

OFFICIAL MINUTES
Marion County Board of Education
Regular Session
Wednesday, January 4, 2023
CENTRAL OFFICE
6:00 pm

22-2299

The meeting was held in the Central Office Conference Room and streamed on our Marion County page: marionboe.com.

Mr. L.D. Skarzinski gave the invocation and Ms. Deanna Martin, Aide at Barrackville, led the Pledge of Allegiance.

The Marion County Board of Education met in a Regular Session on Wednesday, January 4, 2023 at 6:00 pm.

President Mrs. Costello called the meeting to order at 6:05 pm

MEMBERS PRESENT: Mr. Boyles, Mrs. Costello, Mr. Dragich, Mr. Pellegrin (BY PHONE), Rev. Saunders and Superintendent Dr. Heston

22-1000 INFORMATION – RECOGNITIONS – RECOMMENDATIONS – REPORTS

- 1) Mrs. June Haight, West Fairmont Middle Principal – Presentation on Student Achievement and Other Student Factors, Data, and Programs
- 2) Public Relation Reports:
 - WVSBA Committee on Legislation** - Mrs. Donna Costello
 - WVU Extension Agency** - Mrs. Donna Costello
 - Marion County Health Department** - Mr. George C. Boyles
 - Marion County Chamber of Commerce** - Ms. Mary Jo Thomas
 - Marion County Parks and Recreation** - Mrs. Cathy Maxwell and Mr. Bob Brookover
 - Marion County Public Library** - Joan Schrorering to continue through 6-30-23
 - Stadium Advisory Council** - Jeremy Laird, Mr. Dragich & Mike Talkington
 - Fairmont State University** - Mr. Skarzinski
- 3) Delegations
 - a) Toby Heany – VOD/PP
 - b)

NEW BUSINESS

Mr. Dragich made a motion, seconded by Mr. Boyles to approve the following **except items 2291, which was voted on separately and items 2292, 2293 and 2294, which were voted/acted on after the after the 5000 series.**

22-2000 MINUTES – AGREEMENTS – CONTRACTS

2289 MINUTES

The approval of the Official Minutes for the meeting for a Special Meeting on December 14, 2022.

2290 MINUTES

The approval of the Official Minutes for the meeting for a Regular Meeting on December 19, 2022.

2295 FIELD TRIP – OVERNIGHT –OUT-OF-STATE - PRIVATE AUTO

The approval of the following:

FSHS – Student Council, request permission to use private auto to travel to Washington, DC, January 25-30, 2023, for the Student Council L.E.A. D. Conference.

Approximate number of students: 6

Chaperone(s): Nathy Janes and D Hardway

Approximate Cost: \$4,000

Source of funds: Fundraiser

Number of school days lost: 2

2296 FIELD TRIP – OVER NIGHT – PRIVATE AUTO

The approval of the following:

EFHS - Swim, request permission to use Private Auto to travel to Parkersburg, WV, January 13-14, 2023 for the YMCA Swim Meet.

Approximate number of students: 30

Chaperone(s): K. Sharpe & E. Gallagher, Tricia Boyles, Devon Boyles, Gina Fantasia, Tracie Satterfield, April McPherson, David Franks, Mandy Waller, Sara Waldron, Michele Lilley, Christie Casto, Beth Fanasia, Cindy Utt, Krystal Townsend, Lisa Freeman, Jessica Cutlip, Mallory Haddix, Ashley Maxey, Rachael Lowe

Approximate Cost: \$150.00

Source of funds: Parents

Number of school days lost: 0

2297 FIELD TRIP – OVER NIGHT – COUNTY BUS

The approval of the following:

NMHS - Robotics, request permission to use a county bus to travel to Wheeling, WV, January 13-14, 2023 for the Robotics Qualifier.

Approximate number of students: 9

Chaperone(s): Jamie Knight & Kaitlyn Knight

Approximate Cost: \$1000.00

Source of funds: Robotics

Number of school days lost: 0

2298 FIELD TRIP – OVER NIGHT – COUNTY BUS

The approval of the following:

NMHS - Robotics, request permission to use a county bus to travel to Martinsburg, WV, January 6-7, 2023 for the Robotics Qualifier.

Approximate number of students: 9

Chaperone(s): Jamie Knight & Kaitlyn Knight

Approximate Cost: \$1200.00

Source of funds: Robotics

Number of school days lost: 0

YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders*

NAYS: 0

NO MOTION WAS MADE

ITEM 2291 DIED FOR A LACK OF MOTION

~~2291 BIDDING FOR TRASH/RECYCLEING PICKUP SERVICES~~

~~The Superintendent recommends approval of the Board of Education to solicit and advertise bids for trash and recycling pickup services at 16 sites in Marion County Schools. The bids for the trash and recycling pickup services will be effective July 1, 2023 and for at a minimum of one year with the criteria to ensure that the bidding requires for companies to be fully regulated by the West Virginia Public Service Commission (PSC). The PSC must have the authority to regulate the vendor’s service practices, rates, contracts, service areas, safety, and customer complaints should any issues arise. The bidding will be for the following sites: Barnes Learning Center, East Dale Elementary, East Fairmont High School, East Fairmont Junior High, East Park, Fairmont Senior High School, Jayenne Elementary School, MCACEC, Pleasant Valley Elementary, Watson Elementary, West Fairmont Middle School, Whitehall Elementary, Marion County/Bus Garage(Fairmont), Marion County Maintenance, Marion County Central Office, East West Stadium.~~

Mr. Dragich made a motion, seconded by Mr. Boyles to approve the following:

22-3000 FINANCIAL

3022 Vendor List dated December 22, 2022 are viewable in the attachments on the Marionboe.com website .

3023 Budget Supplements and Transfers December 22, 2022 are viewable in the attachments on the Marionboe.com website.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders

NAYS: 0

Mr. Dragich made a motion, seconded by Mr. Boyles to approve the following: **EXCEPT FOR ITEMS 4284 & 4285 which must be voted on separately.**

22-4000 PERSONNEL

The Superintendent reserves the right to submit an alternate name during the meeting when necessary.

4276 EMPLOYMENT – PAID COACHES

The approval of the following coaching positions effective for the 2022-23 season pending WV certification and CIB verification if needed:

East Fairmont High School

C22 12 06 05

Abbie Eakle Girls' Track/Assistant SSAC

C22 12 06 06

C.W Moore III Baseball/Assistant SSAC

C22 12 06 07

Eugenia Reesman Head Softball Professional

~~PULLED C22-12-06-03~~

~~Michael Sarsfield Head Boys' Track Professional~~

C22 12 06 06

Byan Spitzer Baseball/Assistant SSAC

C22 12 06 08

Shay Swiger Softball/Assistant SSAC

East Fairmont Middle School

C22 12 06 26

Walter Larnerd Head Girls' Track SSAC

C22 12 06 28

Carrie McClain Head Softball Sub Permit

C22 12 06 29

Tyisa Stewart Softball/Assistant Professional

C22 12 06 24

Scott Williams Head Boys' Track SSAC

Fairmont Senior High School**C22 12 06 14**Dayton McVicker Head Girls' Track

SSAC

22-2299

C22 12 06 16Dayton McVicker Head Boys' Track

SSAC

C22 12 06 15Joel Parker Girls' Track/Assistant

SSAC

C22 12 06 17Joel Parker Boys' Track/Assistant

SSAC

Fairview Middle School**C22 12 06 31**Diana Foley Head Girls' Track

SSAC

C22 12 06 30Robert McGinty Head Boys' Track

SSAC

Monongah Middle School**C22 12 06 33**Maureen Budka Girls' Track/Assistant

Professional

C22 12 06 32Donald Hayes Jr. Boys' Track/ Assistant

SSAC

North Marion High School**C22 12 06 21**Cindy Davis Girls' Track/Assistant

SSAC

C22 11 09 07Amanda Kesling Head Cheerleading

Sub Permit

C22 12 06 20Kevin Masters Boys' Track/Assistant

SSAC

Rivesville Elementary/Middle School**C22 12 06 34**Kyle Bryan Head Track

SSAC

West Fairmont Middle School**C22 12 06 36**Tom Stewart Head Softball

SSAC

4277 VOLUNTEER - COACHES

The approval of the following non-paid coaches effective for the 2022-23 season pending WV certification and CIB verification if needed:

East Fairmont High School**C22 12 06 43**

Brian Abel Softball/Volunteer SSAC-Pending

C22 12 06 42

Jacob Bolander Baseball/Volunteer SSAC-Pending

C22 12 06 43

Blair Nuzum Softball/Volunteer SSAC-Pending

C22 12 06 41

Aiden Slusser Track/Volunteer SSAC

C22 12 06 43

Steve Swiger Softball/Volunteer SSAC

East Fairmont Middle School**C22 12 06 56**

Lori Ennis Softball/Volunteer SSAC-Pending

C22 12 06 56

Clint Laxton Softball/Volunteer SSAC-Pending

C22 12 06 56

John Thomas Softball/Volunteer SSAC

Fairmont Senior High School**C22 12 06 45**

Jon Cain Girls' Lacrosse/Volunteer SSAC

C22 12 06 46

Charles Caputo Baseball/Volunteer Professional

C22 12 06 45

Jerry Gardener Girls' Lacrosse/Volunteer SSAC

C22 12 06 45

Ryann Moore Girls' Lacrosse/Volunteer SSAC

C22 12 06 46

Alex Peschl Baseball/Volunteer SSAC-Pending

C22 12 06 44

Eric Shaw

Boys' Lacrosse/Volunteer

SSAC **52-2299**

C22 12 06 44

Anthony Stingo

Boys' Lacrosse/Volunteer

SSAC

Mannington Middle School

C22 12 06 59

Adam Thorne

Track/Volunteer

Professional

North Marion High School

C22 12 06 52

Rebecca Deusenberry

Softball/Volunteer

SSAC-Pending

C22 12 06 55

Donald Hayes Jr.

Girls' Track/Volunteer

SSAC

C22 12 06 52

Julie Myers

Softball/Volunteer

SSAC-Pending

C22 12 06 52

Jeffrey Singleton

Softball/Volunteer

SSAC

4278 RETIREMENT – PROFESSIONAL PERSONNEL

The approval of the professional retirements as follows:

Kimberly Middlemas

Principal

Pleasant Valley Elementary School

225 Days

Effective: June 30, 2023

4279 LEAVE OF ABSENCE – PROFESSIONAL PERSONNEL

The approval of the following:

Chelsi Russell

Teacher

Marion County Technical Center

Granted a leave of absence from December 15, 2022 to June 30, 2023.

4280 EMPLOYMENT – PROFESSIONAL PERSONNEL

The following employment(s) are endorsed by the Superintendent, the School Principal, and Faculty Senate Designee(s):

P22 12 15 01

Michelle Mascaro-Efaw

Multi-Cat W/Autism

Rivesville Elementary/Middle School

200 Days

Effective: January 5, 2023

4281 EMPLOYMENT – PROFESSIONAL PERSONNEL-21st CENTURY PROGRAM

The approval of the following:

Watson Elementary School

P22 08 10 06

Brittany Kelly

Enrichment Instructor-Watson

2022-23 SY

\$10/hour

Monday-Friday

September 2022-May 2023

Effective: January 5, 2023

4282 RETIREMENT – SERVICE PERSONNEL

The approval of the service personnel retirements as follows:

Crystal Reynolds Bus Driver #42-22

Transportation Department

200 Days

Effective: December 31, 2022

Donna Yearsley Bus Aide #41

Transportation Department

200 Days

5:50 am-8:15 am

1:30 pm-4:15 pm

Effective: December 31, 2022

4283 LEAVE OF ABSENCE – SERVICE PERSONNEL

The approval of the following:

Candace Bland

Cook

Mannington Middle School

Request a leave of absence on November 30, 2022 and December 1, 2022.

YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders*

NAYS: 0

Mr. Dragich made a motion, seconded by Mr. Boyles to approve the following:

4284 SUSPENSIONS – PROFESSIONAL

The approval of Kimberly Jarmen, Teacher, be suspended for 1 school days and to be served on December 15, 2022 for Violation of Employee Code of Conduct.

YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders*

NAYS: 0

Mr. Dragich made a motion, seconded by Mr. Boyles to approve the following:

4285 SUSPENSIONS – PROFESSIONAL

The approval of John Christopher Tennant, Teacher, be suspended for 2 school days and to be served on December 14-15, 2022 for Violation of Employee Code of Conduct.

YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders*

NAYS: 0

Second review – No action was taken

22-5000 DISCUSSION – NEW POLICIES, REVISIONS & DELETIONS

22-2299

First Review – 12-19-22

Second Review – 1-4-23

Third Reading – 1-17-22

5025-NEW – PO2215 – REQUIRED COURSES OF INSTRUCTION

5026-REVISION – PO2625 – CIVICS EDUCATION TEST

5027-NEW – PO4116 – DETERMINATION OF EMPLOYEE OR INDEPENDENT WORKER

5028-REVISION – PO4120.08 – EMPLOYMENT OF PERSONAL FOR EXTRA-CURRICULAR ACTIVITIES

5029-REVISION – PO8340 – LETTERS OF REFERENCE

5030-REVISION – PO4125 – COMPETENCY TESTING FOR SERVICE PERSONNEL

5031-REVISION – PO3531 – UNAUTHORIZED WORK STOPPAGE

5032-REVISION – PO4531 – UNAUTHORIZED WORK STOPPAGE

5033-NEW – PO1406 – DETERMINATION OF EMPLOYEE OR INDEPENDENT WORKER

5034-REVISION – PO0100 – DEFINITIONS

5035-REVISION – PO4122.01 – DRUG FREE WORKPLACE

5036-REVISION – PO4120.04 – EMPLOYMENT OF SUBSTANCE

5037-REPLACEMENT – PO5722 – SCHOOL SPONSORED PUBLICATIONS AND PRODUCTIONS

First review – No action was taken

First Review – 1-4-23

Second Review – 1-17-23

Third Reading – 2-4-23

5038-REVISION – PO4213 – STUDENT SUPERVISION AND WELFARE BY SERVICE PERSONNEL

5039-REVISION – PO3242 – PROFESSIONAL STAFF DEVELOPMENT

5040-REVISION – PO4220 – STAFF EVALUATION

5041-REVISION – PO4139.01 – SUSPENSION

5042-REVISION – PO4124.01 – PROBATIONARY CONTRACT

5043-REVISION – PO4132 – VACANCIES – SERVICE POSITIONS

5044-REVISION – PO3139.01 – SUSPENSION

5045-REVISION – PO3132 – VACANCIES – PROFESSIONAL POSITIONS

Mr. Saunders made a motion, seconded by Mr. Boyles to go into executive session to discuss items 2292, 2293 & 2294 at 7:17.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

Mr. Saunders made a motion, seconded by Mr. Boyles to regular session at 7:51.

YEAS: Boyles, Costello, Dragich, Pellegrin, Saunders NAYS: 0

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the items 2292 and 2293:

2292 OMNI/VERITAS – CHANGE ORDER #16

The approval of Change order #16 to pay for addition cost for Owner approved furniture, concrete column size increase verbally approved by owner (work complete), and Toilet partitions and doors at urinals (work not complete, partitions need ordered) in the amount of \$11,317.58. FUNDING: County

2293 OMNI/VERITAS – CHANGE ORDER #18

The approval of Change order #18 to pay for Over excavation of parking due to unforeseen paving thickness, light pole, Concrete apron credit (Work complete), in the amount of \$28,962.88. FUNDING: County.

YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders* **NAYS: 0**

~~PULLED 2294 OMNI/VERITAS – CHANGE ORDER/AMENDMENT 1A~~

~~The Superintendent recommends the approval of Change order/Amendment 1A to pay for additional cost escalation for asphalt paving (Work), etc after exhausting Change Order No. 1, which was presented to the board September 19, 2022 in the amount of \$94,958.95. FUNDING: County~~

22-6000 SUPERINTENDENT’S REPORT

Student Achievement – NO CSI Schools

- Dr. DeVaul – Addresses issues to avoid becoming a CSI School**
- Provided timelines and updates**
- Flipside – Americorp**
- Summer Sole - June 13- July 13**
- Skills USA – Hosting CTE March 23rd**
- Future dates of Events**
- Athletic Trainers**

- Technology**
- Transportation**
- Facilities**
- Maintenance**

Re-routing of transportation

22-7000 MATTERS FROM THE BOARD

Mr. Boyles -

- Recognitions of Dr. Heston as Educator of the year.
- Mrs. Middlemas – Retirement
- Mon Health – Offering to assist the School System

Mr. Dragich -

AED's
Displays of Arts/Academic

22-2293

Mr. Saunders -

Congratulations to Dr. Heston as Educator of the Year.
Judge Wilson - Tickets
Metal Detectors
Meeting date for Safety
Congratulations to Kim Middlemas

Mrs. Costello -

School Calendar
Suggest that Beginning on July 1 to change Meeting times to 5:30 for recognition times

Mr. Dragich made a motion, seconded by Mr. Boyles to approve the following:

7028 STUDENT EXPULSION

The approval of a student to be expelled for one school year for violation of the Safe Schools Act.

YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders* **NAYS: 0**

22-8000 LEGAL UPDATE
N/A

22-9000 FUTURE MEETINGS

DATE	PURPOSE	TIME	PLACE
Jan 17	Tue Special Session (Calendar)	5:30 pm	Central Office
Jan 17	Tue Regular Session	6:00 pm	Central Office
Feb 6	Mon Special Session (Calendar)	5:30 pm	Central Office
Feb 6	Mon Regular Session	6:00 pm	Central Office
Feb 16	Thur Special Session (Safety)	1:00 pm	Central Office
Feb 20	Mon Regular Session	6:00 pm	Central Office

ADJOURNED

Mr. Saunders made a motion, seconded by Mr. Boyles to adjourn at 8:19 pm.

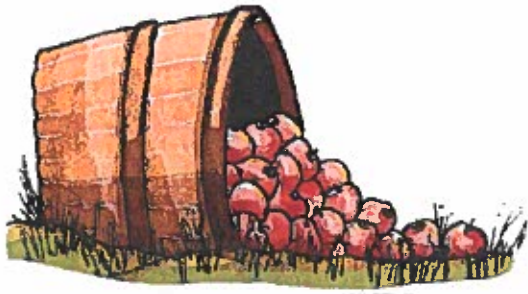
YEAS: *Boyles, Costello, Dragich, Pellegrin, Saunders*

NAYS: 0

Mrs. Donna Costello, President

Dr. Donna Hage, Superintendent/Secretary

Robin Haught, Executive Secretary



CHILD NUTRITION

Terri Atha

School Nutrition Program Director

Marion County Board of Education

TO: Dr. Donna Heston/Superintendent
DATE: January 10, 2023
SUBJECT: Board Approval

Request for Board Approval:

Purchase from Hooten Equipment Company LLC True Model T-49F-HC Reach In Freezer for Watson Elementary in the amount of \$6,575.00

Hooten Equipment Co. LLC	\$6,575.00 (recommend)
Douglas Equipment	\$6,834.17
Stout Equipment	\$7,270.00

Funding from Child Nutrition

22-2301



CHILD NUTRITION

Marion County Board of Education
Office of Child Nutrition
100 Naomi St.
Fairmont, West Virginia 26554

Terri Atha
School Nutrition Program Director
304-367-2106
tlrichar@k12.wv.us

January 5, 2023

REQUEST FOR PRICE QUOTE

True General Foodservice Model T-49F-HC
Reach-In Freezer
Watson Elementary
1579 Mary Lou Retton Drive, Fairmont, WV 26554
304-367-2156

True General Foodservice Model T-49F-HC
Reach-In Freezer
2 - Doors Stainless Steel
Left Door Hinged Left, Right Door Hinged Right
6 - Shelves PVC Coated Adjustable
Interior Lighting
Stainless Steel Front
Aluminum Sides and Interior w/Stainless Steel Floor
4" Castors
R290 Hydrocarbon refrigerant
1HP
115v/60/1ph
9.6 Amps
7 Year Compressor Warranty
3 Year Parts and Labor Warranty

Price to include delivery, assembly, set up, removal and disposal of old unit

Total Cost: 6834.17

COMPANY NAME Douglas Equipment
ADDRESS 301 North Street CITY/STATE Bluefield WV
TELEPHONE 304-327-0149 x1391 FAX 304-325-3848
SIGNATURE Jade Clyburn
TITLE Project Manager DATE 1/9/2023

Return by January 10, 2023 @ 10.00 a.m.

Fax: 304-367-2177

Mail Marion County Board of Education
Office of Child Nutrition
100 Naomi Street
Fairmont, WV 26554

Email: tlrichar@k12.wv.us

Jan 06 23, 05:07p

STOUT COMPANY 3046233357

3046233357

22-2301



CHILD NUTRITION

Marion County Board of Education
Office of Child Nutrition
100 Naomi St.
Fairmont, West Virginia 26554

Terri Atha
School Nutrition Program Director
304-367-2106
ttrichar@k12.wv.us

January 5, 2023

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304-367-2156

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Left Door Hinged Left, Right Door Hinged Right
6 - Shelves PVC Coated Adjustable
Interior Lighting
Stainless Steel Front
Aluminum Sides and Interior w/Stainless Steel Floor
4" Castors
R290 Hydrocarbon refrigerant
1HP
115v/60/1ph
9.6 Amps
7 Year Compressor Warranty
3 Year Parts and Labor Warranty

Price to include delivery, assembly, set up, removal and disposal of old unit.

Total Cost: \$ 7,270.00

COMPANY NAME Stout Company, Inc.
ADDRESS 760 West Pike CITY/STATE Clbg, W.V. 26301
TELEPHONE 304623-3356 FAX 304623-3357
SIGNATURE Angela Orman
TITLE President DATE 1-6-2023

Return by January 10, 2023 @ 10:00 a.m.

Fax: 304-367-2177

Email: ttrichar@k12.wv.us

Mail Marion County Board of Education
Office of Child Nutrition
100 Naomi Street
Fairmont, WV 26554

22-2301



Received
1/9/23 11:44 PM

CHILD NUTRITION

Marion County Board of Education
Office of Child Nutrition
100 Naomi St.
Fairmont, West Virginia 26554

Terri Atha
School Nutrition Program Director
304-367-2106
trichar@k12.wv.us

January 5, 2023

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4" Castors
R290 Hydrocarbon refrigerant
1HP
115v/60/1ph
9.6 Amps
7 Year Compressor Warranty
3 Year Parts and Labor Warranty

Price to include delivery, assembly, set up, removal and disposal of old unit.

Total Cost: 6,575⁰⁰

COMPANY NAME Hooten Equipment
ADDRESS 961 Virginia St w. CITY/STATE Charleston WV 25302
TELEPHONE 304-982-3478 FAX _____
SIGNATURE Kim Tyn
TITLE V.P. DATE 1-9-23

Return by January 10, 2023 @ 10:00 a.m.

Fax: 304-367-2177

Mail Marion County Board of Education
Office of Child Nutrition
100 Naomi Street
Fairmont, WV 26554

Email: trichar@k12.wv.us

Robin

22-2302

RENEWAL CONFIRMATION AND INVOICE



Apptegy, Inc.
2201 Brookwood Dr. STE 115
Little Rock, AR 72202

BILL TO Marlon County School District, West Virginia
1516 Mary Lou Retton Dr
Fairmont, WV 26554

TERMS: Net 30

INVOICE NUMBER	INVOICE DATE	DUE DATE	
Contract Invoice-INV-10639	02/01/2023	03/03/2023	

DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL
Thrillshare	1	28900	\$28,900.00

SUBTOTAL	\$28,900.00
TOTAL	\$28,900.00

BY PAYING THIS INVOICE, the customer agrees this renewal confirmation and invoice (the "Renewal") constitutes a binding agreement between customer and Apptegy for the renewal term. Per customer's service agreement with Apptegy, the Renewal incorporates Apptegy's current Master Services Agreement, published at www.apptegy.com/masterservicesagreement, which will apply and bind the parties on a going-forward basis. To the extent this Renewal (including the terms of the Master Services Agreement) conflicts with a prior agreement of parties, this Renewal will take precedence and control.

For billing inquiries, please contact:
Apptegy Billing
billing@apptegy.com

MEMORANDUM

TO: Dr. Donna Heston, Superintendent

FROM: LD Skarzinski, Administrative Assistant of Curriculum and Instruction
Gina DeLorenzo, Curriculum and Instruction Coordinator
Cc: Heidi Kosik, Executive Secretary

SUBJECT: ICLE Services Agreement (Instructional Coaching with Terri Klemm – 8 Days)

DATE: 12/28/2022

EW 1/3/23

This is a request for Marion County Board of Education to approve Watson Elementary School purchase of (8 Days) instructional coaching with Terri Klemm.

Funds:

School Improvement (CSI School) Amount: \$24,880.00

Title II (Model Schools Monies) Amount: \$10,000.00

ICLE Services Agreement

District/School/Organization: Marion County Schools, Watson Elementary
Address: 1516 Mary Lou Retton, Fairmont, WV 26554

Date: 12/28/2022
CP: 008597764

Dates	Description	Investment
TBD	Instructional Coaching with Terri Klemm 8 Days	\$34,880.00
Total		\$34,880.00

Total Investment Includes	
Travel and Expenses	Airfare | Ground transportation | Lodging | Meals | All other travel expenses
Materials	Instructional materials used during the session (as applicable)
*Please add proper sales tax to your order where appropriate	

Services Agreement valid for 30 days

Subject to terms and conditions, located at: <https://www.hmhc.com/terms-of-use/services>

The district/organization referenced above hereby accepts and agrees to the details set forth in this Services Summary, including dates and fees, subject to the terms and conditions.

Client to Complete

Signature: _____ Date: _____

Printed Name: _____ Title: _____

- Will a PO be issued for this purchase? yes no PO required
- Is the PO attached? yes no If no, anticipated date of PO: _____
- Please Invoice from Houghton Mifflin Harcourt: upon delivery of service or upfront
- If invoice "upon delivery of service" is selected, please indicate funding/PO expiration/last date
HMH can invoice: _____

Please return Services Agreement and PO (payable to Houghton Mifflin Harcourt) to:

Roxana Cahill
ICLE Business Development Representative
rcahill@leadered.com

22-2304

MEMORANDUM

TO: Dr. Donna Heston, Superintendent

FROM: LD Skarzinski, Administrative Assistant of Curriculum and Instruction
Gina DeLorenzo, Curriculum and Instruction Coordinator *LD*
Cc: Heidi Kosik, Executive Secretary

SUBJECT: Professional Development i-Ready Assessment and Personalized Instruction
Tailored Support Session

DATE: 1/09/2023

LD 1/9/23

This is a request for Marion County Board of Education to approve the purchase of (16 Days) of professional development with Curriculum Associates (i-Ready). The focus is to analyze individual student growth and The Standards Report.

Funds: Title IV Amount: \$32,000.00

Curriculum Associates²²⁻²³⁰⁴

Prepared For:

Gina Delorenzo
Marion Co SD
1516 Mary Lou Retton Dr,
Fairmont, WV 26554

1/4/2023

Dear Gina Delorenzo,

Thank you for requesting a price quote from Curriculum Associates. The chart below provides a summary of the products and/or services included. If you have any questions or would like any changes, please contact us.

Quote ID: 308794.4 Valid through: 12/31/2023

Product	Net Price
Professional Development	\$32,000.00
Shipping/Tax/Other:	\$0.00
Total:	\$32,000.00

Thank you again for your interest in Curriculum Associates.

Sincerely

Steven McBride
304-563-6001
smcbride@cainc.com

Please submit this quote with your purchase order

Curriculum Associates®

Quote ID: 308794.4 Date: 1/4/2023 Valid through: 12/31/2023

Prepared For:
Gina Delorenzo
Marion Co SD
1516 Mary Lou Retton Dr,
Fairmont, WV 26554
gdeloren@k12.wv.us

Your Representative:
Steven McBride
304-563-6001
smcbride@cainc.com

Professional Development

Product Name	Item #	Qty	Net Price	Total
Professional Development i-Ready Assessment and Personalized Instruction Tailored Support Session	16954.0	16	\$2,000.00	\$32,000.00
Professional Development Subtotal:				\$32,000.00
Total				
			List Total:	\$32,000.00
			Savings:	\$0.00
			Merchandise Total:	\$32,000.00
			Voucher/Credit:	\$0.00
			Estimated Tax:	\$0.00
			Estimated Shipping:	\$0.00
			Total:	\$32,000.00

Special Notes

F.O.B.: N. Billerica, MA 01862
 Shipping: Shipping based on MDSE total
 Terms: Net 30 days, pending credit approval
 Fed. ID: #26-3954988

Please submit this quote with your purchase order

N1

Curriculum Associates®

Information on Professional Development Sessions and COVID-19

Protecting the health and safety of the educators we serve and their students, as well as the health and safety of our employees, is of paramount importance to Curriculum Associates. While it is our preference to deliver PD sessions in person, circumstances related to COVID-19 may require us to provide sessions virtually instead. Curriculum Associates' policy is to only provide PD sessions in person where one of our employees can reach the session site by car and where adequate safety measures are in place to protect the health of our session leaders and participants. Curriculum Associates reserves the right to switch any session from in-person to virtual if we cannot reach a session site by car, if adequate safety measures cannot be put in place, or if Curriculum Associates determines that it would otherwise put its employees at risk to provide an in-person session.

If your school or district will not permit visitors at the time of a scheduled session, Curriculum Associates would be happy to provide an equivalent live, virtual session via videoconference. Similarly, Curriculum Associates will comply with your school or district's health and safety requirements regarding on-site visitors if we are given adequate advance notice. Our PD Operations team will work with school or district personnel to hold sessions in a manner that protects the safety of educators and your school community as well as Curriculum Associates employees.

We are pleased to be able to serve you in these challenging times and look forward to providing productive learning sessions to your staff. Any questions regarding scheduling in-person or virtual training sessions should be directed to pdoperations@cainc.com.

Curriculum Associates

Placing an Order

Email: Orders@cainc.com
 Fax: 1-800-366-1158
 Mail:
 ATTN: CUSTOMER SERVICE DEPT.
 Curriculum Associates LLC
 153 Rangeway Rd
 North Billerica, MA 01862-2013

Please visit CurriculumAssociates.com for more information about placing orders or contact CA's customer service department (1-800-225-0248) and reference quote number for questions. Please attach quote to all signed purchase orders. If tax exempt, please submit a valid exemption certificate with PO and quote in order to avoid processing delays. Exemption certificates can also be submitted to exempt@cainc.com.

Shipping Policy

Unless otherwise noted, shipping costs are calculated as follows:

Order Amount	Freight Amount
\$74.99 or less	Max charge of \$12.75
\$75.00 to \$999.99	12% of order
\$1,000 to \$4,999.99	10% of order

Order Amount	Freight Amount
\$5,000.00 to \$99,999.99	9% of order
\$100,000 and more	7% of order

Please contact your local CA representative or customer service (1-800-225-0248) for expedited shipping rates. The weight limit for an expedited order is 500lbs.

The enhanced shipping and handling services listed below are available upon request subject to the availability of our carrier partners. Please notify us of these delivery requests prior to submitting your PO so that we can include the service on your quote appropriately:

- Interior Location Delivery \$50/shipment location
- White Glove Delivery Service \$350/shipment location

If our carrier partners are unable to deliver to the location instructed on the PO or you need to change the time or location of delivery, one or more of the following fees may be applicable:

- Delivery Address Change \$100/shipment location
- Freight Storage \$150/day/shipment location
- Freight Carrier Redelivery \$100/shipment location

Unless otherwise expressly indicated, the shipping terms for all deliveries is FOB CA's Shipping Point (whether to a CA or third party facility). Risk of loss and title is passed to purchaser upon transfer of the goods to carrier, standard shipping charges (listed above) are added to the invoice or included in the unit price unless otherwise specified.

Supply chain challenges outside of Curriculum Associates' control may impact inventory availability for print product. We recommend submission of purchase orders as soon as possible to help ensure timely delivery.

Payment Terms

Payment terms are as follows:

- With credit approval: Net 30 days
- Without credit approval: payment in full at time of order
- Accounts must be current before subsequent shipments are made

To ensure payment processing is timely and environmentally conscious, CA encourages ACH or wire payments. CA's bank remittance information is:

- Account Number: 4418064408 | ABA Routing: 121000248
- Bank Name: Wells Fargo Bank – San Francisco, CA | Account Name: Curriculum Associates, LLC
- SWIFT Code (International Only): WFBUS6S
- Tax ID: 26-3954988

Please send any payment notifications to payments@cainc.com. Credit card payments are only accepted for purchases under \$50,000.

Invoice Receipt Preference

CA is pleased to offer electronic invoice delivery. Electronic invoice delivery allows CA to deliver your invoice in a timely and environmentally friendly manner. To request electronic invoice delivery please contact the CA Accounts Receivable team at invoices@cainc.com or by fax (1-800-366-1158). Please reference your quote number, provide a valid email address where the invoice should be directed, and indicate you would like to opt into electronic invoice delivery.

Terms of Service

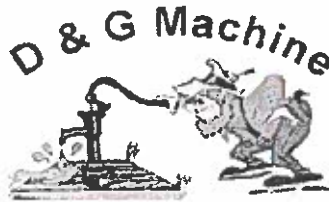
Customer's use of i-Ready® shall be subject to the i-Ready Terms and Conditions of Use, which can be found at i-ready.com/support. Customer's professional-development sessions will expire two years following the date of your purchase order and are subject to the Professional Development Terms of Service, which can be found at i-ready.com/support.

Return Policy

Except for materials sold on a non-refundable basis, purchaser may return, at purchaser risk and expense, purchased materials with pre-approval from CA's Customer Service department within 12 months of purchase. Please examine your order upon receipt. Before returning material, call CA's Customer Service department (1-800-225-0248 option 4) for return authorization and documentation. When returning material, please include your return authorization number and the return form that will be provided to you by CA's Return department. i-Ready®, Toolbox®, and BRIGANCE® Online Management Systems may be returned for a pro-rated refund for the remaining time left on the contract. We do not accept returns on unused i-Ready or Toolbox licenses®, materials that have been used and/or are not in "saleable condition," and individual components of kits or sets including but not limited to BRIGANCE® Kits, Ready® student and teacher sets, Ready Classroom® student and teacher sets, and Magnetic Reading classroom kits.

22-2308

D & G MACHINE CO., INC.
PO BOX 31
115 WATER STREET
MANNINGTON, WV 26582



Since 1985

D & G MACHINE CO., INC.
ESTABLISHED 1985
PHONE 304-986-1020
FAX 304-986-3108

Quotation

Quote MARION CO. BOE
To: 200 GASTON AVE
FAIRMONT, WV 26582

1/17/23 agenda
Maintenance

Quotation Number: 7034	Contact: DAVE HAYHURST / ANDY NEPTUNE
Quotation Date: 11/29/22 Expires: 12/29/22	Inquiry:
Customer Code: MARION CO. B.O.E.	Terms: 1% 10 - Net 30 Days
Salesman: KEVIN GLASSCOCK	Phone:
Ship Via:	FAX:
FOB: Origin	

FABRICATE NEW STAIRS ANT FAIRMONT SENIOR HIGH SCHOOL

Item	Part Number	Description	Revision	Quantity	Price
1		FABRICATE STAIRS MANUFACTURE STAIRS -STAIRS WILL BE BUILT WITH STEEL STRINGERS AND HANDRAIL, TREADS WILL BE SERRATED ALUMINUM. HAND RAIL AND TREADS WILL BE BUILT TO OSHA SPECIFICATIONS.	-	1.0000/EA	\$18,067.92/EA
2		DEMOLITION OF EXISTING STAIRS AND INSTALL/ - THIS PRICE IS TO REMOVE OLD STAIRS, MAKE REPAIRS TO REMAINING STRUCTURE, AND INSTALL NEW STAIRS.		1.0000/EA	\$20,258.00/EA

Sales Tax: \$0.00

Total: \$38,325.92

1% 10 Net 30
Delivery: Plus Freight

By: GREGORY W WHITE 12-1-22

APPLICATION FOR PAYMENT



Project: NMHS HVAC Upgrades
Contract For: Marion County Board of Education
Application No: S221255-0
Application Date: 08/19/22
Period To: 08/31/22
Job No.: S221255
Contract Date: 08/12/22
Customer No: 1030248
Contract No:
Via Architect:

To: Marion County Board of Education
 1516 Mary Lou Retton Drive
 Fairmont WV 26554

Remit To: Scalise Industries
 55 Park Dr
 Lawrence PA 15055

Architect's Project No:
 Thrasher Project #160-11005

Distribution to:

OWNER	
ARCHITECT	
CONTRACTOR	

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Schedule of Values is attached.

1. ORIGINAL CONTRACT SUM	\$ 4,520,000.00		
2. NET CHANGE BY CHANGE ORDERS	\$ 0.00		
3. CONTRACT SUM TO DATE (line 1 + 2)	\$ 4,520,000.00		
4. TOTAL COMPLETED AND STORED TO DATE (Column G of Schedule of Values)	\$ 71,000.00		
5. RETAINAGE			
a. 10.00 % of Completed Work (Column D + E of Schedule of Values)	\$ 7,100.00		
b. % of Stored Material (Column F of Schedule of Values)	\$ 0.00		
Total Retainage	\$ 7,100.00		
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$ 63,900.00		
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Application)	\$ 0.00		
8. CURRENT PAYMENT DUE	\$ 63,900.00		
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$ 4,456,100.00		

CHANGE ORDER SUMMARY

Total changes approved in previous months by Owner	0.00		
Total approved this Month	0.00		
TOTALS	0.00		
NET CHANGES by Change Order	0.00		

Contract For: Scalise Industries

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown here is now due.

CONTRACTOR: Scalise Industries

By: *[Signature]*
 State of: PA
 County of: Washington
 Notary Public: *[Signature]*
 My Commission expires: December 16, 2024
 Member, Pennsylvania Association of Notaries

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... \$63,900.00

(Attach explanation if the amount certified differs from the amount applied for in Line 8. Initial all figures on this Application and on the Schedule of Values that are changes to conform to the amount certified.)

ARCHITECT: *[Signature]* Date: 8/30/2022

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract

Application No.: S221255-0
 Application Date: 08/19/22
 Period To: 08/31/22
 Architect's Project No.:

APPLICATION FOR PAYMENT - SCHEDULE OF VALUES

Use Column I on Contracts where variable retainage for line items may apply

(A) ITEM NO.	(B) DESCRIPTION OF WORK	(C) SCHEDULED VALUE	(D) WORK COMPLETED PREVIOUS PERIOD APPLIC. (D+E)	(E) WORK COMPLETED THIS PERIOD	(F) MATERIALS PRESENTLY STORED (NOT IN D OR E)	(G) TOTAL COMPLETED AND STORED TO DATE (D+E+F)	(H) BALANCE TO FINISH (C-G)	(I) RETENTION
101	Bonds/Permits	44,500.00	0.00	44,500.00	0.00	44,500.00	0.00	4,450.00
102	General Overhead	95,000.00	0.00	9,500.00	0.00	9,500.00	85,500.00	950.00
103	Submittals HVAC	10,000.00	0.00	2,500.00	0.00	2,500.00	7,500.00	250.00
104	Submittals Electrical	6,000.00	0.00	0.00	0.00	0.00	6,000.00	0.00
105	Project Management/Engineering	145,000.00	0.00	14,500.00	0.00	14,500.00	130,500.00	1,450.00
106	Coordination/CAD Drawings	45,000.00	0.00	0.00	0.00	0.00	45,000.00	0.00
107	Mobilization	30,000.00	0.00	0.00	0.00	0.00	30,000.00	0.00
108	HVAC RTU's	410,000.00	0.00	0.00	0.00	0.00	410,000.00	0.00
109	HVAC UV's	432,000.00	0.00	0.00	0.00	0.00	432,000.00	0.00
110	HVAC MER Equipment	599,000.00	0.00	0.00	0.00	0.00	599,000.00	0.00
111	Electrical Material/Labor	155,000.00	0.00	0.00	0.00	0.00	155,000.00	0.00
112	General Construction/Cleaning	160,000.00	0.00	0.00	0.00	0.00	160,000.00	0.00
113	Demolition	33,000.00	0.00	0.00	0.00	0.00	33,000.00	0.00
114	Sheetmetal Material	40,000.00	0.00	0.00	0.00	0.00	40,000.00	0.00
115	Sheetmetal Labor	195,000.00	0.00	0.00	0.00	0.00	195,000.00	0.00
116	Piping Material	485,000.00	0.00	0.00	0.00	0.00	485,000.00	0.00
117	Piping Labor	796,000.00	0.00	0.00	0.00	0.00	796,000.00	0.00
118	Insulation - HVAC	370,000.00	0.00	0.00	0.00	0.00	370,000.00	0.00
119	Roofing	3,500.00	0.00	0.00	0.00	0.00	3,500.00	0.00
120	Automatic Temperature Controls (ATC)	410,000.00	0.00	0.00	0.00	0.00	410,000.00	0.00
121	Cranes/Rentals	30,000.00	0.00	0.00	0.00	0.00	30,000.00	0.00
122	Start/Test/Balance	14,000.00	0.00	0.00	0.00	0.00	14,000.00	0.00
123	Closeouts/O&M's	12,000.00	0.00	0.00	0.00	0.00	12,000.00	0.00
Job Totals:		\$4,520,000.00	\$0.00	\$71,000.00	\$0.00	\$71,000.00	\$4,449,000.00	\$7,100.00

22-2306

EMCOR Services
 Scalise Industries
 PO Box 413
 Lawrence, PA 15055
 Phone: 724-746-3300 Fax: 724-746-5410
 www.emcor.com

Permit To: Scalise Industries
 55 Park Dr
 Lawrence PA 15055

To: Marion County Board of Education
 1516 Mary Lou Retton Drive
 Fairmont WV 26554

Project: NMHS HVAC Upgrades
Contract For: Marion County Board of Education
Application No: S221255-03
Application Date: 11/16/22
Period To: 11/30/22
Job No.: S221255
Contract Date: 08/12/22
Customer No: 1030248
Contract No:
Via Architect:
Architect's Project No:

Distribution to:

OWNER
ARCHITECT
CONTRACTOR

APPLICATION FOR PAYMENT

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Schedule of Values is attached.

