _____
5. My source of owner contributed funds will be (rental rehab loan program, bank financing, equity)?
6. I can afford to contribute \$ _____ per month towards payments on project financing.

*SCDP funds for rental rehabilitation will not exceed 70% of project cost or \$25,000 for single family unit and \$12,500 per unit for a 2 unit or larger building. Owner's shall be responsible for 100% project costs exceeding the maximum SCDP contribution.

"General Decision Number: MN20200100 10/09/2020

Superseded General Decision Number: MN20190100

State: Minnesota

Construction Type: Building

County: Waseca County in Minnesota.

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories).

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.80 for calendar year 2020 applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.80 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2020. If this contract is covered by the EO and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must pay workers in that classification at least the wage rate determined through the conformance process set forth in 29 CFR 5.5(a)(1)(ii) (or the EO minimum wage rate, if it is higher than the conformed wage rate). The EO minimum wage rate will be adjusted annually. Please note that this EO applies to the above-mentioned types of contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but it does not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(2)-(60). Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Modification Number	Publication Date
0	01/03/2020
1	02/14/2020
2	05/15/2020
3	07/10/2020
4	08/07/2020
5	08/14/2020
6	09/25/2020
7	10/09/2020

ASBE0034-001 06/01/2019

Rates Fringes

ASBESTOS WORKER/HEAT & FROST INSULATOR.....\$ 38.15 33.40

BOIL0647-008 03/01/2018

Rates Fringes

BOILERMAKER.....\$ 37.22 27.14

BRMN0001-013 05/01/2018

Rates Fringes

BRICKLAYER.....\$ 38.76 20.87

CARP0464-005 04/29/2019

Rates Fringes

CARPENTER (Includes Drywall Hanging and Excludes Acoustical Ceiling Installation, Form Work, and Soft Floor Layer).....\$ 30.57 20.86

CARP1382-015 04/29/2019

Rates Fringes

CARPENTER (Acoustical Ceiling Installation Only).....\$ 30.57 20.86

ELEC0343-013 07/01/2020

Rates Fringes

ELECTRICIAN Excludes Low Voltage Wiring.\$ 38.30 19.26 Low Voltage Wiring Only.....\$ 36.90 10.51

ENGI0049-020 05/01/2020

Rates Fringes

POWER EQUIPMENT OPERATOR Bulldozer.....\$ 40.93 21.70 Forklift.....\$ 40.93 21.70 Loader.....\$ 40.93 21.70 Oiler.....\$ 38.30 21.70 Tractor.....\$ 42.35 21.70

IRON0512-029 05/03/2020

Rates Fringes

IRONWORKER (Reinforcing and Structural).....\$ 38.35 30.70

* LAB00405-008 05/01/2020

Rates Fringes

LABORER (Mason Tender - Brick)...\$ 29.85 18.27

LAB00563-053 06/01/2020

Rates Fringes

LABORER (ASBESTOS ABATEMENT (Removal from Ceilings, Floors, and Walls)).....\$ 34.73 16.40

PAIN0681-005 05/01/2018

Rates Fringes

DRYWALL FINISHER/TAPER.....	\$ 29.01	17.55

PAIN0681-007 05/01/2018		
	Rates	Fringes
PAINTER		
Brush and Roller.....	\$ 29.66	16.94
Spray.....	\$ 29.66	16.94

PAIN1324-001 06/01/2020		
	Rates	Fringes
GLAZIER.....		
	\$ 43.00	20.37

PLUM0006-003 05/01/2019		
	Rates	Fringes
PLUMBER (Excludes HVAC Pipe Installation).....		
	\$ 41.11	22.23

SFMN0669-004 04/02/2020		
	Rates	Fringes
SPRINKLER FITTER (Fire Sprinklers).....		
	\$ 37.89	22.70

* UAVG-MN-0003 01/01/2019		
	Rates	Fringes
LABORER: Pipelayer.....		
	\$ 31.45	16.32

* UAVG-MN-0009 01/01/2019		
	Rates	Fringes
OPERATOR: Crane.....		
	\$ 38.87	20.30

* UAVG-MN-0011 01/01/2019		
	Rates	Fringes
CARPENTER (Form Work Only).....		
	\$ 28.97	19.34
CARPENTER (Soft Floor Layer Only).....		
	\$ 31.80	17.38

SUMN2015-035 06/22/2018		
	Rates	Fringes
CEMENT MASON/CONCRETE FINISHER...\$ 31.06		
		13.42
HVAC MECHANIC: HVAC DUCT INSTALLATION.....		
	\$ 25.72	13.06
HVAC MECHANIC: HVAC PIPE INSTALLATION.....		
	\$ 28.30	17.32
LABORER: Common or General.....\$ 23.26		
		15.19
OPERATOR:		

Backhoe/Excavator/Trackhoe.....	\$ 29.49	17.20

PIPEFITTER (Excludes HVAC Pipe Installation).....		
	\$ 29.37	19.99
ROOFER.....		
	\$ 23.73	5.43
SHEET METAL WORKER (Excludes HVAC Duct Installation).....		
	\$ 32.31	15.26
TILE SETTER.....		
	\$ 25.66	11.35

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

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Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number,

005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for those classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- * an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the

Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION"