

**August 29, 2022**

**BID PACKAGE 01 – NORTH PARKING AND ACCESS  
CM CLARIFICATION #03**

**PROJECT: New Cherokee Nation Hospital**

Foreman Manhattan Team has added and/or revised the following CM Manual documents for review and inclusion by all contractors within their Scope Package Proposal:

**1. Construction Managers Bid Manual:**

- a. 00 38 10 – U.S. Department of Labor PAYROLL Form is issued.
- Successful bidders / contractors will utilize this form to follow the Davis Bacon Wage Scale and maintain rates paid to employees.

**2. Bid Date:**

- a. Bid Date **REMAINS:**

**Thursday, September 1** at 2pm Central

**(See CM Manual Instructions to Bidders for more info)**

**- END OF CM CLARIFICATION -**

|  |  |                               |                     |                  |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|--|--|-------------------------------|---------------------|------------------|-----------------------|--|--|----------------------|--|--|--|--|-------------|-------------|---------------------|----------------|------------------|-------------------------|--|-------|------------------|-------------------------|--|
| NAME OF CONTRACTOR   |  |                               |                     | OR SUBCONTRACTOR |                       |  |  | ADDRESS              |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
| PAYROLL NO.  |  |                               |                     | FOR WEEK ENDING  |                       |  |  | PROJECT AND LOCATION |  |  |  |  |             |             |                     |                |                  | PROJECT OR CONTRACT NO. |  |       |                  |                         |  |
| (1)  |  | (2)                           | (3)                 | OT OR ST         | (4) DAY AND DATE      |  |  |                      |  |  |  |  | (5)         | (6)         | (7)                 | (8) DEDUCTIONS |                  |                         |  |       | (9)              |                         |  |
| NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER |  | NO. OF WITHHOLDING EXEMPTIONS | WORK CLASSIFICATION |                  | HOURS WORKED EACH DAY |  |  |                      |  |  |  |  | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | FICA           | WITH-HOLDING TAX |                         |  | OTHER | TOTAL DEDUCTIONS | NET WAGES PAID FOR WEEK |  |
|  |  |                               |                     |                  |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | O                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |
|  |  |                               |                     | S                |                       |  |  |                      |  |  |  |  |             |             |                     |                |                  |                         |  |       |                  |                         |  |

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor)  
\_\_\_\_\_ ; that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work)  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_  
\_\_\_\_\_ from the full  
(Contractor or Subcontractor)  
weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the  
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of  
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  
  
— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |

REMARKS:

|                |           |
|----------------|-----------|
| NAME AND TITLE | SIGNATURE |
|                |           |

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.