1. ORIGINAL CONTRACT SUM	.....\$	4,520,000.00
2. NET CHANGE BY CHANGE ORDERS	.....\$	0.00
3. CONTRACT SUM TO DATE (line 1 + 2)	.....\$	4,520,000.00
4. TOTAL COMPLETED AND STORED TO DATE (Column G of Schedule of Values)	.....\$	1,024,300.00
5. RETAINAGE:		
a. 10.00 % of Completed Work (Column D + E of Schedule of Values)	.....\$	102,430.00
b. % of Stored Material (Column F of Schedule of Values)	.....\$	0.00
Total Retainage	.....\$	102,430.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	.....\$	921,870.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Application)	.....\$	308,250.00
8. CURRENT PAYMENT DUE	.....\$	613,620.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	.....\$	3,598,130.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	0.00	0.00
Total approved this Month	0.00	0.00
TOTALS	0.00	0.00
NET CHANGES by Change Order	0.00	0.00

Contract For: Scalise Industries

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Scalise Industries
 By: *Lora L. Reardon* Date: November 30, 2022
 State of: PA County of: Washington
 Notary Public: Lora L. Reardon, Notary Public
 My Commission expires: December 16, 2024
 ARCHITECTS CERTIFICATE FOR PAYMENT
 My commission expires December 16, 2024
 Commission number 1134778

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... \$613,620.00
 (Attach explanation if the amount certified differs from the amount applied for in Line 8. Initial all figures on this Application and on the Schedule of Values that are changes to conform to the amount certified.)

ARCHITECT: James B. Decker Date: 12/12/2022
 By: _____
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract

Application No.: S221255-03
 Application Date: 11/16/22
 Period To: 11/30/22
 Architect's Project No.:

APPLICATION FOR PAYMENT - SCHEDULE OF VALUES

Use Column I on Contracts where variable retainage for line items may apply

(A) ITEM NO.	(B) DESCRIPTION OF WORK	(C) SCHEDULED VALUE	(D) PREVIOUS PERIOD APPLIC. (D+E)	(E) WORK COMPLETED THIS PERIOD	(F) MATERIALS PRESENTLY STORED (NOT IN DORE)	(G) TOTAL COMPLETED AND STORED TO DATE (D+E+F)	(H) % (G/C)	(I) BALANCE TO FINISH (C-G)	(J) RETENTION
101	Bonds/Permits	44,500.00	44,500.00	0.00	0.00	44,500.00	100.00	0.00	4,450.00
102	General Overhead	95,000.00	19,000.00	9,500.00	0.00	28,500.00	30.00	66,500.00	2,850.00
103	Submittals HVAC	10,000.00	9,000.00	0.00	0.00	9,000.00	90.00	1,000.00	900.00
104	Submittals Electrical	6,000.00	6,000.00	0.00	0.00	6,000.00	100.00	0.00	600.00
105	Project Management/Engineering	145,000.00	29,000.00	14,500.00	0.00	43,500.00	30.00	101,500.00	4,350.00
106	Coordination/CAD Drawings	45,000.00	0.00	0.00	0.00	0.00	0.00	45,000.00	0.00
107	Mobilization	30,000.00	30,000.00	0.00	0.00	30,000.00	100.00	0.00	3,000.00
108	HVAC RTU's	410,000.00	0.00	0.00	0.00	0.00	0.00	410,000.00	0.00
109	HVAC UV's	432,000.00	0.00	0.00	0.00	0.00	0.00	432,000.00	0.00
110	HVAC MER Equipment	599,000.00	0.00	450,000.00	0.00	450,000.00	75.13	149,000.00	45,000.00
111	Electrical Material/Labor	155,000.00	0.00	0.00	0.00	0.00	0.00	155,000.00	0.00
112	General Construction/Cleaning	160,000.00	5,000.00	8,000.00	0.00	13,000.00	8.13	147,000.00	1,300.00
113	Demolition	33,000.00	0.00	0.00	0.00	0.00	0.00	33,000.00	0.00
114	Sheetmetal Material	40,000.00	0.00	0.00	0.00	0.00	0.00	40,000.00	0.00
115	Sheetmetal Labor	195,000.00	0.00	0.00	0.00	0.00	0.00	195,000.00	0.00
116	Piping Material	485,000.00	160,000.00	160,000.00	0.00	320,000.00	65.98	165,000.00	32,000.00
117	Piping Labor	796,000.00	40,000.00	39,800.00	0.00	79,800.00	10.03	716,200.00	7,980.00
118	Insulation - HVAC	370,000.00	0.00	0.00	0.00	0.00	0.00	370,000.00	0.00
119	Roofing	3,500.00	0.00	0.00	0.00	0.00	0.00	3,500.00	0.00
120	Automatic Temperature Controls (ATC)	410,000.00	0.00	0.00	0.00	0.00	0.00	410,000.00	0.00
121	Cranes/Rentals	30,000.00	0.00	0.00	0.00	0.00	0.00	30,000.00	0.00
122	Start/Test/Balance	14,000.00	0.00	0.00	0.00	0.00	0.00	14,000.00	0.00
123	Closeouts/O&M's	12,000.00	0.00	0.00	0.00	0.00	0.00	12,000.00	0.00
Job Totals:		\$4,520,000.00	\$342,500.00	\$681,800.00	\$0.00	\$1,024,300.00	22.66	\$3,495,700.00	\$102,430.00



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 07/31/2024

NAME OF CONTRACTOR OR SUBCONTRACTOR
Scalise Industries Corporation dba EMCOR Services Scalise Industries

ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055

PAYROLL NO. 7 FOR WEEK ENDING 11/1/22 PROJECT AND LOCATION PROJECT OR CONTRACT NO.
North Marion High School HVAC Upgrades Thrasher Project No. T60-11005

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) EMPLOYER'S CLASSIFICATION	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS			(9) NET WAGES PAID FOR WEEK		
			11/1	11/2	11/3	11/4	11/5	11/6	11/7				FICA	WITH- HOLDING TAX	OTHER		TOTAL DEDUCTIONS	
See Attached																		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

22-2307

(over)



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11/1/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/03/22

Period Date: 11/01/2022 Year: 2022

Co/Job: 485 S221255 NMHS HVAC Upgrades
Address: 1 N. Marion Drive
 Farmington
 WV
 26571
State: West Virginia
Zip Code: 26571
Description:

Federal Employer ID: 25-133431Z
Work Comp Insurance Carrier: Scalise Industries
 55 Park Dr
 Lawrence
 PA
 15055
Policy Number:
Effective Date:
Expiration Date:

Employee Number	Marital Status	Gender	Race	Federal Exempt	First Check or EFT	Old Hours	Total Gross Wages	Federal Tax	State Tax	Local Tax	DBL	UTA	Other Deductions	Net Pay	State Calc Fringes	Union Fringes	Job Fringes			
103374	Single	Male	White	0	2459888	10.00	1,851.50	268.25	114.79	26.85	99.00	0.00	0.00	0.00	0.00	0.00	926.11	0.00	1,193.40	0.00
Name: Benjamin M Waider 860 Cherry Street Cranston WV 26354 SSN: ***-**-2708 Union: 465152 - WV Plumbers and Pipefitters Skills: JOUR00 PW Skills:																				
GROSS: 1,928.20 FEDERAL WITHHOLDING -296.45 SOCIAL SECURITY W/H -122.65 MEDICARE W/H -28.68 WV STATE W/H -107.00 DUES -69.74 APPRENTICE FUND -0.80 WV PIPE TRADES -10.40 WV BUILDING TRADES -8.00 SAVINGS F/N -316.50 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 NET 992.48																				

THIS JOB	HOURS	RATE	GROSS
10/26	10.00	185.15	1,851.50
10/27	10.00	185.15	1,851.50
10/28	10.00	185.15	1,851.50
10/29	10.00	185.15	1,851.50
10/30	10.00	185.15	1,851.50
10/31	10.00	185.15	1,851.50
11/01	10.00	185.15	1,851.50
11/02	10.00	185.15	1,851.50
11/03	10.00	185.15	1,851.50
11/04	10.00	185.15	1,851.50
11/05	10.00	185.15	1,851.50
11/06	10.00	185.15	1,851.50
11/07	10.00	185.15	1,851.50
11/08	10.00	185.15	1,851.50
11/09	10.00	185.15	1,851.50
11/10	10.00	185.15	1,851.50
11/11	10.00	185.15	1,851.50
11/12	10.00	185.15	1,851.50
11/13	10.00	185.15	1,851.50
11/14	10.00	185.15	1,851.50
11/15	10.00	185.15	1,851.50
11/16	10.00	185.15	1,851.50
11/17	10.00	185.15	1,851.50
11/18	10.00	185.15	1,851.50
11/19	10.00	185.15	1,851.50
11/20	10.00	185.15	1,851.50
11/21	10.00	185.15	1,851.50
11/22	10.00	185.15	1,851.50
11/23	10.00	185.15	1,851.50
11/24	10.00	185.15	1,851.50
11/25	10.00	185.15	1,851.50
11/26	10.00	185.15	1,851.50
11/27	10.00	185.15	1,851.50
11/28	10.00	185.15	1,851.50
11/29	10.00	185.15	1,851.50
11/30	10.00	185.15	1,851.50
12/01	10.00	185.15	1,851.50
12/02	10.00	185.15	1,851.50
12/03	10.00	185.15	1,851.50
12/04	10.00	185.15	1,851.50
12/05	10.00	185.15	1,851.50
12/06	10.00	185.15	1,851.50
12/07	10.00	185.15	1,851.50
12/08	10.00	185.15	1,851.50
12/09	10.00	185.15	1,851.50
12/10	10.00	185.15	1,851.50
12/11	10.00	185.15	1,851.50
12/12	10.00	185.15	1,851.50
12/13	10.00	185.15	1,851.50
12/14	10.00	185.15	1,851.50
12/15	10.00	185.15	1,851.50
12/16	10.00	185.15	1,851.50
12/17	10.00	185.15	1,851.50
12/18	10.00	185.15	1,851.50
12/19	10.00	185.15	1,851.50
12/20	10.00	185.15	1,851.50
12/21	10.00	185.15	1,851.50
12/22	10.00	185.15	1,851.50
12/23	10.00	185.15	1,851.50
12/24	10.00	185.15	1,851.50
12/25	10.00	185.15	1,851.50
12/26	10.00	185.15	1,851.50
12/27	10.00	185.15	1,851.50
12/28	10.00	185.15	1,851.50
12/29	10.00	185.15	1,851.50
12/30	10.00	185.15	1,851.50
12/31	10.00	185.15	1,851.50

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11/1/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/03/22

Period Date: 11/01/2022 Year: 2022

Co/Job Address:	485 S221255 NMHS HVAC Upgrades 1 N. Maxon Drive Farmington WV 26571	Federal Employer Id: 25-1334312	Work Comp Insurance Carrier: Scalise Industries 55 Park Dr Lehrance PA 15055
State:	WV	Policy Number:	
Zip Code:	26571	Effective Date:	
Description:		Expiration Date:	

JOB TOTALS

GROSS THIS JOB: 4,172.98
 HOURS THIS JOB: 88.00
 GROSS ALL CHECKS: 5,549.06
 REIMBURSABLE ALL CHECKS: 0.00
 FRINGES PAID TO EMPLOYEE: 0.00
 EIC ALL CHECKS: 0.00
 FEDERAL WITH ALL CHECKS: 840.27
 SOCIAL SECURITY ALL CHECKS: 344.04
 MEDICARE ALL CHECKS: 80.46
 STATE WITH ALL CHECKS: 296.00
 WORKERS COMP ALL CHECKS: 0.00
 LOCAL WITH ALL CHECKS: 1,268.58
 OTHER DEDUCTIONS ALL CHECKS: 2,829.35
 TOTAL DEDUCTIONS ALL CHECKS: 2,719.71
 NET ALL CHECKS:

FRINGES PAID TO LOCAL UNION 485152

65 }
 88.00 REG HRS @ 10.85 / HR = 954.80
 88.00 REG HRS @ 8.90 / HR = 783.20
 88.00 REG HRS @ 8.36 / HR = 735.68
 88.00 REG HRS @ 0.90 / HR = 79.20
 88.00 REG HRS @ 0.10 / HR = 8.80
 88.00 REG HRS @ 0.10 / HR = 8.80
 88.00 REG HRS @ 0.37 / HR = 32.56
 TOTAL 2,623.44
 29.58 }
 2,091.44 }
 612-
 612.00
 2,703.44



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.08.2022

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/10/22

Period Date: 11/08/2022 Year: 2022

Co/Job: 485 S231256 NMHS HVAC Upgrades
 Address: 1 N. Marion Drive
 State: Farmington WV 26571
 Zip Code: 26571
 Description:

Federal Employer Id: 25-1334312
 Work Comp Insurance Carrier: Scalise Industries
 Policy Number: 55 Park Dr
 Effective Date: Lawrence PA
 Expiration Date: 15055

Employee Number	Marital Status	Race	Federal Exempts	First Check of EFT	Total Hours	Gross Wages	Federal Tax	Social Security Tax	All States Tax	All States DBL	All States Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net	Pay Fringes Not in Pay	Stab Crac Fringes Not in Pay	Union Fringes Not in Pay	Job Fringes Not in Pay
103061	Single	Male	0	2459895	40.00	1,731.20	278.17	107.33	25.10	91.00	0.00	0.00	433.39	0.00	0.00	796.21	0.00	0.00	1,224.00	0.00

Name: Eric P Sogby
 SSN: ***-**-6632
 Union: 465152 - WV Plumbers and Pipefitters
 Skills: FORE00
 PW Skills:

THIS JOB	HOURS	RATE	GROSS
	008.00	43,280.00	346.24
	000.00	64,820.00	-278.17
	000.00	86,560.00	-107.33
			-25.10
			-91.00
			-60.59
			-0.80
			-10.40
			-8.00
			-329.60
			-4.00
			-20.00
			796.21

CHIK/FT 2459895	GROSS	FED WITHHOLDING	SOCIAL SECURITY W/H	MEDICARE W/H	WV STATE W/H	DUES	APPRENTICE FUND	WV PIPE TRADES	WV BUILDING TRADES	SAVINGS FM	UA ORGANIZING	MARKET RECOVERY	NET
003.00	346.24	1,731.20	-278.17	-107.33	-25.10	-91.00	-60.59	-0.80	-10.40	-8.00	-329.60	-4.00	-20.00
													796.21

Skills	FORE00	Skills	FORE00
11/02	11/03	11/04	11/05
11/06	11/07	11/08	

THIS JOB	HOURS	RATE	GROSS
	040.00	49,770.00	1990.80
	000.00	74,655.00	0.00
	000.00	99,540.00	0.00

CHIK/FT 2459895	GROSS	FED WITHHOLDING	SOCIAL SECURITY W/H	MEDICARE W/H
040.00	1990.80	1,990.80	-289.47	-123.43
				-28.67

Name: Stephen B Wagner
 SSN: ***-**-7368
 Union: 465152 - WV Plumbers and Pipefitters
 Skills: FORE00
 PW Skills:

THIS JOB	HOURS	RATE	GROSS
	040.00	49,770.00	1990.80
	000.00	74,655.00	0.00
	000.00	99,540.00	0.00

CHIK/FT 2459895	GROSS	FED WITHHOLDING	SOCIAL SECURITY W/H	MEDICARE W/H
040.00	1990.80	1,990.80	-289.47	-123.43
				-28.67

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.08.2022

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/10/22

Period Date: 11/08/2022 Year: 2022



Cv/Job Address: 465 S221255 MNHS HVAC Upgrades
 1 N. Marion Drive
 Farmington WV 26571
State: WV
Zip Code: 26571
Description: Scalise Industries
 55 Park Dr
 Lawrence PA 15065
Federal Employer Id: 25-1334312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

Employee Number	Marital Status	Gender	Race	Federal Exempt	First Check or EPT	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	All States DBL	All States Work Comp	All Local Tax	Other Deductions	Fringes Paid to Employee	Retire	State Fringes	Union Fringes	Job Fringes	Net Pay
103314	Single	Male	White	0	2459895	40.00	1,864.40	271.09	115.59	27.03	100.00	0.00	0.00	0.00	428.05	0.00	0.00	0.00	0.00	1,224.00	0.00
Name: Benjamin M Warder SSN: ***-**-2709 Union: 465-152 - WV Plumbers and Pipefitters Skills: JOUR00 PM Skills:																					

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

THIS JOB	HOURS	RATE	GROSS
11/02	10.00	46.6100	466.10
11/03	10.00	46.6100	466.10
11/04	10.00	46.6100	466.10
11/05	10.00	46.6100	466.10
11/06	10.00	46.6100	466.10
11/07	10.00	46.6100	466.10
11/08	10.00	46.6100	466.10
TOTAL	80.00		3,728.80

JOB TOTALS
 GROSS THIS JOB: 4 20: 44
 HOURS THIS JOB: 88.00
 GROSS ALL CHECKS: 5,586.40
 REIMBURSABLE ALL CHECKS: 0.00
 FRINGES PAID TO EMPLOYEE: 0.00
 EIC ALL CHECKS: 0.00

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.08.2022

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/10/22

Period Date: 11/08/2022 Year: 2022



Co/Job Address: 465 S221255 NHRS HVAC Upgrades
 1 N. Wharton Drive
 Farmington
 WV
 26571
State: WV
Zip Code: 26571
Description:

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
 55 Park Dr
 Lawrence
 PA
 15055
Policy Number:
Effective Date:
Expiration Date:

Employee Number	Marital Status	Gender	Race	Federal Exempt	First Check	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Retire	Net Pay	State Calc Fringes	Union Fringes	Job Fringes
					848.73																	
FEDERAL WH ALL CHECKS: SOCIAL SECURITY ALL CHECKS: 346.35 MEDICARE ALL CHECKS: 81.00 STATE WH ALL CHECKS: 290.00 WORKERS COMP ALL CHECKS: 0.00 LOCAL WH ALL CHECKS: 0.00 OTHER DEDUCTIONS ALL CHECKS: 1,303.92 TOTAL DEDUCTIONS ALL CHECKS: 2,879.00 NET ALL CHECKS: 2,707.40																						
FRINGES PAID TO LOCAL UNION 465152 88.00 REG HRS @ 11.35 /HR = 998.60 88.00 REG HRS @ 9.10 /HR = 800.80 88.00 REG HRS @ 8.50 /HR = 748.00 88.00 REG HRS @ 0.95 /HR = 83.60 88.00 REG HRS @ 0.10 /HR = 8.80 88.00 REG HRS @ 0.10 /HR = 8.80 88.00 REG HRS @ 0.50 /HR = 44.00 TOTAL 2,692.80																						

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.08.2022

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/10/22

Period Date: 11/08/2022 Year: 2022



PROJECT: NMHS HVAC Juggleries

ADDRESS: 1 N. Maincon Drive, Farmington WV 26571

I. MARIAH CARPENTER
(NAME OF SIGNATORY PARTY)

PAYROLL SPECIALIST
(TITLE)

(4) THAT

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 2ND DAY OF NOVEMBER 2022 AND ENDING ON THE 8TH DAY OF NOVEMBER 2022. ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED. THAT NO RATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID SCALISE INDUSTRIES FROM THE FULL 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 7 (29 CFR 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.

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

(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

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

(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 BEING 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.

I NAME AND TITLE
I Mariah Carpenter
I Payroll Specialist

I SIGNATURE

Mariah Carpenter

THE WFLA 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.

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11/15/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/18/22

Period Date: 11/15/2022 Year: 2022



Cell Job: 485 S221255 NMHS HVAC Upgrades
Address: 1 N. Marion Drive
State: Farmington WV 26571
Zip Code: WV 26571
Description:

Federal Employer Id: 25-133431Z
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence PA
Expiration Date: 15055

Emp No	Emp Name	Marital Status	Gender	Race	Federal Exempt	Federal Check	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	All States Tax	All States DBL	All States SUTA	All States Loca Tax	Other Deductions	Fringes to Employee	Net Pay	State Fringes Not in Pay	State Fringes Pay	Union Fringes Not in Pay	Union Fringes Pay	Job Fringes Not in Pay	Job Fringes Pay
103081	Erc P Sigley	Single	Male	White	0	0	32.00	1,731.20	278.17	107.33	25.10	91.00	0.00	0.00	346.71	0.00	882.89	0.00	0.00	979.20	0.00	0.00	

Name:	SSN:	Union:	Skills:	FORE00	PW Skills:
Erc P Sigley	***-**-6837	465152 - WV Plumbers and Pipelitters	465152 - WV Plumbers and Pipelitters	FORE00	

THIS JOB	HOURS	RATE	GROSS
	016.00	43.2800	692.48
		00.00	1,731.20

DATE	TIME	DAY	WEEK	WAGE	TAX	DBL	SUTA	LOC	OTH	NET
11/09	08.00	WED	11/09	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/10	00.00	THU	11/10	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/11	00.00	FRI	11/11	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/12	00.00	SAT	11/12	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/13	00.00	SUN	11/13	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/14	00.00	MON	11/14	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/15	00.00	TUE	11/15	00.00	00.00	00.00	00.00	00.00	00.00	00.00

CHIEFT: 2459902	GROSS	FED WITHHOLDING	SOCIAL SECURITY WH	MEDICARE WH	WV STATE WH	DUES	APPRENTICE FUND	WV PIPE TRADES	WV BUILDING TRADES	SAVINGS FM	UA ORGANIZING	MARKET RECOVERY	NFT
19650	692.48	-278.17	-107.33	-25.10	-91.00	-48.47	-0.54	-8.32	-6.40	-283.58	-3.20	-16.00	882.89

Name:	SSN:	Union:	Skills:	FORE00	PW Skills:
Stephen B Wagner	***-**-7368	465152 - WV Plumbers and Pipelitters	465152 - WV Plumbers and Pipelitters	FORE00	

THIS JOB	HOURS	RATE	GROSS
	040.00	49.7700	1990.80
		00.00	74.6550
		00.00	99.5400

DATE	TIME	DAY	WEEK	WAGE	TAX	DBL	SUTA	LOC	OTH	NET
11/09	10.00	WED	11/09	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/10	00.00	THU	11/10	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/11	00.00	FRI	11/11	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/12	00.00	SAT	11/12	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/13	00.00	SUN	11/13	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/14	00.00	MON	11/14	00.00	00.00	00.00	00.00	00.00	00.00	00.00
11/15	00.00	TUE	11/15	00.00	00.00	00.00	00.00	00.00	00.00	00.00



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11/15/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/18/22

Period Date: 11/15/2022 Year: 2022

Col/Job: 465 S221255 NIKHS HVAC Upgrades
Address: 1 N Marion Drive
 Farmington WV 26571
State: WV
Zip Code: 26571
Description:

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence PA
Expiration Date: 15055

Employee Number	Marital Status	Gender	Race	Federal Exempt	First Check	Hours	Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	Fringes Not In Pay	Calc Fringes Not In Pay	Union Fringes Not In Pay	Job Fringes Not In Pay	
103314	Single	Male	White	0	2459902	40.00	1864.40	271.05	115.59	27.03	100.00	0.00	0.00	0.00	0.00	428.05	0.00	922.64	0.00	0.00	0.00	1,224.00	0.00
CHG/EFT: 2459902 GROSS 1,900.80 19653 FED WITHHOLDING -299.47 SOCIAL SECURITY W/H -123.43 MEDICARE W/H -28.87 WV STATE W/H -108.00 DUES -69.68 APPRENTICE FUND -0.80 WV PIPE TRADES -10.40 WV BUILDING TRADES -8.00 SAVINGS FIA -329.60 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 NET 988.55																							

Name: Benjamin M Wardler
 860 Cherry Street
 Gratton WV 26034
SSN: ***-**-2709
Union: 465152 - WV Plumbers and Pipefitters
Skills: JOUR00
PMI Skills:

DATE	DAY	HOURS	RATE	GROSS	DEDUCTIONS	NET PAY
11/09	WED	10.00	00.00	00.00	00.00	00.00
11/10	THU	10.00	00.00	00.00	00.00	00.00
11/11	FRI	00.00	00.00	00.00	00.00	00.00
11/12	SAT	00.00	00.00	00.00	00.00	00.00
11/13	SUN	00.00	00.00	00.00	00.00	00.00
11/14	MON	10.00	46.8100	468.10	0.00	468.10
11/15	TUE	00.00	00.00	00.00	00.00	00.00
***** THIS JOB ***** HOURS 040.00 RATE 46.8100 GROSS 1864.40 DEDUCTIONS 000.00 NET PAY 93.2200 *****						
CHG/EFT: 2459902 GROSS 1864.40 19653 FED WITHHOLDING -271.09 SOCIAL SECURITY W/H -115.59 MEDICARE W/H -27.03 WV STATE W/H -109.00 DUES -65.25 APPRENTICE FUND -0.80 WV PIPE TRADES -10.40 WV BUILDING TRADES -8.00 SAVINGS JNY -319.60 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 NET 922.64						

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11/15/22

Scalise Combined Certified Hours and Federal Statement of Compliance

Date: 11/18/22
Period Date: 11/15/2022 Year: 2022



CoJob: 485 S721255 NMHS HVAC Upgrades
Address: 1 N. Marion Drive
State: Farmington WV 26571
Zip Code: 26571
Description:

Federal Employer Id: 25-1344312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: Lawrence PA 15055
Effective Date:
Expiration Date:

Employer: 103467
Job Title: Single Male White
SSN: ***-**-0920
Union: 465157 - WV Plumbers and Pipefitters
Skills: APP02
PW Skills:

Employer	Job Title	Rate	Hours	Gross Wages	Fed Tax	Medicare Tax	Social Security Tax	State Tax	Local Tax	Other Deductions	Net Pay	Fringe Pay	Union Pay	Job Fringe Net In Pay
103467	Plumber	769.07	030.00	23072.10	41.00	13.74	58.74	79.85	0.00	241.02	513.04	0.00	0.00	1,162.80
Job Totals: GROSS THIS JOB: 5,316.75 HOURS THIS JOB: 126.00 GROSS ALL CHECKS: 8,533.79 REIMBURSABLE ALL CHECKS: 0.00 FRINGES PAID TO EMPLOYEE: 0.00 FED TAX: 41.00 MEDICARE TAX: 13.74 SOCIAL SECURITY TAX: 58.74 STATE TAX: 79.85 LOCAL TAX: 0.00 OTHER DEDUCTIONS: 241.02 NET PAY: 1,162.80														

Job Totals:
 GROSS THIS JOB: 5,316.75
 HOURS THIS JOB: 126.00
 GROSS ALL CHECKS: 8,533.79
 REIMBURSABLE ALL CHECKS: 0.00
 FRINGES PAID TO EMPLOYEE: 0.00
 FED TAX: 41.00
 MEDICARE TAX: 13.74
 SOCIAL SECURITY TAX: 58.74
 STATE TAX: 79.85
 LOCAL TAX: 0.00
 OTHER DEDUCTIONS: 241.02
 NET PAY: 1,162.80

Job Totals:
 GROSS: 769.07
 FED WITHHOLDING: -79.85
 SOCIAL SECURITY WH: -58.74
 MEDICARE WH: -13.74
 WV STATE WH: -41.00
 DUES: -33.16
 APPRENTICE FUND: -0.76
 WV PIPE TRADES: -9.88
 UA BUILDING TRADES: -7.80
 UA ORGANIZING: -3.80
 MARKET RECOVERY: -19.00
 SAVINGS AP02: -186.82
 NET: 513.04

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11/15/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/18/22

Period Date: 11/15/2022 Year: 2022



CoJob: 465 S221235 NMHS HVAC Upgrades
Address: 1 N. Marion Drive
 Farmington
 WV
 26571
State: West Virginia
Zip Code: 26571
Description:

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
 55 Park Dr.
 Lawrence
 PA
 15055

Employee Number	Marital Status	Basic Exempts	Basic Exempts	First Check or EPI	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	All States Tax	SUTA Tax	DBL	Work Comp	All Local Tax	Other Deductions	Fringe to Employee	Union Fringes	Calc Fringes	Job Fringes	Net in Pay	
					3,307.12															

NET ALL CHECKS:



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.22.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 11/23/22
Period Date: 11/22/2022 Year: 2022

Cell Job: 485 S221265 NMHS HVAC Upgrades
 Address: 1 N. Marion Drive
 State: Farmington WV 26571
 Zip Code: WV 26571
 Description: Fairwington PA 15055

Federal Employer Id: 25-1334312
 Work Comp Insurance Carrier: Scalise Industries
 Policy Number: 45 Park Dr
 Effective Date: PA
 Expiration Date: 15055

Employee Number	Marital Status	Race	Sex	SSN	Union	Skills	Job Title	Rate	Hours	Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	All States DBL	All States Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Not Pay	State Calc Fringes	State Fringes	Union Calc Fringes	Union Fringes	Job Fringes	Job Net In Pay
103061	Single	White	Male	***-**-6832	485152 - WV Plumbers and Pipefitters	FORE00	Plumbers	11/16	11/17	11/18	11/19	11/20	11/21	11/22					433.39	0.00	756.21	0.00	0.00	1,224.00	0.00	0.00	

THIS JOB

HOURS	RATE	GROSS
008.00	43.2800	346.24
000.00	64.9200	0.00
000.00	86.5600	0.00

CHK/EFT: 2459908

GROSS	346.24
FED WITHHOLDING	1,731.20
SOCIAL SECURITY WH	-278.17
MEDICARE WH	-107.33
WV STATE WH	-25.10
DUES	-91.00
APPRENTICE FUND	-60.56
WV PIPE TRADES	-0.80
WV BUILDING TRADES	-10.40
SAVINGS FM	-8.00
UA ORGANIZING	-329.60
MARKET RECOVERY	-4.00
NET	796.21

CHK/EFT: 2459908

GROSS	995.40
FED WITHHOLDING	4,977.00
SOCIAL SECURITY WH	-85.61
MEDICARE WH	-14.43

CHK/EFT: 2459908

GROSS	995.40
FED WITHHOLDING	4,977.00
SOCIAL SECURITY WH	-85.61
MEDICARE WH	-14.43

CHK/EFT: 2459908

GROSS	995.40
FED WITHHOLDING	4,977.00
SOCIAL SECURITY WH	-85.61
MEDICARE WH	-14.43

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.22.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/23/22

Period Date: 11/22/2022 Year: 2022



CoJob: 465 S221255 NMHS HVAC Upgrades
Address: 1 N. Mannon Drive
 Farmington
 WV
 26571
State: WV
Zip Code: 26571
Description:

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence
Expiration Date: PA
 15055

Employer Number	Marital Status	Gender	Race	Federal Exempts	Check or EFT	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	All States DBL	All States SUTA	All States Tax	Local Tax	Other Deductions	Fringes to Employee	Reimb	Not Fringes	Pay	State Calc Fringes	Union Fringes	Job Fringes
103314	Single	Male	White	0	2459908	10.00	466.10	22.10	28.90	6.76	17.00	0.00	0.00	0.00	0.00	107.01	0.00	0.00	284.33	0.00	0.00	306.00	0.00
Name: Borjann M Wardor 860 Cherry Street Gratton, WV 26354 SSN: ***-**-2709 Union: 465152 - WV Plumbers and Pipefitters Skills: JOUR00 PW Skills:																							
WV STATE WH OUES APPRENTICE FUND WV PIPE TRADES WV BUILDING TRADES SAVINGS FID UA ORGANIZING MARKET RECOVERY NET																							

THIS JOB	HOURS	RATE	GROSS
11/16	00.00	46.6100	466.10
11/17	00.00	89.9150	0.00
11/18	00.00	93.2200	0.00
11/19	00.00		
11/20	00.00		
11/21	00.00		
11/22	00.00		

THIS JOB	HOURS	RATE	GROSS
11/16	00.00	466.10	466.10
11/17	00.00	-22.10	-22.10
11/18	00.00	-28.90	-28.90
11/19	00.00	-6.76	-6.76
11/20	00.00	-17.00	-17.00
11/21	00.00	-16.31	-16.31
11/22	00.00	-2.60	-2.60
		-2.00	-2.00
		-79.90	-79.90
		-1.00	-1.00
		-5.00	-5.00
		284.33	284.33

THIS JOB	HOURS	RATE	GROSS
11/16	20.00	512.71	512.71
11/17	27.89	31.79	7.43
11/18	19.00	0.00	0.00
11/19	0.00	0.00	0.00
11/20	0.00	0.00	0.00
11/21	0.00	0.00	0.00
11/22	0.00	0.00	0.00

THIS JOB	HOURS	RATE	GROSS
11/16	20.00	512.71	512.71
11/17	27.89	31.79	7.43
11/18	19.00	0.00	0.00
11/19	0.00	0.00	0.00
11/20	0.00	0.00	0.00
11/21	0.00	0.00	0.00
11/22	0.00	0.00	0.00

Name: Dillon E Pride
 1000 Engineering Blvd
 Morgantown WV 26501
SSN: ***-**-0920
Union: 465152 - WV Plumbers and Pipefitters
Skills: APP02
PW Skills:



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.22.22

Scalise Combined Certified Hours and Federal Statement of Compliance

Date: 11/23/22

Period Date: 11/22/2022 Year: 2022

Code: 465 S24255 NMHS HVAC Upgrades
Address: 1 N Marion Drive
 Farmington WV 26571
State: WV
Zip Code: 26571
Description:

Federal Employer Id: 25-134312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence PA
Expiration Date: 15055

Employee Number	Marital Status	Gender	Race	Federal Exempt	Check or EFT	Hours	Rate	Gross Wages	Fed Tax	Soc Sec Tax	Medicare Tax	All States Tax	SUTA	DBL	All States Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	State Fringes	Union Fringes	Job Fringes	Net In Pay
						R	10.00	10.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	020.00	25.6355	512.71						
						D	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	00.00	000.00	38.4533	0.00						
																000.00	51.2710	0.00						
CHKFEET, 2450908 GROSS 512.71 FED WITHHOLDING 512.71 SOCIAL SECURITY W/H -27.69 MEDICARE W/H -31.79 WV STATE W/H -7.43 DUES -19.00 APPRENTICE FUND -17.94 WV PIPE TRADES -0.40 WV PIPE TRADES -5.20 IA ORGANIZING -4.00 MARKET RECOVERY -2.00 SAVINGS APOJ -10.00 NET 298.46																								

JOB TOTALS

GROSS THIS JOB:	2,320.45
HOURS THIS JOB:	58.00
GROSS ALL CHECKS:	3,705.41
REIMBURSABLE ALL CHECKS:	0.00
FRINGES PAID TO EMPLOYEE:	0.00
EM ALL CHECKS:	0.00
FEDERAL W/H ALL CHECKS:	413.57
SOCIAL SECURITY ALL CHECKS:	229.73
MEDICARE ALL CHECKS:	53.72
STATE W/H ALL CHECKS:	171.00
WORKERS COMP ALL CHECKS:	0.00
LOCAL W/H ALL CHECKS:	888.98
OTHER DEDUCTIONS ALL CHECKS:	1,757.00
TOTAL DEDUCTIONS ALL CHECKS:	1,948.41
NET ALL CHECKS:	
FRINGES PAID TO LOCAL UNION 465152	58.00 REG HRS @ 11.35 / HR = 658.30
	58.00 REG HRS @ 9.10 / HR = 527.80
	58.00 REG HRS @ 8.50 / HR = 493.00
	58.00 REG HRS @ 0.93 / HR = 55.10
	58.00 REG HRS @ 0.10 / HR = 5.80
	58.00 REG HRS @ 0.10 / HR = 5.80
	58.00 REG HRS @ 0.50 / HR = 29.00
	TOTAL 1,774.80



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.22.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/23/22

Period Date: 1/22/2022 Year: 2022

Co/Job: 465 5221255 NMHS HVAC Upgrades
 Address: 1 N. Marion Drive
 Farmington WV 26571
 State: WV
 Zip Code: 26571
 Description:

Federal Employer Id: 25-1304312
 Work Comp Insurance Carrier: Sealise Industries
 Policy Number: 35 Park Dr
 Effective Date: Lawrence PA
 Expiration Date: 15065

Employee Number	Marital Status	Gender	Race	Fed Exempt	First Check or EFT	Total Hours	Total Gross Wages	Federal Tax	Secs Security Tax	Secs Medicare Tax	All States TBA	All States SUTA	All States DEL	All States Work Comp	All Local Tax	Other Deductions	Fringes Paid to Employee	Net Fringes	Pay Not In Pay	State Calc Fringes Not In Pay	Union Fringes Not In Pay	Job Fringes Not In Pay	

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.22.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 11/23/22

Period Date: 1/1/22/2022 Year: 2022



PROJECT: NMHS HVAC Upgrade

ADDRESS: 1 N Marion Drive, Farmington, VT, 26571

I. MARIAH CARPENTER
(NAME OF SIGNATORY PARTY)

EXECUTIVE ASSISTANT
(TITLE)

DO HEREBY STATE

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT, THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 16TH DAY OF NOVEMBER 2022 AND ENDING ON THE 27TH DAY OF NOVEMBER 2022, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO REGATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUB TITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPLAND ACT, AS AMENDED (48 STAT. 948, 63 STAT. 108, 72 STAT. 967, 76 STAT. 357, 40 U.S.C. 3145), AND DESCRIBED BELOW.

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY SAVINGS

(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

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

I. NAME AND TITLE
I. Mariah Carpenter
I. Executive Assistant

I. SIGNATURE

Mariah Carpenter

THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 10601 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

APPLICATION FOR PAYMENT



Project: NMHS HVAC Upgrades
 Contract For: Marion County Board of Education
 Application No: S221255-02
 Application Date: 10/20/22
 Period To: 10/31/22
 Job No.: S221255
 Contract Date: 08/12/22
 Customer No: 1030248
 Contract No:
 Via Architect:
 Architect's Project No:
 Thrasher Project #160-11005

Distribution to:

OWNER	
ARCHITECT	
CONTRACTOR	

Remit To: Scalise Industries
 55 Park Dr
 Lawrence PA 15055

To: Marion County Board of Education
 1516 Mary Lou Retton Drive
 Fairmont WV 26554

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Schedule of Values is attached.

1. ORIGINAL CONTRACT SUM	\$ 4,520,000.00	
2. NET CHANGE BY CHANGE ORDERS	\$ 0.00	
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 4,520,000.00	
4. TOTAL COMPLETED AND STORED TO DATE (Column G of Schedule of Values)	\$ 342,500.00	
5. RETAINAGE		
a. 10.00 % of Completed Work (Column D + E of Schedule of Values)	\$ 34,250.00	
b. % of Stored Material (Column F of Schedule of Values)	\$ 0.00	
Total Retainage	\$ 34,250.00	
6. TOTAL EARNED LESS RETAINAGE (Line 5a + 5b or Total of Column I of Schedule of Values)	\$ 308,250.00	
(Line 4 less Line 5 Total)	\$ 63,900.00	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Application)	\$ 244,350.00	
8. CURRENT PAYMENT DUE	\$ 4,211,750.00	
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		

CHANGE ORDER SUMMARY

Total changes approved in previous months by Owner	0.00	ADDITIONS	DEDUCTIONS
Total approved this Month	0.00		
TOTALS	0.00		0.00
NET CHANGES by Change Order	0.00		

Contract For: Scalise Industries

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: *[Signature]* Scalise Industries Date: October 31, 2022

By: *[Signature]* State of: PA County of: Washington
 Notary Public: *[Signature]* My Commission expires: December 16, 2024
 My commission expires December 16, 2024
 Commission number 113472

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$244,350.00
 (Attach explanation if the amount certified differs from the amount applied for in Line 8. Initial all figures on this Application and on the Schedule of Values that are changes to conform to the amount certified.)

ARCHITECT: *[Signature]* Date: 11/17/2022
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract

22-2308

Application No.: S221255-02
 Application Date: 10/20/22
 Period To: 10/31/22
 Architect's Project No.:

APPLICATION FOR PAYMENT - SCHEDULE OF VALUES

Use Column I on Contracts where variable retainage for line items may apply

(A) ITEM NO.	(B) DESCRIPTION OF WORK	(C) SCHEDULED VALUE	(D) PREVIOUS APPLIC. (D+E)	(E) WORK COMPLETED THIS PERIOD	(F) MATERIALS PRESENTLY STORED (NOT IN D OR E)	(G) TOTAL COMPLETED AND STORED TO DATE (D+E+F)	(H) BALANCE TO FINISH (C-G)	(I) RETENTION
101	Bonds/Permits	44,500.00	44,500.00	0.00	0.00	44,500.00	0.00	4,450.00
102	General Overhead	95,000.00	9,500.00	9,500.00	0.00	19,000.00	76,000.00	1,900.00
103	Submittals HVAC	10,000.00	2,500.00	6,500.00	0.00	9,000.00	1,000.00	900.00
104	Submittals Electrical	6,000.00	0.00	6,000.00	0.00	6,000.00	0.00	600.00
105	Project Management/Engineering	145,000.00	14,500.00	14,500.00	0.00	29,000.00	116,000.00	2,900.00
106	Coordination/CAD Drawings	45,000.00	0.00	0.00	0.00	0.00	45,000.00	0.00
107	Mobilization	30,000.00	0.00	30,000.00	0.00	30,000.00	0.00	3,000.00
108	HVAC RTU's	410,000.00	0.00	0.00	0.00	0.00	410,000.00	0.00
109	HVAC UV's	432,000.00	0.00	0.00	0.00	0.00	432,000.00	0.00
110	HVAC MER Equipment	599,000.00	0.00	0.00	0.00	0.00	599,000.00	0.00
111	Electrical Material/Labor	155,000.00	0.00	0.00	0.00	0.00	155,000.00	0.00
112	General Construction/Cleaning	160,000.00	0.00	5,000.00	0.00	5,000.00	155,000.00	500.00
113	Demolition	33,000.00	0.00	0.00	0.00	0.00	33,000.00	0.00
114	Sheetmetal Material	40,000.00	0.00	0.00	0.00	0.00	40,000.00	0.00
115	Sheetmetal Labor	195,000.00	0.00	0.00	0.00	0.00	195,000.00	0.00
116	Piping Material	485,000.00	0.00	160,000.00	0.00	160,000.00	325,000.00	16,000.00
117	Piping Labor	796,000.00	0.00	40,000.00	0.00	40,000.00	756,000.00	4,000.00
118	Insulation - HVAC	370,000.00	0.00	0.00	0.00	0.00	370,000.00	0.00
119	Roofing	3,500.00	0.00	0.00	0.00	0.00	3,500.00	0.00
120	Automatic Temperature Controls (ATC)	410,000.00	0.00	0.00	0.00	0.00	410,000.00	0.00
121	Cranes/Rentals	30,000.00	0.00	0.00	0.00	0.00	30,000.00	0.00
122	Start/Test/Balance	14,000.00	0.00	0.00	0.00	0.00	14,000.00	0.00
123	Closeouts/O&M's	12,000.00	0.00	0.00	0.00	0.00	12,000.00	0.00
Job Totals:		\$4,520,000.00	\$71,000.00	\$271,500.00	\$0.00	\$342,500.00	\$4,177,500.00	\$34,250.00

22-2308

Date 9/29/22

I, Mark E. Malencia President
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the North Marion High School HVAC Upgrades (Contractor or Subcontractor) that during the payroll period commencing on the 9th day of September, 2022, and ending the 20th day of September, 2022, 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 Scalise Industries Corporation dba EMCOR Services Scalise Industries (Contractor or Subcontractor) from the full

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 <u>Mariah Carpenter, Payroll Specialist</u>	SIGNATURE <u>Mariah Carpenter</u>
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 3729 OF TITLE 31 OF THE UNITED STATES CODE	



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 9/21/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 09/22/22

Period Date: 09/20/2022 Year: 2022

Co./Job Address:	466 S221255 NMHS HVAC Ungrades 1 N. Marion Drive Farmington WV 26571	Federal Employer Id:	25-334312	Work Comp Insurance Carrier:	Scalise Industries 65 Park Dr Lawrence PA 15055
State:	WV	Policy Number:		Effective Date:	
Expiration Date:					

Employee Number	Marital Status	Race	Federal Exemption	Federal Check or EFT	Total Gross Hours	Federal Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	Union Fringes	Union Net Pay	Job Fringes	Job Net Pay																																																																																																																																																																																																																																																																																																																																																																																																							
103247	Single	Male	White	0	2459846.40.00	1,716.40	274.92	106.42	24.89	80.00	0.00	0.00	0.00	0.00	418.07	0.00	0.00	802.10	0.00	1,183.20	0.00	0.00																																																																																																																																																																																																																																																																																																																																																																																																							
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Payroll - Combined Certified WH-347 Report and Compliance Statement PE 9/21/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 09/22/22

Period Date: 09/20/2022 Year: 2022



CalJob: 465 S21255 NPHS HVAC Upgrades
Address: 1 N Marion Drive
 Farmington WV 26571
State: WV
Zip Code: 26571
Description:

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence PA
Expiration Date: 15055

Employee Number	Marital Status	Gender	Race	Federal Exempt	Federal First Check	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	All States Tax	All States DBL	All States SUTA	All States Work Comp	All States Local Tax	Other Deductions	Fringes Paid to Employee	Reimb	Net Pay	State Calc Fringes	Union Fringes	Job Fringes
103314	Single	Male	White	0	2459846	40.00	1,606.40	214.13	99.60	23.29	83.00	0.00	0.00	0.00	0.00	404.22	0.00	0.00	0.00	1,183.20	0.00

Name: Benjamin M Warder
 860 Cherry Street
 Grafton WV 26354
SSN: ***-**-2709
Union: 465152 - WV Plumbers and Pipefitters
Skills: JOURN00
PW Skills:

Date	Day	Hours	Rate	Gross
09/14	WED	00.00		00.00
09/15	THU	00.00		00.00
09/16	FRI	00.00		00.00
09/17	SAT	00.00		00.00
09/18	SUN	00.00		00.00
09/19	MON	00.00		00.00
09/20	TUE	00.00		00.00
TOTAL		40.00	40.1600	321.28

Job Totals	Gross This Job	Hours This Job	Gross All Checks	Reimbursable All Checks	Fringes Paid to Employee	ETC All Checks
	321.28	40.00	5,039.20	0.00	0.00	0.00
	1,606.40					
	-214.33					
	-99.60					
	-23.29					
	-83.00					
	-58.22					
	-0.80					
	-10.40					
	-0.00					
	-304.80					
	-4.00					
	-20.00					
	781.96					



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 9/21/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 09/22/22

Period Date: 09/20/2022 Year: 2022

Co/Job: 465 5227255 NMHS HVAC Upgrades
Address: 1 N. Main Drive
 Farmington
 WV
 26571
State:
Zip Code:
Description:

25-1334312

Federal Employer Id: Scalise Industries
Work Comp Insurance Carrier: 55 Park Dr
Policy Number: Lawrence
Effective Date: PA
Expiration Date: 15055

Employee Number	Martial Status	Race	Federa Exempta	First Check	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	All States Tax	All States DBL	All States Work Comp	All Local Tax	Other Deductions	Fringes Paid to Employee	Reimb	Net Fringes Not In Pay	State Fringes Not In Pay	Calc Fringes Not In Pay	Job Fringes Not In Pay	
					727.78															

FEDERAL WH ALL CHECKS: 727.78
SOCIAL SECURITY ALL CHECKS: 312.44
MEDICARE ALL CHECKS: 73.07
STATE WH/ALL CHECKS: 263.00
WORKERS COMP ALL CHECKS: 0.00
LOCAL WH ALL CHECKS: 0.00
OTHER DEDUCTIONS ALL CHECKS: 1,240.36
TOTAL DEDUCTIONS ALL CHECKS: 2,616.65
NET ALL CHECKS: 2,422.55

FRINGES PAID TO LOCAL UNION 465152
 20.00 REG HRS @ 10.85 / HR = 217.00
 20.00 REG HRS @ 8.80 / HR = 178.00
 20.00 REG HRS @ 8.38 / HR = 167.20
 20.00 REG HRS @ 0.90 / HR = 18.00
 20.00 REG HRS @ 0.10 / HR = 2.00
 20.00 REG HRS @ 0.10 / HR = 2.00
 20.00 REG HRS @ 0.37 / HR = 7.40
TOTAL 591.60



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 9/21/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 09/22/22

Period Date: 09/20/2022 Year: 2022

PROJECT: NMHS HVAC Upgrades

ADDRESS: 1 N. Marion Drive, Farmington, WV, 26571

I, MARIAH CARPENTER,
(NAME OF SIGNATORY PARTY)

PAYROLL SPECIALIST
(TITLE)

(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

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

I, SIGNATURE
Mariah Carpenter

I NAME AND TITLE
Mariah Carpenter
Payroll Specialist

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1901 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT, THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 14TH DAY OF SEPTEMBER 2022 AND ENDING ON THE 20TH DAY OF SEPTEMBER 2022, 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 SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT 346, 63 STAT 1, 100, 72 STAT 867, 76 STAT 357, 40 U.S.C 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

(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 BE 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.

(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
 Mariah Carpenter, Payroll Specialist

SIGNATURE

Mariah Carpenter

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

22-2308

Date 9/29/22
 Mark E. Malencia President
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the _____ (Contractor or Subcontractor)

North Marion High School HVAC Upgrades that during the payroll period commencing on the _____ (Building or Work)

9th day of September, 2022, and ending the 21st day of Sept, 2022, 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

Scalise Industries Corporation dba EMCOR Services Scalise Industries 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 3.129 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.

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 9/27/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 09/29/22

Period Date: 09/27/2022 Year: 2022

CalJob:		486 S221255		Federal Employer Id:		75-1394312		Scalise Industries															
Address:		1 N Markon Drive		Work Comp Insurance Carrier:				55 Park Dr															
State:		Farmington		Policy Number:				Lawrence															
Zip Code:		WV		Effective Date:				PA															
Description:		26571		Expiration Date:				15055															
Employee Number	Marital Status	Race	Federal Exempt	Hours	Net	Check or EFT	Total	Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	Work Comp	All Local Tax	Other Deductions	Fringes Paid to Employee	Reimb	Net Fringes Not In Pay	State Fringes Not In Pay	Union Fringes Not In Pay	Job Fringes Not In Pay
				0			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Name: SSN: Union: Skills:

THERE IS NO CERTIFIED ACTIVITY FOR THIS PERIOD DATE



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 9/27/22



Scalise Combined Certified Hours and Federal Statement of Compliance

Date: 09/29/22

Period Date: 09/27/2022 Year: 2022

PROJECT: NMHS HVAC Upgrades

ADDRESS: 1 N. Mason Drive, Farmington, WV, 26571

I, **MARIAH CARPENTER**,
(NAME OF SIGNATORY PARTY) **PAYROLL SPECIALIST**
(TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT, THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 21TH DAY OF SEPTEMBER 2022 AND ENDING ON THE 27TH DAY OF SEPTEMBER 2022, 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 SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUBTITLE A) ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948, 63 STAT. 106, 73 STAT. 987, 76 STAT. 357, 40 U.S.C. 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDINGS, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

(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

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Mariah Carpenter
Payroll Specialist

Mariah Carpenter

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.

(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
 Mariah Carpenter, Payroll Specialist

SIGNATURE

Mariah Carpenter

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 3729 OF TITLE 31 OF THE UNITED STATES CODE

Date _____

I, Mark E. Malencia _____, President
 (Name of Signatory Party) _____ (Title)

do hereby state

(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the _____
 (Contractor or Subcontractor)

North Marion High School HVAC Upgrades, that during the payroll period commencing on the _____
 (Building or Work)

9th day of September, 2022, and ending the _____ day of _____, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

Scalise Industries Corporation dba EMCOR Services Scalise Industries 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.



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10.4.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/06/22

Period Date: 10/04/2022 Year: 2022

Co/Job: 465 S221255 MHRIS HVAC Upgrades
Address: 1 N. Mason Drive
 Farmington WV 26571
State: WV
Zip Code: 26571
Description:

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Seakie Industries
Policy Number: Lawrence
Effective Date: PA
Expiration Date: 13665

Employee Number	Marital Status	Gender	Basic	Federal Empls	First Check	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Fringes	Pay	State Fringes	Union Fringes	Job Fringes	Not In Pay		
						727.78																				
FEDERAL WIN ALL CHECKS: SOCIAL SECURITY ALL CHECKS: 312.44 MEDICARE ALL CHECKS: 73.07 STATE WIN ALL CHECKS: 263.00 WORKERS COMP ALL CHECKS: 0.00 LOCAL WIN ALL CHECKS: 0.00 OTHER DEDUCTIONS ALL CHECKS: 1,240.36 TOTAL DEDUCTIONS ALL CHECKS: 2,616.85 NET ALL CHECKS: 2,422.55																										
FRINGES PAID TO LOCAL UNION 465152 36.00 REG HRS @ 10.85 / HR = 390.60 36.00 REG HRS @ 8.90 / HR = 320.40 36.00 REG HRS @ 8.36 / HR = 300.96 36.00 REG HRS @ 0.90 / HR = 32.40 36.00 REG HRS @ 0.10 / HR = 3.60 36.00 REG HRS @ 0.10 / HR = 3.60 36.00 REG HRS @ 0.37 / HR = 13.32 TOTAL 1,064.88																										

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10.4.22



Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/06/22

Period Date: 10/04/2022 Year: 2022

PROJECT NMHS - VAC Upgrades

ADDRESS 1 N. Marion Drive, Farmington, WV 26571

I. **MARAH CARPENTER** (NAME OF SIGNATORY PARTY) **PAYROLL SPECIALIST** (TITLE)

(4) THAT

DO HEREBY STATE

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT. THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 28TH DAY OF SEPTEMBER 2022 AND ENDING ON THE 4TH DAY OF OCTOBER 2022, 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 SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT 948, 63 STAT 108, 72 STAT 587, 76 STAT 357, 40 U.S.C 3145), AND DESCRIBED BELOW.

(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

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

(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.

I NAME AND TITLE
 I Mariah Carpenter
 I Payroll Specialist

I SIGNATURE

THE WILFUL 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.

Date _____

I, Mark E. Malencia President
 (Name of Signatory Party) (Title)
 do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Scalise Industries Corporation dba EMCOR Services Scalise Industries on the
 (Contractor or Subcontractor)
North Marion High School HVAC Upgrades that during the payroll period commencing on the
 (Building or Work)
 9th day of September, 2022, 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
Scalise Industries Corporation dba EMCOR Services Scalise Industries 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. 1008, 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
Mariah Carpenter, Payroll Specialist
 SIGNATURE
Mariah Carpenter
 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 3729 OF
 TITLE 31 OF THE UNITED STATES CODE.

22-2308



Payroll - Combined Certified WH-347 Report and Compliance Statement OE 10/11/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/13/22

Period Date: 10/11/2022 Year: 2022

PROJECT: IMHS HVAC Upgrades

ADDRESS: 1 N Marion Drive, Farmington, WV 26571

I, MARAH CARPENTER
(NAME OF SIGNATORY PARTY)

PAYROLL SPECIALIST
(TITLE)

(4) THAT:

DO HEREBY STATE:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT, THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 5TH DAY OF OCTOBER 2022 AND ENDING ON THE 11TH DAY OF OCTOBER 2022, ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FULL WEEKLY WAGES EARNED, THAT NO RATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR INDIRECTLY TO OR ON BEHALF OF SAID SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED (48 STAT. 948, 63 STAT. 108, 72 STAT. 957, 76 STAT. 357; 40 U.S.C. 3148), AND DESCRIBED BELOW.

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.

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY SAVINGS

(C) EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

(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.

I NAME AND TITLE
Marah Carpenter
Payroll Specialist

I SIGNATURE

Marah Carpenter

THE WHOLE OR PARTIAL SIGNATURE 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

(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
 Mariah Carpenter, Payroll Specialist

SIGNATURE

Mariah Carpenter

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 3729 OF TITLE 31 OF THE UNITED STATES CODE

22-1-2308

Date _____

I, Mark E. Malencia (Name of Signatory Party) President (Title) do hereby state

(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the North Marion High School HVAC Upgrades (Contractor or Subcontractor) that during the payroll period commencing on the 9th day of September, 2022, 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

Scalise Industries Corporation dba EMCOR Services Scalise Industries (Contractor or Subcontractor) from the full 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.



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10/18/22
Scalise
 Combined Certified Hours and Federal Statement of Compliance
 Date: 10/20/22
 Period Date: 10/18/2022 Year: 2022

Co/Job: 465 S221255 NWS HVAC Upgrades
 Address: 1 N. Marion Drive
 Farmington WV 26571
 State: WV
 Zip Code: 26571
 Description: 103241

Federal Employer Id: 25-134112
 Work Comp Insurance Carrier: Scalise Industries
 Effective Date: Lawrence PA
 Expiration Date: 15055

Employee Number	Marital Status	Gender	Race	First Name	Initials	SSN	Union	Skills	Job Title	Rate	Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	All States DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	State Fringes	State Calc	Union Fringes	Union Calc	Job Fringes	Job Calc	
103241	Single	Male	White	Stephen B	Wagner	***-**-7368	465152 - WV Plumbers and Pipefitters	FORE00	Pipefitters	1974.00	0.00	1,974.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	427.04	0.00	993.46	0.00	0.00	0.00	0.00	0.00	0.00	1,181.70	0.00

Employee Number	Marital Status	Gender	Race	First Name	Initials	SSN	Union	Skills	Job Title	Rate	Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	All States DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	State Fringes	State Calc	Union Fringes	Union Calc	Job Fringes	Job Calc		
103314	Single	Male	White	Benjamin M	Wardar	***-**-7088	465152 - WV Plumbers and Pipefitters	JOUR00	Pipefitters	1974.00	0.00	1,974.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	412.65	0.00	927.93	0.00	0.00	0.00	0.00	0.00	0.00	1,183.20	0.00

Employee Number	Marital Status	Gender	Race	First Name	Initials	SSN	Union	Skills	Job Title	Rate	Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	All States DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	State Fringes	State Calc	Union Fringes	Union Calc	Job Fringes	Job Calc		
103314	Single	Male	White	Benjamin M	Wardar	***-**-7088	465152 - WV Plumbers and Pipefitters	JOUR00	Pipefitters	1974.00	0.00	1,974.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	412.65	0.00	927.93	0.00	0.00	0.00	0.00	0.00	0.00	1,183.20	0.00



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10/18/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/20/22

Period Date: 10/18/2022 Year: 2022

Co/Job:	465 S321255 NMHS HVAC Upgrades	Federal Employer Id:	25-1314312	Scalise Industries
Address:	1 N. Marion Drive	Work Comp Insurance Carrier:	35 Penn Dr	
State:	Farmington	Policy Number:	Lawrence	
Zip Code:	26371	Effective Date:	PA	
Description:		Expiration Date:	15055	

Employee Number	Marital Status	Gender	Race	Federal Exempts	First Check or EFT	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimburse	Net Pay	State Fringes	Calc Fringes	Union Fringes	Job Fringes	Not in Pay	Job Fringes	Not in Pay	
																-88.00											
																-64.65											
																-10.40											
																-304.80											
																-4.00											
																-20.00											
																927.03											

WV STATE WH
 DUES
 APPRENTICE FUND
 WV PIPE TRADES
 WV BUILDING TRADES
 SAVINGS JNY
 UA ORGANIZING
 MARKET RECOVERY
 NET

JOB TOTALS																											
GROSS THIS JOB:	3,821.20																										
HOURS THIS JOB:	80.00																										
GROSS ALL CHECKS:	3,821.20																										
REIMBURSABLE ALL CHECKS:	0.00																										
FRINGES PAID TO EMPLOYEE:	0.00																										
EIC ALL CHECKS:	0.00																										
FEDERAL WITH ALL CHECKS:	562.75																										
SOCIAL SECURITY ALL CHECKS:	236.92																										
MEDICARE ALL CHECKS:	55.40																										
STATE WITH ALL CHECKS:	205.00																										
WORKERS COMP ALL CHECKS:	0.00																										
LOCAL WITH ALL CHECKS:	0.00																										
OTHER DEDUCTIONS ALL CHECKS:	839.74																										
TOTAL DEDUCTIONS ALL CHECKS:	1,859.81																										
NET ALL CHECKS:	1,921.39																										

FRINGES PAID TO LOCAL UNION 465152																											
80.00 REG HRS @	10.65 / HR =	864.00																									
80.00 REG HRS @	8.90 / HR =	712.00																									
80.00 REG HRS @	8.56 / HR =	688.80																									
80.00 REG HRS @	0.90 / HR =	72.00																									
80.00 REG HRS @	0.10 / HR =	8.00																									
80.00 RFG HRS @	0.10 / HR =	8.00																									
80.00 REG HRS @	0.37 / HR =	29.60																									
TOTAL		2,366.40																									



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10/18/22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/20/22

Period Date: 10/18/2022 Year: 2022

PROJECT: NMHS HVAC Upgrades

ADDRESS: 1 N. Marion Drive, Farmington, WV, 26571

I, MARIAN CARPENTER (NAME OF SIGNATORY PARTY), PAYROLL SPECIALIST (TITLE)

DO HERE BY STATE

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT, THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 12TH DAY OF OCTOBER 2022 AND ENDING ON THE 18TH DAY OF OCTOBER 2022, 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 SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPOLYACT, AS AMENDED (48 STAT. 948, 63 STAT. 108, 72 STAT. 957, 76 STAT. 357, 40 U.S.C 3145), AND DESCRIBED BELOW

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

(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

EXCEPTIONS (CRAFT) EXPLANATION

REMARKS

NAME AND TITLE

Marian Carpenter
Payroll Specialist

SIGNATURE
Marian Carpenter

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.

(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 Maniah Carpenter, Payroll Specialist	SIGNATURE <i>Maniah Carpenter</i>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 4001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE	

Date _____

1. Mark E. Malencia President
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the North Marion High School HVAC Upgrades that during the payroll period commencing on the 9th day of September, 2022, 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 Scalise Industries Corporation dba EMCOR Services Scalise Industries from the full Scalise Industries Corporation dba EMCOR Services Scalise Industries (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.

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10.25.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/26/22

Period Date: 10/25/2022 Year: 2022



ColJob: 465 S221255 NHMS HVAC Upgrade* 25-1334312 Federal Employer ID: Scalise Industries
 Address: 1 N. Marion Drive Farmington WV 26571 Work Comp Insurance Carrier: 55 Part-Dr
 State: WV Policy Number: Lawrence PA
 Description: 26571 Expiration Date: 15055

Employee Number	Marital Status	Gender	Race	Federal Exempts	First Check or EFT	Gross Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA Tax	DBL Tax	All States Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Net Pay	Union		Fringes		Job	
																			Union No.	Union Pay	Union No.	Union Pay	Union No.	Union Pay
103247	Single	Male	White	0	2459881	40.00	1,716.40	274.92	106.42	24.89	90.00	0.00	0.00	0.00	0.00	0.00	418.07	802.10	0.00	0.00	1,183.20	0.00	0.00	0.00

Name: Eric P Sigley SSN: 23-4336832 Union: 465152 - WV Plumbers and Pipefitters Skills: FORE00

Date	Day	Hours	Rate	Gross	Taxes	Net
10/19	WED	0.00	0.00	0.00	0.00	0.00
10/20	THU	0.00	0.00	0.00	0.00	0.00
10/21	FRI	0.00	0.00	0.00	0.00	0.00
10/22	SAT	0.00	0.00	0.00	0.00	0.00
10/23	SUN	0.00	0.00	0.00	0.00	0.00
10/24	MON	0.00	0.00	0.00	0.00	0.00
10/25	TUE	0.00	0.00	0.00	0.00	0.00

Item	Amount
GROSS	343.28
FED WITHHOLDING	-1,716.40
SOCIAL SECURITY WH	-274.92
MEDICARE WH	-106.42
WV STATE WH	-24.89
DUES	-50.00
APPRENTICE FUND	-60.07
WV PIPE TRADES	-0.80
WV BUILDING TRADES	-10.49
SAVINGS FM	-8.00
UA ORGANIZING	-314.80
MARKET RECOVERY	-4.00
NET	-20.00
TOTAL	802.10

Item	Amount
GROSS	008.00
FED WITHHOLDING	343.28
SOCIAL SECURITY WH	42.8100
MEDICARE WH	64.3850
WV STATE WH	0.00
DUES	85.8200
APPRENTICE FUND	0.00
WV PIPE TRADES	0.00
WV BUILDING TRADES	0.00
SAVINGS FM	0.00
UA ORGANIZING	0.00
MARKET RECOVERY	0.00
NET	427.09

Name: Stephen B Wegner SSN: 23-4397368 Union: 465152 - WV Plumbers and Pipefitters Skills: FORE00

Date	Day	Hours	Rate	Gross	Taxes	Net
10/19	WED	0.00	0.00	0.00	0.00	0.00
10/20	THU	0.00	0.00	0.00	0.00	0.00
10/21	FRI	0.00	0.00	0.00	0.00	0.00
10/22	SAT	0.00	0.00	0.00	0.00	0.00
10/23	SUN	0.00	0.00	0.00	0.00	0.00
10/24	MON	0.00	0.00	0.00	0.00	0.00
10/25	TUE	0.00	0.00	0.00	0.00	0.00

Item	Amount
GROSS	008.00
FED WITHHOLDING	1974.00
SOCIAL SECURITY WH	1,974.00
MEDICARE WH	-295.44
WV STATE WH	-122.39
DUES	-28.62
APPRENTICE FUND	0.00
WV PIPE TRADES	0.00
WV BUILDING TRADES	0.00
SAVINGS FM	0.00
UA ORGANIZING	0.00
MARKET RECOVERY	0.00
NET	-28.62

Name: 82 Ford Lane Independence WV 26374



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10.25.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/26/22

Period Date: 10/25/2022 Year: 2022

Co/Job: 485 S221255 NIMS HVAC Upgrades
Address: 1 N. Marion Drive
State: WV
Zip Code: 26571
Description: Farmington

Federal Employer Id: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence
Expiration Date: PA
 15055

Employee Number	Marital Status	Gender	Race	Federal Tax	State Tax	Local Tax	Total Gross Wages	Total Hours	Fringe %	First Check or EFT	Net Pay	Union Fringes	State Fringes	Local Fringes	Job Fringes
103314	Single	Male	White	267.31	114.53	26.78	98.00	40.00	1,847.20	267.31	412.65	0.00	0.00	0.00	1,183.20
Name: Benjamin N Warder 860 Cherry Street Gratton WV 26354 SSN: 235212709 Union: 465152 - WV Plumbers and Pipefitters Skills: JOURNO PW Skills:															
THIS JOB GROSS RATE: 461800 HOURS: 040.00 GROSS: 1847.20 DEDUCTIONS: 412.65 NET PAY: 1434.55															
CHKFFT 2459881 GROSS: 1847.20 FED WITHHOLDING: 267.31 SOCIAL SECURITY WH: -114.53 MEDICARE WH: -26.78 WV STATE WH: -98.00 DUES: -64.65 APPRENTICE FUND: -0.80 WV PIPE TRADES: -10.40 WV BUILDING TRADES: -8.00 SAVINGS JNY: -304.80 UA ORGANIZING: -4.00 MARKET RECOVERY: -20.00 NET: 927.93															

JOB TOTALS
 GROSS THIS JOB: 4,164.48
 HOURS THIS JOB: 88.00
 GROSS ALL CHECKS: 5,537.60
 REIMBURSABLE ALL CHECKS: 0.00
 FRINGES PAID TO EMPLOYEE: 0.00
 EIC ALL CHECKS: 0.00

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10.25.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/26/22

Period Date: 10/25/2022 Year: 2022



Employee Number	Marital Status	Gender	Race	Federal Exempt	Net Check or EFT	Total Hours	Total Gross Wages	Federal Tax	Social Security Tax	Medicare Tax	All States Tax	SUTA	DBL	All States Work Comp	All Local Tax	Other Deductions	Fringes to Employee	Reimb	Net Pay	Fringes Not In Pay	Slab Fringes Not In Pay	Union Fringes Not In Pay	Job Fringes Not In Pay
<p>Co/Job: 485 S221755 N/MS HVAC Upgrades Address: 1 N. Marion Drive State: WV Zip Code: 26571 Farmington</p> <p>Federal Employer Id: 25-134312 Work Comp Insurance Carrier: Policy Number: Effective Date: Expiration Date:</p> <p>Scalise Industries 55 Park Dr Lawrence VA 15055</p>																							
<p>FEDERAL W/M ALL CHECKS: 837.67 SOCIAL SECURITY ALL CHECKS: 343.34 MEDICARE ALL CHECKS: 80.29 STATE W/M ALL CHECKS: 295.00 WORKERS COMP ALL CHECKS: 0.00 LOCAL W/M ALL CHECKS: 0.00 OTHER DEDUCTIONS ALL CHECKS: 1,257.61 TOTAL DEDUCTIONS ALL CHECKS: 2,814.11 NET ALL CHECKS: 2,723.49</p>																							
<p>FRINGES PAID TO LOCAL UNION 465152</p> <p>88.00 REG HRS @ 10.85 / HR = 954.80 88.00 REG HRS @ 8.90 / HR = 783.20 88.00 REG HRS @ 8.36 / HR = 735.68 88.00 REG HRS @ 0.88 / HR = 79.20 88.00 REG HRS @ 0.10 / HR = 8.80 88.00 REG HRS @ 0.10 / HR = 8.80 88.00 REG HRS @ 0.37 / HR = 32.56 TOTAL 2,603.04</p>																							

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 10.25.22



Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 10/26/22

Period Date: 10/25/2022 Year: 2022

PROJECT NMHS HVAC Upgrades

ADDRESS 1 N. Marion Drive, Farmington, WV, 26571

1. MARIAN CARPENTER
(NAME OF SIGNATORY PARTY) PAYROLL SPECIALIST
(TITLE)

(4) THAT

DO HEREBY STATE:

(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 10TH DAY OF OCTOBER 2022 AND ENDING ON THE 25TH DAY OF OCTOBER 2022. 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 SCALISE INDUSTRIES FROM THE FULL 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 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPOLAND ACT, AS AMENDED (48 STAT. 948, 63 STAT. 108, 72 STAT. 957, 76 STAT. 357; 40 U.S.C 3145), AND DESCRIBED BELOW:

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH
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

(C) EXCEPTIONS
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

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY SAVINGS

EXCEPTIONS (CRAFT) EXPLANATION

EXCEPTIONS (CRAFT)	EXPLANATION

REMARKS

I NAME AND TITLE
I Mariah Carpenter
I Payroll Specialist

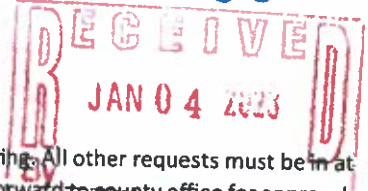
I SIGNATURE
Mariah Carpenter

THE FULFILLMENT 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

*210. Houghton,
The place on the
agenda, overnight.
Thank you.*

22-2309

Marion County Board of Education
Field Trip Request Form



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

EFHS School 1/3/23 Date Submitted EF SWIM Sponsor(s) none Sub Needed

EF SWIM Group 2/3/23 - 2/4/23 Date of Trip K. Sharpe
E. Gallagher Chaperone(s) none Sub Needed

25 Number to be transported Shepherd University Destination Shepherdstown, WV

Purpose of activity Regional Swim meet

Number of School Days Lost 0 Approximate Cost 120+ taxes Source of Funding parents & boosters

Transportation Information

2/3/23 Time bus to be loaded 3:00 am pm Approximate time to return 2/4/23 9:00 am pm

Type of Transportation Private Auto Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied) Principal [Signature] Date 1/3/23
Approval (granted / denied) County Office Chanda [Signature] Date 1/4/2023
Approval (granted / denied) Transportation _____ Date _____

** Overnight - please place on Board Agenda*

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

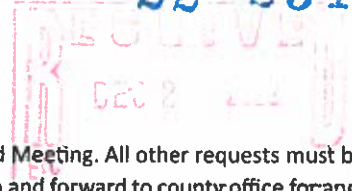
Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

rooms
 Pl. place on the agenda
 for board approval.
 Thank you.
 Lisa info/2022

22-2310

Marion County Board of Education
 Field Trip Request Form



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

Fairmont Senior High 12/22/22 John Schneider Yes
 School Date Submitted Sponsor(s) Sub Needed

Band 2/14/23 - 2/18/23 Ricki Bowers Yes
 Group Date of Trip Chaperone(s) Sub Needed

75 Universal Studios in Orlando, Florida
 Number to be transported Destination

Purpose of activity Music Workshop: "Sound Design: Music and the Art of Foley"
 Number of School Days Lost 3 Approximate Cost \$75,000 Source of Funding Boosters

Transportation Information

Time bus to be loaded 2/14/23 3:30 am / (pm) Approximate time to return 2/18/23 2:00 am / (pm)

Type of Transportation
 Private Auto
 Commercial Carrier List Carrier Budget Charters, Inc.
 Marion County School Bus Number Driver

Is School to pay driver? Yes No

Approval (granted / denied) Principal [Signature] Date 12/22/22
 Approval (granted / denied) County Office [Signature] Date 12/28/2022
 Approval (granted / denied) Transportation Date

Driver's Trip Report

Bus Number Bus Capacity Total Number Transported
 Destination Date of Trip Day of Week

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

*Ms. [unclear]
to be placed on the
agenda, overnight
trip - Thank you!*

**Marion County Board of Education
Field Trip Request Form**

overnight

22-2311

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

Fairmont Senior 1/5/2023 Rob Clevenger NO
School Date Submitted Sponsor(s) Sub Needed

B/G Swimming 2/3/23-2/4/23 Trina Clevenger Yes
Group Date of Trip Chaperone(s) Sub Needed

22 Shepherd University
Number to be transported Destination

Region II Swimming Championship
Purpose of activity

1 \$1000.00 Swim Boosters
Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

9 AM 2/3/2023 8 PM 2/4/2023
Time bus to be loaded am / pm Approximate time to return am / pm

Private Auto riding w/parents
 Commercial Carrier List Carrier
 Marion County School Bus Number Driver

Is School to pay driver? Yes No

Approval (granted) / denied) Principal [Signature] Date 1/9/23
Approval (granted) / denied) County Office [Signature] Date 1/10/2023
Approval (granted) / denied) Transportation Date

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

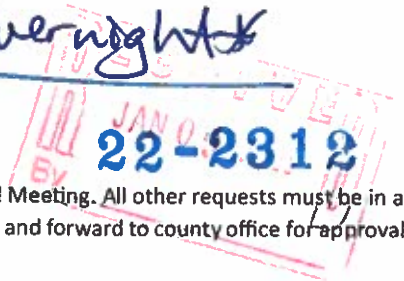
tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

*Mr. Board,
 Mr. Spencer
 agenda for board
 approval. Overight
 1-2-23*

** Overight **

Marion County Board of Education

Field Trip Request Form



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

Fairmont Senior 1/3/23 DAVID RICE _____
 School Date Submitted Sponsor(s) Sub Needed

Baseball MAY 31 / JUNE 3 SEAN HOSKINSON _____
 Group Date of Trip Chaperone(s) Sub Needed

25 Power Park, Charleston WV _____
 Number to be transported Destination

Purpose of activity State Tournament _____

Number of School Days Lost 1/2 Approximate Cost 3000 Source of Funding Boosters



Transportation Information

Time bus to be loaded 12:00 ^{5/27/23} am pm Approximate time to return 6/3/23 10:00 am / pm

Type of Transportation _____ Private Auto
 Commercial Carrier List Carrier _____
 _____ Marion County School Bus Number _____ Driver _____

Is School to pay driver? _____ Yes No

Approval (granted / denied) Principal _____ Date 1/8/23
 Approval (granted / denied) County Office [Signature] Date 1/9/2023
 Approval (granted / denied) Transportation _____ Date _____



Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

*sh. Blount,
sh. place on the
agenda for board
approval. Overnight
1-2-2023*

** Overnight **

**Marion County Board of Education
Field Trip Request Form**

RECEIVED
JAN 09 2023
By

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

Fairmont Senior 1/3/23 DAVID RICE _____
 School Date Submitted Sponsor(s) Sub Needed

Baseball MAY 31 / JUNE 3 SEAN HOSKINSON _____
 Group Date of Trip Chaperone(s) Sub Needed

25 PowerPark, Charleston WV
 Number to be transported Destination

Purpose of activity State Tournament

Number of School Days Lost 1/2 Approximate Cost 3000 Source of Funding Boomers

Transportation Information

Time bus to be loaded 12:00 ^{5/27/23} am pm Approximate time to return 6/3/23 10:00 am / pm

Type of Transportation
 Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? _____ Yes No

Approval (granted / denied) Principal [Signature] Date 1/8/23
 Approval (granted / denied) County Office [Signature] Date 1/9/2023
 Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

**Marion County Board of Education
Field Trip Request Form**

RECEIVED
22-2313
JAN 04 2023

*new page,
to be placed on the
agenda for board
approval.
c. 2 for 1/4/2022
one month*

All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

<u>NMHS</u>	<u>11/30/22</u>	<u>David Tennant</u>	<u>Yes</u> <u>1/27/23</u>
School	Date Submitted	Sponsor(s)	Sub Needed
<u>Wrestling Team</u>	<u>1/27-28/23</u>	<u>Rusty Elliott</u> <u>Jeff Hess</u>	<u>No</u> <u>No</u>
Group	Date of Trip	Chaperone(s)	Sub Needed

25 Number to be transported Huntington Civic Arena Destination

Purpose of activity WSAZ Tournament

Number of School Days Lost 1 Approximate Cost \$1000.00 Source of Funding Boosters

Transportation Information

Time bus to be loaded 7:30 am / pm Approximate time to return 2:00am (1-29) am / pm

Type of Transportation Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied) Principal [Signature] Date _____
Approval (granted / denied) County Office [Signature] Date 1/4/2022
Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

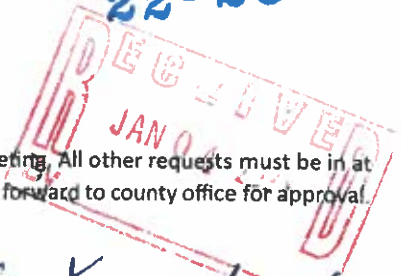
Times:	<input type="checkbox"/> Day One	<input type="checkbox"/> Day Two	
Pre-Trip	_____ am / pm	_____ am / pm	
Bus available to load	_____ am / pm	_____ am / pm	
Departure Time	_____ am / pm	_____ am / pm	
Return Time	_____ am / pm	_____ am / pm	
Completion of bus cleanup	_____ am / pm	_____ am / pm	

Sponsor/Chaperone (Verify all times) Driver Signature Mileage Fuel

*Mr. Haight,
To be placed on
the agenda for board
approval. Overlyto.
Shanksee. C-7/2022 1/4/2022*

22-2314

Marion County Board of Education
Field Trip Request Form



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

UMHS 11/30/22 David Tennant Yes 3/2-3/23
School Date Submitted Sponsor(s) Sub Needed

Wrestling Team 3/2-4/23 Rusty Elliott No
Group Date of Trip Chaperone(s) Sub Needed

20 Huntington Civic Arena
Number to be transported Destination

Purpose of activity State Championships

Number of School Days Lost 2 Approximate Cost \$750.00 Source of Funding State Reimbursement Boosters

Transportation Information

Time bus to be loaded 9:00 am/pm Approximate time to return 1:00 (3/5) am/pm

Type of Transportation Private Auto
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied) Principal Kirk N. [Signature] Date _____
Approval (granted / denied) County Office Chad [Signature] Date 1/4/2022
Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two

Pre-Trip	_____ am / pm	_____ am / pm
Bus available to load	_____ am / pm	_____ am / pm
Departure Time	_____ am / pm	_____ am / pm
Return Time	_____ am / pm	_____ am / pm
Completion of bus cleanup	_____ am / pm	_____ am / pm

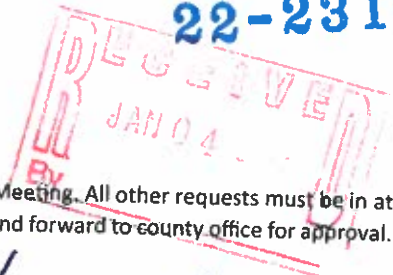
Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

*Mrs. Haught,
To be placed on the
agenda for board
approval. Thank you.
C. Z. [unclear] 1/4/2022*

22-2315

**Marion County Board of Education
Field Trip Request Form**



All field trips requiring Board approval must be submitted at least two weeks prior to the regular Board Meeting. All other requests must be in at least one week prior to the trip. All completed copies are to be submitted to the principal who will sign and forward to county office for approval. Please submit one field trip form per bus needed.

School West Fairmont Middle Date Submitted 1-3-23 Sponsor(s) Samantha Lilly
Mallory DeCleene Sub Needed Yes

Group Polar Vortex - A Cappella Group Date of Trip Feb. 17-18, 2023 Chaperone(s) See Attached List Sub Needed No

Number to be transported 20 Destination Nordonia A Cappella Festival, Macedonia, Ohio

Purpose of activity Participate in the Nordonia A Cappella Festival

Number of School Days Lost 1/2 day Approximate Cost \$240/student Source of Funding Fundraising \$
Parent

Transportation Information

Time bus to be loaded Feb. 17th 1:00 am pm Approximate time to return Sunday, Feb. 19 2:00 am pm

Type of Transportation Private Auto Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied) Principal June Ann Haught Date 1-3-22
Approval (granted / denied) County Office Clark Z. [unclear] Date 1-4-2022
Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times: Day One Day Two
Pre-Trip _____ am / pm _____ am / pm
Bus available to load _____ am / pm _____ am / pm
Departure Time _____ am / pm _____ am / pm
Return Time _____ am / pm _____ am / pm
Completion of bus cleanup _____ am / pm _____ am / pm



Sponsor/Chaperone (Verify all times) _____ Driver Signature _____ Mileage _____ Fuel _____

tb/2017 White - Accounting Yellow - Transportation Office Pink - Driver Gold - Driver

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 14th day of DECEMBER, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the WV THREE RIVERS FESTIVAL (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as FAIRMONT SENIOR HIGH SCHOOL.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

- I. Organization Name WV THREE RIVERS FESTIVAL
- II. Contact Name GODY K. LAYTON of Sharon Swearingen
- III. Address 1023 1/2 VIRGINIA AVE. FAIRMONT WV 26554
- IV. Phone Number 681-332-8670 of 304-288-3079
- V. The MCBOE covenants and agrees that it shall, from APRIL 15th, 2023 through APRIL 16th, 2023, make available to the WV THREE RIVERS FESTIVAL - PAGEANT the STAGE & FACILITIES for the purpose of the 2023 FESTIVAL PAGEANT. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.
- VI. Is the planned activity a non-profit making venture? YES

Criteria: 490P Attorney Gen 114 (1981) Board not authorized to rent or lease school property to profit-making organizations.

July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.



Sharon Swearingen, director of the West Virginia Three Rivers Festival, acquired information for the rental agreement for use of the Fairmont Senior High School facilities.

April 15th Teen & Queen Pageant 9am-10pm (estimated timeframe of use)

April 16th Junior Royalty Pageant 9am-8pm (estimated timeframe of use)

All requested documentation is attached:

- Facility Rental Agreement
- Certificate of Liability Insurance
- W-9 Form

We are requesting the use of the Fairmont Senior High School: stage, a few classrooms for dressing areas as well as the library.

Sound/Lighting scheduling will provide later.

Thanks!

Sharon Swearingen, (304) 288-3079

Cody K. Layton (681) 332-8670

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0676838 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the STAGE & FACILITIES as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ _____ per _____ in addition to a \$ _____ custodial fee per _____
(Additional fees may apply depending on facility) \$ _____ for _____

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance
Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: WV Board of Risk & Insurance Management

Policy Number L 3470

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement.

B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV. MCBOE shall inspect _____ after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from _____ until the _____ day of _____; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

Representative of Organization

12/14/22
Date

Principal or Designee

Date

Administrative Assistant of Maintenance, Facilities and Athletics

Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER West Virginia Board of Risk & Insurance Management 1124 Smith Street Suite 4300 Charleston, WV 25301	CONTACT NAME: PHONE (A/C No. Ext): 304-766-2646 FAX (A/C No.): 304-558-6004 E-MAIL ADDRESS: brim.underwriting@wv.gov	
	INSURER(S) AFFORDING COVERAGE	
INSURED WV THREE RIVERS FESTIVAL INC P O BOX 916 FAIRMONT WV 26555	INSURER A: National Union Fire Co of Pittsburgh PA NAIC # 19445	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

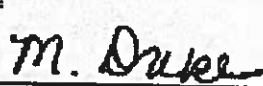
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WRONGFUL ACT <input checked="" type="checkbox"/> PROFESSIONAL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		L 3470	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$ NONE PRODUCTS - COM/PROP AGG \$ NONE
A	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		L 3470	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	L 3470 STOP GAP	07/01/2022	07/01/2023	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SUBJECT TO THE PROVISIONS, CONDITIONS AND EXCLUSIONS OF THE POLICIES LISTED ABOVE, IT IS AGREED THAT THE CERTIFICATE HOLDER IS AN "ADDITIONAL INSURED" WITH RESPECTS TO: ANNUAL PAGENT

CERTIFICATE HOLDER FAIRMONT SENIOR HIGH SCHOOL 100 LOOP DRIVE FAIRMONT WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific instructions on page 2.

Name (as shown on your income tax return)
WY THREE RIVERS FESTIVAL INC.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ **501C4**

Exemptions (see instructions):
 Exempt payee code (if any) **X**
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
PO BOX 916

City, state, and ZIP code
FAIRMONT WV 26535

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
 [] - [] - []

Employer identification number
55 - 0876838

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or, I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ **Michael D Swearingen Pres.** Date: **2/10/21**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments: The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding (if you are a U.S. exempt payee). If applicable, you are also certifying that as a U.S. person, you are not a partner in any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Notes: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1448 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received the rules under section 1448 require a partnership to presume that a partner is a foreign person, and pay the 30% on 1448 withholding tax. Therefore, if you are a U.S. person and a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1448 withholding on your share of partnership income.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. WV THREE RIVERS FESTIVAL, INC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ TAX EXEMPT 501(C)(4) </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i></p>	
	<p>5 Address (number, street, and apt. or suite no.) See instructions. P.O. BOX 916</p> <p>6 City, state, and ZIP code FAIRMONT, WV 26555</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
OR											
Employer identification number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> </tr> </table>	5	5	-	0	6	7	6	8	3	8	
5	5	-	0	6	7	6	8	3	8		

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/31/23</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an Information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

22-2317

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the Fourth ~~14th~~ day of January, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Special Olympics 5 (hereafter known as Organization)

Special Olympics DBA

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as New Gym & cafeteria @ FSHS.

NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that:

I. Organization Name Marion County Special Olympics

II. Contact Name Cari Shepard, Director, Deanna Martin, coach

III. Address 448 Leonard Avenue, Fairmont, WV 226554

IV. Phone Number 304-366-3213

V. The MCBOE covenants and agrees that it shall, from January 5th, 2023 through March 11, 2023, make available to the Marion County Special Olympics New Gym & cafeteria @ FSHS for the purpose of basketball & cheerleading practice. The activities herein described pertain to the Organization's group exclusively. The MCBOE reserves the right to eliminate any of the above days that there is no school and/or special programs occurring in said facility. The MCBOE will provide a schedule to the Organization with those dates the facility will not be available.

VI. Is the planned activity a non-profit making venture? Yes

Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations

July 22, 1985 St Superintendent interpretation states in part that question: is it permissible for private organizations or individuals to utilize public school facilities for non-profit making ventures. The answer to your question appears to be yes, it is permissible... unless such ventures would not have a community purpose.

VII. Organization agrees to assure that said Organization is a Not-For-Profit entity.

FEIN Number 55-0596975 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

VIII. Organization covenants and agrees that the scheduling of its events utilizing the New Gym & cafeteria as provided for herein shall be coordinated with and through the Organization, and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.

IX. Organization agrees to a facility use fee of \$ 0 per day in addition to a \$ 0 custodial fee per
(Additional fees may apply depending on facility) \$ 0 for

X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.

*****This section must be completed***** Liability Insurance Information: (minimum of \$1,000,000 liability required by MCBOE)

Insurance Company: American Specialty Insurance & Risk Services, Inc.

Policy Number PHPK2362188

*****Attach a copy of the policy to the application*****

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in connection with the following:

- A. Any injury, or the death of, any person or persons or loss or damage to property on or about the premises or any adjoining property arising from or connected with the premises during the term of this agreement
- B. Performance of any labor or services or the furnishing of any materials or other property in respect of the premises or any part thereof by or at the request of the Organization. Organization shall resist and defend any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of the aforementioned by the MCBOE.

XII. Organization covenants and agrees that it shall be responsible for the condition of the facility after usage and agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.

XIII. Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, and municipal authorities including but not limited to all safety regulations and health department rules and regulations

XIV. MCBOE shall inspect New Gym & cafeteria after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

XV. Organization will receive one key to be used by signer and assigns only, with no duplicates to be made or used by others. If the key is used by others or during non-scheduled times by others, this contract will be immediately terminated.

XVI. The terms of this Agreement and all privileges, rights, obligations, duties and liabilities hereunder shall remain in force and effect from January 4, 2023 until the 11th day of March, 2023; however, either party upon thirty (30) days written notice to the other may, with impunity, terminate this agreement immediately for any reason whatsoever. This agreement constitutes the entire agreement existing between the parties. There are no other agreements, oral or otherwise, which modifies or affects this agreement. The AGREEMENT and all terms and provisions herein shall extend to and be binding on their successors and assigns.

[Signature]
Representative of Organization

1-4-23
Date

[Signature]
Principal or Designee

1/4/23
Date

Administrative Assistant of Maintenance, Facilities and Athletics

Date

Superintendent

Date

Board President

Date

- 8/26/08
- 2/23/15
- 8/12/21
- 11/30/21
- 3/3/22
- 07/28/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Special Olympics, Inc. 1133 19th Street NW Washington DC 20036		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company NAIC # 18058 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1002070834 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	Y	PHPK2503728	12/31/2022	12/31/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2503728	12/31/2022	12/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- Coverage applies to the following: SPECIAL OLYMPICS WEST VIRGINIA, 3055 MOUNT VERNON ROAD, HURRICANE, WV 25526.

- The Certificateholder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AM-002-Additional Insured-Certificateholders, as respects to the SPECIAL OLYMPICS WEST VIRGINIA, SO MARION COUNTY BASKETBALL PRACTICES AT FAIRMONT SENIOR HIGH SCHOOL from January 01, 2023 through March 10, 2023.

CERTIFICATE HOLDER Marion County Board of Education 1516 Mary Lou Retton Drive Fairmont WV 26554	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

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Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 2.

1 Name (as shown on your 2018 tax return). Name is required on this line, do not leave it blank.
Special Olympics West Virginia, Inc.

2 Business name/disregarded entity name (if different from #1 above)

3 Check appropriate tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification on (C) C corporation, (S) S corporation, (P) partnership.
 Note: Check the appropriate box on the line above for the tax classification of the single member owner. Do not check LLC if the LLC is classified as a disregarded entity. C that is disregarded from the owner, unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
 Other (see instructions) ▶ **501 (c)(3) non-profit**

4 If exemption codes apply only to certain entities, see instructions for instructions on page 3.
 Exemption code(s) of any: _____
 Exemption from FATCA reporting code(s) of any: _____
 Address to which the tax is to be sent (see page 3): _____

5 Address (number, street, and apt. or suite no.) See instructions.
3055 Mount Vernon Road
 6 City, state, and ZIP code
Hurricane, WV 25526

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to Give the Requester* for guidelines on whose number to enter.

Social security number

OR

Employer identification number

5	5	-	0	5	9	6	9	7	5
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *John Corbett* Date ▶ *1/7/2022*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adopt on taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099 (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds);
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds);
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers);
- Form 1099-S (proceeds from real estate transactions);
- Form 1099-K (merchant card and third party network transactions);
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition);
- Form 1099-C (cancelled debt);
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-17

AIA Document G 703 APPLICATION AND CERTIFICATE FOR PAYMENT.

Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO: 11/25/2022 - 01/13/2023

ARCHITECTS' PROJECT NO:

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E)	E THIS PERIOD APPLICATIONS (D+E)	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	H BALANCE TO FINISH (C-G)	I RETAINAGE 5%
1	Mobilization and Layout	\$ 39,680.00	\$39,680.00	\$0.00	\$0.00	\$39,680.00	100.00%	\$0.00	\$1,984.00
2	Insurance and Bonding	\$ 76,845.00	\$76,845.00	\$0.00	\$0.00	\$76,845.00	100.00%	\$0.00	\$3,842.25
3	Site Supervision Working Formen General Requirement:	\$ 207,209.00	\$204,409.00	\$0.00	\$0.00	\$204,409.00	98.65%	\$2,800.00	\$10,220.45
4	Construction Aid, Equipment and Storage	\$ 150,893.00	\$148,897.00	\$1,996.00	\$0.00	\$150,893.00	100.00%	\$0.00	\$7,544.65
5	Temporary Construction & Safety Fencing	\$ 3,892.00	\$3,892.00	\$0.00	\$0.00	\$3,892.00	100.00%	\$0.00	\$194.60
6	Demolition	\$ 13,654.00	\$13,654.00	\$0.00	\$0.00	\$13,654.00	100.00%	\$0.00	\$682.70
7	E&S Controls/Survey/Site Demolition	\$ 39,425.00	\$39,425.00	\$0.00	\$0.00	\$39,425.00	100.00%	\$0.00	\$1,971.25
8	Earthwork	\$ 68,600.00	\$68,600.00	\$0.00	\$0.00	\$68,600.00	100.00%	\$0.00	\$3,430.00
9	Fencing	\$ 26,600.00	\$26,600.00	\$0.00	\$0.00	\$26,600.00	100.00%	\$0.00	\$1,330.00
10	Utilities/Sanitary Sewer and Stormwater	\$ 116,930.00	\$116,930.00	\$0.00	\$0.00	\$116,930.00	100.00%	\$0.00	\$5,846.50
11	Separation Fabric & 6" Aggregate Base	\$ 36,871.00	\$36,871.00	\$0.00	\$0.00	\$36,871.00	100.00%	\$0.00	\$1,843.55
12	Form and Pour Trench Box	\$ 4,080.00	\$4,080.00	\$0.00	\$0.00	\$4,080.00	100.00%	\$0.00	\$204.00
13	Landscape - Material	\$ 7,000.00	\$6,800.00	\$0.00	\$0.00	\$6,800.00	97.14%	\$200.00	\$340.00
14	Landscape - Labor	\$ 2,000.00	\$2,000.00	\$0.00	\$0.00	\$2,000.00	100.00%	\$0.00	\$100.00
15	Asphalt Pavement and Siping	\$ 101,000.00	\$101,000.00	\$0.00	\$0.00	\$101,000.00	100.00%	\$0.00	\$5,050.00
16	Concrete Curbs - Material	\$ 18,602.00	\$18,602.00	\$0.00	\$0.00	\$18,602.00	100.00%	\$0.00	\$930.10
17	Concrete Curbs - Labor	\$ 41,472.00	\$41,472.00	\$0.00	\$0.00	\$41,472.00	100.00%	\$0.00	\$2,073.60
18	Concrete Sidewalks - Material	\$ 27,922.00	\$27,922.00	\$0.00	\$0.00	\$27,922.00	100.00%	\$0.00	\$1,396.10
19	Concrete Sidewalks - Labor	\$ 20,346.00	\$20,046.00	\$0.00	\$0.00	\$20,046.00	98.53%	\$300.00	\$1,002.30
20	Flag & Light Pole Foundations	\$ 2,410.00	\$2,410.00	\$0.00	\$0.00	\$2,410.00	100.00%	\$0.00	\$120.50
21	Building Foundation & Piers - Material	\$ 21,596.00	\$22,596.00	\$0.00	\$0.00	\$22,596.00	100.00%	\$0.00	\$1,129.80
22	Building Foundation & Piers - Labor	\$ 21,242.00	\$21,242.00	\$0.00	\$0.00	\$21,242.00	100.00%	\$0.00	\$1,062.10
23	Slab on Grade - Material	\$ 44,600.00	\$44,600.00	\$0.00	\$0.00	\$44,600.00	100.00%	\$0.00	\$2,230.00
24	Slab on Grade - Labor	\$ 25,063.00	\$25,063.00	\$0.00	\$0.00	\$25,063.00	100.00%	\$0.00	\$1,253.15
25	ICF Walls - Material	\$ 93,718.00	\$93,718.00	\$0.00	\$0.00	\$93,718.00	100.00%	\$0.00	\$4,685.90
26	ICF Walls - Labor	\$ 65,608.00	\$65,608.00	\$0.00	\$0.00	\$65,608.00	100.00%	\$0.00	\$3,280.40
27	Damproofing & Backfill - Material	\$ 19,009.00	\$19,009.00	\$0.00	\$0.00	\$19,009.00	100.00%	\$0.00	\$950.45
28	Damproofing & Backfill - Labor	\$ 13,740.00	\$13,740.00	\$0.00	\$0.00	\$13,740.00	100.00%	\$0.00	\$687.00
29	Masonry - Material	\$ 79,100.00	\$79,100.00	\$0.00	\$0.00	\$79,100.00	100.00%	\$0.00	\$3,955.00
30	Masonry - Labor	\$ 77,171.00	\$77,171.00	\$0.00	\$0.00	\$77,171.00	100.00%	\$0.00	\$3,858.55

Veritas Contracting Payment Requisition
 APPLICATION NUMBER 21039-17

AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT,
 Contractor's signed Certification is attached.

Use Column 1 on Contracts where variable retainage for line items may apply.
 PERIOD TO: 11/25/2022 - 01/13/2023
 ARCHITECTS' PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E)	E WORK COMPLETED THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G/C)	H BALANCE TO FINISH (C-G)	I RETAINAGE 5%
31	Structural Steel - Material	\$ 144,450.00	\$144,450.00	\$0.00	\$0.00	\$144,450.00	100.00%	\$0.00	\$7,222.50
32	Structural Steel - Labor	\$ 71,989.00	\$71,989.00	\$0.00	\$0.00	\$71,989.00	100.00%	\$0.00	\$3,599.45
33	Ext. Mt. Studding & Sheathing - Material	\$ 13,247.00	\$13,247.00	\$0.00	\$0.00	\$13,247.00	100.00%	\$0.00	\$662.35
34	Ext. Mt. Studding & Sheathing - Labor	\$ 13,848.00	\$13,848.00	\$0.00	\$0.00	\$13,848.00	100.00%	\$0.00	\$692.40
35	Rough Carpentry - Material	\$ 4,787.00	\$4,787.00	\$0.00	\$0.00	\$4,787.00	100.00%	\$0.00	\$239.35
36	Rough Carpentry - Labor	\$ 2,366.00	\$2,366.00	\$0.00	\$0.00	\$2,366.00	100.00%	\$0.00	\$118.30
37	Framing and Drywall Systems - Material	\$ 55,287.00	\$55,287.00	\$0.00	\$0.00	\$55,287.00	100.00%	\$0.00	\$2,764.35
39	Framing and Drywall Systems - Labor	\$ 101,034.00	\$100,234.00	\$0.00	\$0.00	\$100,234.00	99.21%	\$800.00	\$5,011.70
40	Roofing, Flashing and Coping - Material	\$ 163,445.00	\$163,445.00	\$0.00	\$0.00	\$163,445.00	100.00%	\$0.00	\$8,172.25
41	Canopy, Flashing and Coping - Veritas	\$ 7,922.00	\$7,922.00	\$0.00	\$0.00	\$7,922.00	100.00%	\$0.00	\$396.10
42	Metal Siding and Trim - Material	\$ 3,360.00	\$3,360.00	\$0.00	\$0.00	\$3,360.00	100.00%	\$0.00	\$168.00
43	Metal Siding and Trim - Labor	\$ 2,549.00	\$2,549.00	\$0.00	\$0.00	\$2,549.00	100.00%	\$0.00	\$127.45
44	Ext Door Canopy - Material	\$ 8,025.00	\$8,025.00	\$0.00	\$0.00	\$8,025.00	100.00%	\$0.00	\$401.25
45	Ext Door Canopy - Labor	\$ 2,510.00	\$2,510.00	\$0.00	\$0.00	\$2,510.00	100.00%	\$0.00	\$125.50
46	HM Frames and Doors - Material	\$ 53,488.00	\$53,488.00	\$0.00	\$0.00	\$53,488.00	100.00%	\$0.00	\$2,674.40
47	HM Frames and Doors - Labor	\$ 7,593.00	\$5,593.00	\$0.00	\$0.00	\$5,593.00	73.68%	\$2,000.00	\$279.65
48	Door Hardware - Material	\$ 296.00	\$296.00	\$0.00	\$0.00	\$296.00	100.00%	\$0.00	\$14.80
48	Door Hardware - Labor	\$ 12,062.00	\$2,962.00	\$0.00	\$0.00	\$2,962.00	24.56%	\$9,100.00	\$148.10
50	Alum. Doors and Windows	\$ 99,000.00	\$99,000.00	\$0.00	\$0.00	\$99,000.00	100.00%	\$0.00	\$4,950.00
51	Casework, Tops and Window Sills - Material	\$ 58,443.00	\$58,443.00	\$0.00	\$0.00	\$58,443.00	100.00%	\$0.00	\$2,922.15
52	Casework, Tops and Window Sills - Labor	\$ 22,691.00	\$22,691.00	\$0.00	\$0.00	\$22,691.00	100.00%	\$0.00	\$1,134.55
53	Painting and Fire Caulking	\$ 28,762.00	\$22,762.00	\$0.00	\$0.00	\$22,762.00	79.14%	\$6,000.00	\$1,138.10
54	Acoustical Gnd & Tile - Material	\$ 31,227.00	\$31,227.00	\$0.00	\$0.00	\$31,227.00	100.00%	\$0.00	\$1,561.35
55	Acoustical Gnd & Tile - Labor	\$ 16,373.00	\$16,373.00	\$0.00	\$0.00	\$16,373.00	89.11%	\$2,000.00	\$818.65
56	Flooring Coverings	\$ 125,000.00	\$116,226.50	\$0.00	\$0.00	\$116,226.50	92.98%	\$8,773.50	\$5,811.33
57	Toilet Accessories and Partitions - Material	\$ 3,868.00	\$3,868.00	\$0.00	\$0.00	\$3,868.00	100.00%	\$0.00	\$193.40
58	Toilet Accessories and Partitions - Labor	\$ 4,123.00	\$2,700.00	\$0.00	\$0.00	\$2,700.00	65.49%	\$1,423.00	\$135.00
59	Classroom Furnishings - Material	\$ 67,515.00	\$67,515.00	\$0.00	\$0.00	\$67,515.00	100.00%	\$0.00	\$3,375.75
60	Classroom Furnishings - Labor	\$ 7,868.00	\$750.00	\$0.00	\$0.00	\$750.00	9.53%	\$7,118.00	\$37.50

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-17

AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT.

Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

PERIOD TO: 11/25/2022 - 01/13/2023

ARCHITECTS PROJECT NO:

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E)	E THIS PERIOD APPLICATIONS (D+E+F)	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED (D+E+F)	% (G/C)	H BALANCE TO FINISH (C-G)	I RETAINAGE 5%
61	Door Signage and Fire Ext	\$ 3,888.00	\$3,558.00	\$0.00	\$0.00	\$3,558.00	91.51%	\$330.00	\$177.90
62	Sprinkler System- Material	\$ 18,392.00	\$18,392.00	\$0.00	\$0.00	\$18,392.00	100.00%	\$0.00	\$919.60
63	Sprinkler System- Labor	\$ 17,308.00	\$17,308.00	\$0.00	\$0.00	\$17,308.00	100.00%	\$0.00	\$865.40
64	Electrical - Mobilization/Demo	\$ 12,500.00	\$12,500.00	\$0.00	\$0.00	\$12,500.00	100.00%	\$0.00	\$625.00
65	Electrical - Lighting Material	\$ 67,500.00	\$67,500.00	\$0.00	\$0.00	\$67,500.00	100.00%	\$0.00	\$3,375.00
66	Electrical - Lighting Labor	\$ 18,500.00	\$18,500.00	\$0.00	\$0.00	\$18,500.00	100.00%	\$0.00	\$925.00
67	Electrical- Power Distribution Material	\$ 94,500.00	\$66,150.00	\$0.00	\$0.00	\$66,150.00	70.00%	\$28,350.00	\$3,307.50
68	Electrical- Power Distribution Labor	\$ 18,000.00	\$10,800.00	\$0.00	\$0.00	\$10,800.00	60.00%	\$7,200.00	\$540.00
69	Electrical- Wiring Devices Material	\$ 13,000.00	\$13,000.00	\$0.00	\$0.00	\$13,000.00	100.00%	\$0.00	\$850.00
70	Electrical- Wiring Devices Labor	\$ 25,000.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	100.00%	\$0.00	\$1,250.00
71	Electrical-HVAC Materials	\$ 12,000.00	\$12,000.00	\$0.00	\$0.00	\$12,000.00	100.00%	\$0.00	\$600.00
72	Electrical-HVAC Labor	\$ 12,000.00	\$11,500.00	\$0.00	\$0.00	\$11,500.00	95.83%	\$500.00	\$575.00
73	Electrical- Data Material's	\$ 29,500.00	\$29,500.00	\$0.00	\$0.00	\$29,500.00	100.00%	\$0.00	\$1,475.00
74	Electrical- Data Labor	\$ 5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	100.00%	\$0.00	\$250.00
75	Electrical- Security/Access Materials	\$ 23,000.00	\$23,000.00	\$0.00	\$0.00	\$23,000.00	100.00%	\$0.00	\$1,150.00
76	Electrical- Security/Access Labor	\$ 2,500.00	\$2,500.00	\$0.00	\$0.00	\$2,500.00	100.00%	\$0.00	\$125.00
77	Electrical- Fire Alarm Materials	\$ 8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	100.00%	\$0.00	\$400.00
78	Electrical- Fire Alarm Labor	\$ 2,000.00	\$2,000.00	\$0.00	\$0.00	\$2,000.00	100.00%	\$0.00	\$100.00
81	Plumbing- Mobilization	\$ 2,400.00	\$2,400.00	\$0.00	\$0.00	\$2,400.00	100.00%	\$0.00	\$120.00
82	Plumbing- General Conditions	\$ 2,400.00	\$2,400.00	\$0.00	\$0.00	\$2,400.00	100.00%	\$0.00	\$120.00
83	Plumbing- Exterior Sanitary UG	\$ 5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	100.00%	\$0.00	\$250.00
84	Plumbing- Interior Sanitary UG	\$ 42,000.00	\$42,000.00	\$0.00	\$0.00	\$42,000.00	100.00%	\$0.00	\$2,100.00
85	Plumbing- Interior Weger AG	\$ 54,000.00	\$54,000.00	\$0.00	\$0.00	\$54,000.00	100.00%	\$0.00	\$2,700.00
86	Plumbing- Interior Sanitary AG	\$ 35,000.00	\$35,000.00	\$0.00	\$0.00	\$35,000.00	100.00%	\$0.00	\$1,750.00
87	Plumbing- Gas Line	\$ 12,000.00	\$12,000.00	\$0.00	\$0.00	\$12,000.00	100.00%	\$0.00	\$600.00
88	Plumbing- Fixtures	\$ 30,000.00	\$29,003.00	\$0.00	\$0.00	\$29,003.00	96.68%	\$997.00	\$1,450.15
89	Plumbing- Rain Water	\$ 22,625.00	\$22,625.00	\$0.00	\$0.00	\$22,625.00	100.00%	\$0.00	\$1,131.25
90	HVAC-RTU-1 Roofcurb Crane	\$ 168,900.00	\$168,900.00	\$0.00	\$0.00	\$168,900.00	100.00%	\$0.00	\$8,445.00

Veritas Contracting Payment Requisition
 AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT.

APPLICATION NUMBER: 21039-17

Contractors signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply

PERIOD TO: 11/25/2022 - 01/13/2023
 ARCHITECTS' PROJECT NO:

A ITEM NO	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E)	E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D O R E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H BALANCE TO FINISH (C-G)	I RETAINAGE 5%
91	HVAC-RTU-1 Roof curb, Crane-Labor	\$ 9,000.00	\$9,000.00	\$0.00	\$0.00	\$9,000.00	\$0.00	\$450.00
92	HVAC-Electric VAV's, Electric Heater	\$ 58,300.00	\$58,300.00	\$0.00	\$0.00	\$58,300.00	\$0.00	\$2,915.00
93	HVAC- Elect VAV's Electric Heater- Labor	\$ 5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$250.00
94	HVAC-Registers, Grills and Exhaust Fans	\$ 20,000.00	\$20,000.00	\$0.00	\$0.00	\$20,000.00	\$0.00	\$1,000.00
95	HVAC- Reg. Grills, Exhaust Fans- Labor	\$ 6,850.00	\$6,850.00	\$0.00	\$0.00	\$6,850.00	\$0.00	\$342.50
96	SFC-1 Mini Split	\$ 8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$400.00
97	SFC-1 Mini Split- Labor	\$ 2,500.00	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	\$125.00
98	Duct Work, Insulation	\$ 45,000.00	\$45,000.00	\$0.00	\$0.00	\$45,000.00	\$0.00	\$2,250.00
99	Duct Work, Insulation-Labor	\$ 39,000.00	\$39,000.00	\$0.00	\$0.00	\$39,000.00	\$0.00	\$1,950.00
100	Certified Test and Balance	\$ 10,569.00	\$10,569.00	\$0.00	\$0.00	\$10,569.00	\$0.00	\$528.45
101	Certified Test and Balance-Labor	\$ 1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$75.00
102	Progressive and Final Cleaning	\$ 11,650.00	\$9,550.00	\$800.00	\$0.00	\$10,350.00	\$1,300.00	\$517.50
103	Change Order 1 - Contingency Allowance	\$ 50,000.00	\$46,445.46	\$0.00	\$0.00	\$46,445.46	\$3,554.54	\$2,322.27
104	Change Order 2 - Temp Parking & Gas Line	\$ 42,034.00	\$42,034.00	\$0.00	\$0.00	\$42,034.00	\$0.00	\$2,101.70
105	Change Order 3 - Canopy	\$ 99,955.00	\$99,364.00	\$0.00	\$0.00	\$99,364.00	\$591.00	\$4,968.20
106	Change Order 4 - Addition Paving & Concrete	\$ 35,828.20	\$35,828.20	\$0.00	\$0.00	\$35,828.20	\$0.00	\$1,791.41
107	Change Order 5 - HVAC Control Credit	\$ (42,989.04)	(\$42,989.04)	\$0.00	\$0.00	(\$42,989.04)	\$0.00	(\$2,149.45)
108	Change Order 6 - Contract Time Increased	\$ -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
109	Change Order 7 - Water Line Addition	\$ 43,421.40	\$43,421.40	\$0.00	\$0.00	\$43,421.40	\$0.00	\$2,171.07
110	Change Order 8 - Apron, Storm, Gas Line & Toilet Partit	\$ 8,502.40	\$8,502.40	\$0.00	\$0.00	\$8,502.40	\$0.00	\$425.12
111	Change Order 9 - Design Change	\$ 133,373.67	\$133,373.67	\$0.00	\$0.00	\$133,373.67	\$0.00	\$6,668.68
112	Change Order 10 - Fence Over-X, Roof Drains	\$ 20,419.65	\$20,419.65	\$0.00	\$0.00	\$20,419.65	\$0.00	\$1,020.98
113	Change Order 11 - Breakers in Existing Switchgear	\$ 7,267.95	\$7,267.95	\$0.00	\$0.00	\$7,267.95	\$0.00	\$363.40
114	Change Order 12 - Multiple	\$ 13,003.43	\$13,003.43	\$0.00	\$0.00	\$13,003.43	\$0.00	\$650.17
115	Change Order 13 - Metal Siding Panels	\$ 14,119.94	\$14,119.94	\$0.00	\$0.00	\$14,119.94	\$0.00	\$706.00
116	Change Order 13 - Metal Siding Panels Deleted	\$ (14,119.94)	(\$14,119.94)	\$0.00	\$0.00	(\$14,119.94)	\$0.00	(\$706.00)
117	Change Order 14 - Purchase of New Flagpole	\$ 4,603.97	\$4,603.97	\$0.00	\$0.00	\$4,603.97	\$0.00	\$230.20
118	Change Order 16 - AWR 19, AWR 29, AWR 33	\$ 11,317.58	\$0.00	\$11,317.58	\$0.00	\$11,317.58	\$0.00	\$565.88
119	Change Order 18 - Elevation Correction, Light Base Crex	\$ 28,962.88	\$0.00	\$28,962.88	\$0.00	\$28,962.88	\$0.00	\$1,448.14
		\$ -	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		\$ 4,032,369.09	\$ 3,905,975.59	\$43,076.46	\$0.00	\$3,949,052.05	\$83,337.04	\$197,452.60

NOTE: THIS SCHEDULE OF VALUES IS SOLEY FOR THE PURPOSE OF CHECKING MONTHLY APPLICATIONS FOR PAYMENT

U.S. Department of Labor

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR		ADDRESS		OMB No. Expires:														
Ventas Contracting, LLC		246 Business Park Drive Fairmont WV 26554																
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF W/H/ EXEMP TIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			Sun	Mon	Tue	Wed	Thu	Fri	Sat				FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE		OTHER	TOTAL DEDUCTIONS
		OT OR ST	Sun	Mon	Tue	Wed	Thu	Fri	Sat			FICA	FEDERAL WITH-HOLDING TAX	STATE WITH-HOLDING TAX	MEDICARE	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Mr Nathan A Crainer 16272 Brandonville Pike Bruceston Mills WV 26525 X06-X0-4878	0	1000 SkilLabo				8.00	8.00	8.00		24.00	21.93	526.22 608.00	35.55 48.82	20.11	8.31	64.98	177.77	430.23
Mr Robert C Sawitski 322 Ices Run Road Fairmont WV 26554 X06-X0-6776	0	1000 SkilLabo				9.00	2.00			11.00	22.00	242.00 902.00	53.89 87.96	36.29	12.60	32.80	223.54	678.46
Mr Shawn D Skigley 328 View Street Fairmont WV 26554 X06-X0-0048	1	1000 SkilLabo				8.00				8.00	17.00	136.00 289.00	17.92 10.53	8.10	4.19		40.74	248.26
Totals for Project East Dale Elementary						25.00	10.00	8.00		43.00		904.22 1,799.00	107.36 147.31	64.50	25.10	97.78	442.05	1,356.95

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.5-5(g). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR OR SUBCONTRACTOR	ADDRESS	PROJECT OR CONTRACT NO.	AMOUNT
Ventus Contracting, LLC	246 Business Park Drive Fairmont WV 26554		
PAYROLL NO 72	FOR WEEK ENDING 12/31/2022 12:00:00 AM	PROJECT AND LOCATION East Dale Elementary 57 East Dale Rd Fairmont WV 26554	
NAME OF WORKER IDENTIFYING NUMBER			DEDUCTION
Mr Nathan A Cramer XXX-XX-4878			401K Retirement Plan 30.40
			VRTSHLTH PLN A E&CHILD 32.56
			VRTSVISION SINGLE 2.02
			TOTAL 64.98
Mr Robert C Sawitski XXX-XX-6776			VRTSDENTAL SINGLE 7.79
			VRTSHLTH PLN A SINGLE 22.99
			VRTSVISION SINGLE 2.02
			TOTAL 32.80

22-231

U.S. Department of Labor

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

NAME OF CONTRACTOR OR SUBCONTRACTOR		ADDRESS		PROJECT OR CONTRACT NO.		OMB No. Expires.												
Venias Contracting, LLC		246 Business Park Drive Fairmont WV 26554		PROJECT AND LOCATION East Dale Elementary 57 East Dale Rd Fairmont WV 26554														
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (E.G. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WH/ EXEMP TIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / PERIOD	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			HOURS WORKED EACH DAY										FICA	FEDERAL WITH- HOLDING TAX	STATE WITH- HOLDING TAX	MEDICARE		OTHER DEDUCTIONS
			Sun 27	Mon 28	Tue 29	Wed 30	Thu 1	Fri 2	Sat 3									
Mr. Nathanael Z Blosser	0	1000 SkillLabo	0					11.00	11.00	30.00	330.00	68.03	138.69	49.97	15.91	63.65	336.25	793.75
183 Estate Drive Morantown WV 26508 X0X-X0-8493			5								1,130.00							
Mr. Roger L. Duffin Jr	0	1000 SkillLabo	0					8.00	8.00	42.00	336.00	90.27	136.82	73.01	21.11	2.00	323.21	1,132.79
87 Lockwood Drive Morantown WV 26508 X0X-X0-8326			5								1,456.00							
Mr. Michael H. Donnellan Jr	4	1000 SkillLabo	0					8.00	8.00	31.50	252.00	67.70	53.44	40.42	15.83	2.00	179.39	912.61
PO Box 1016 Jane Lew WV 26378 X0X-X0-6218			5								1,092.00							
Mr. Robert C Sawitaki	0	1000 SkillLabo	0					6.00	6.00	31.50	231.00	61.76	116.47	43.91	14.44	32.80	269.38	759.62
322 Ices Run Road Fairmont WV 26554 X0X-X0-6776			5					2.00	2.00	21.00	1,029.00							
Mr. Kenneth L Snow III	0	1000 SkillLabo	0					8.00	8.00	36.00	288.00	77.38	111.86	59.49	18.10	2.00	268.63	979.17
1852 Stallaker Run Road Elkins WV 26241 X0X-X0-0338			5								1,248.00							
Totals for Project East Dale Elementary								37.00	6.00	43.00	1,437.00	365.14	557.28	266.80	85.39	102.45	1,377.06	4,577.94

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. 55.33, 55.34, 55.35, 55.36, 55.37, 55.38, 55.39, 55.40, 55.41, 55.42, 55.43, 55.44, 55.45, 55.46, 55.47, 55.48, 55.49, 55.50, 55.51, 55.52, 55.53, 55.54, 55.55, 55.56, 55.57, 55.58, 55.59, 55.60, 55.61, 55.62, 55.63, 55.64, 55.65, 55.66, 55.67, 55.68, 55.69, 55.70, 55.71, 55.72, 55.73, 55.74, 55.75, 55.76, 55.77, 55.78, 55.79, 55.80, 55.81, 55.82, 55.83, 55.84, 55.85, 55.86, 55.87, 55.88, 55.89, 55.90, 55.91, 55.92, 55.93, 55.94, 55.95, 55.96, 55.97, 55.98, 55.99, 56.00. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to submit weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Attachment: Detail for "Other" Deductions

NAME OF CONTRACTOR Veritas Contracting, LLC	OR SUBCONTRACTOR	ADDRESS 246 Business Park Drive Fairmont WV 26554	PROJECT OR CONTRACT NO
PAYROLL NO 68		FOR WEEK ENDING 12/23/2022 12:00:00 AM	
IDENTIFYING NUMBER			
Mr Roger L Dalton Jr	XXX-XX-8326		
Mr Robert C Sawlisk	XXX-XX-6776		
Mr Nathanael Z Blosser	XXX-XX-8493		
Mr Kenneth L Snow III	XXX-XX-0338		
Mr Michael H Donnellan Jr	XXX-XX-8218		
		DEDUCTION	AMOUNT
		LIT - FAIRMONT LOCAL	2 00
		TOTAL	2 00
		VRTSDENTAL SINGLE	7 79
		VRTSHLTH PLN A SINGLE	22 99
		VRTSVISION SINGLE	2 02
		TOTAL	32 80
		Child Support - WV	28 85
		VRTSDENTAL SINGLE	7 79
		LIT - FAIRMONT LOCAL	2 00
		VRTSHLTH PLN A SINGLE	22 99
		VRTSVISION SINGLE	2 02
		TOTAL	63 65
		LIT - FAIRMONT LOCAL	2 00
		TOTAL	2 00
		LIT - FAIRMONT LOCAL	2 00
		TOTAL	2 00

