

OFFICIAL MINUTES
Marion County Board of Education
Special Session
Tuesday, January 17, 2023
CENTRAL OFFICE
5:30 pm

22-2319

The meeting was held in the Central Office Conference Room and streamed on our webpage at Marionboe.com.

The Marion County Board of Education met in a Special Session on Tuesday, January 17, 2023 at 5:30 pm.

President Mrs. Costello called the meeting to order at 5:32 pm

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

23-1000 CALENDAR HEARING – PUBLIC INPUT

Mr. L. D. Skarzenski – Calendar presentation

23-9000 FUTURE MEETINGS

| DATE | PURPOSE | TIME | PLACE |
|--------|---------------------------------------|----------------|----------------|
| Jan 17 | Tue Regular Session | 6:00 pm | Central Office |
| Jan 23 | Mon Special Session | 1:00 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 |
| Mar 6 | Mon Regular Session | 6:00 pm | Central Office |
| Mar 7 | Tue Special Session | 1:00 pm | Central Office |

ADJOURNED

Mr. Saunders made a motion, seconded by Mr. Boyles to adjourn at 5:51 pm.

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

Mrs. Donna Costello, President

Dr. Donna Hage, Superintendent/Secretary

Robin Haught, Executive Secretary

OFFICIAL MINUTES
 Marion County Board of Education
 Regular Session
 Tuesday, January 17, 2023
CENTRAL OFFICE
 6:00 pm

22-2380

The meeting was held in the Central Office Conference Room and streamed on our webpage at Marionboe.com.

Mr. Pellegrin gave the invocation and Ms. Jerrica Efaw, Bus Aide, Watson, led the Pledge of Allegiance.

The Marion County Board of Education met in a Regular Session on Tuesday, January 17, 2023 at 6:00 pm.

President Mrs. Costello called the meeting to order at 6:01 pm

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

- I. **INVOCATION –**
- II. **PLEDGE OF ALLEGIANCE – Jerrica Efaw, Bus Aide, Mannington**
- III. **BEGIN OFFICIAL PROCEEDINGS**
- IV. **ROLL CALL**
- V. **AGENDA ITEMS**

24-1000 INFORMATION – RECOGNITIONS – RECOMMENDATIONS – REPORTS

- 1) EFHS – Football recognitions – Coach Echols- Big 10 Coach of the year
All State Honors,
- 2) EFHS – Voice of Democracy Winners Dena Hudson
- 3) EFHS – Soccer recognitions Coach Wright
- 4) EFHS – Volleyball recognitions Coach Dotson
- 5) EFHS – Cheer recognitions
- 6) Tyson Furgason, Principal, Rivesville Elementary/Middle – Presentation on Student Achievement and Other Student Factors, Data, and Programs
- 7) 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

OLD BUSINESS

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

2294 OMNI/VERITAS – CHANGE ORDER/AMENDMENT 1A

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

YEAS: Costello, Dragich, Pellegrin

NAYS: Boyles, Saunders

NEW BUSINESS

Mr. Saunders made a motion, seconded by Mr. Boyles to approve the following except for item 2318 to be voted on separately

24-2000 MINUTES – AGREEMENTS – CONTRACTS

2299 MINUTES

The approval of the Official Minutes for the meeting for a Regular Meeting on January 4, 2023.

2300 VOLUNTEER STAFF – EFHS ATHLETIC TRAINER

The approval of Dawn King as Volunteer Athletic Trainer for the 2022-2023 SY.

2301 HOOTEN EQUIPMENT – REACH IN FREEZER - WATSON

The approval of bid from Hooten Equipment to purchase a Reach in Freezer for Watson, in the amount of \$6,575.00. FUNDING: Child Nutrition OTHER BIDS: Douglas Equipment \$6,834.17 and Stout Equipment \$7,270.00

2302 APPTEGY – THRILLSHARE - WEBSITE

The approval of the renewal of Apptegy – Thrillshare for the county Website, in the amount of \$28,900.00. FUNDING: Technology

2303 HOUGHTON MIFFLIN HARCORT – ICLE SERVICE AGREEMENT - WATSON

The approval to pay Houghton Mifflin Harcourt for ICLE Service Agreement for instruction coaching with Terri Klemm, in the amount of \$34,880.00, for Watson Elementary for Guided Reading and Leadership. FUNDING: School Improvement Funds \$24,880.00 and Title II (Model School Monies) \$10,000.00

2304 CURRICULUM ASSOCIATES (I-READY) – PROFESSIONAL DEVELOPMENT

The approval of the agreement with Curriculum Associates (i-Ready) for professional development for all county administrators for data analysis and reflection, in the amount of \$32,000.00. FUNDING: Title IV

2305 D & G MACHINE CO – STAIRS - FSHS

The approval of the quote from D & G Machines to Demolition, Purchase, and Installation of Existing Stairs at FSHS, in the amount of \$38,325.92. FUNDING: Maintenance OTHER BIDS: Advertised in the Times WV and No other bids were submitted.

2306 EMCOR – HVAC UPGRADES - NMHS

The approval of the Application Date 08/19/22 for Payment to EMCOR for HVAC Upgrades at NMHS, in the amount of \$63,900.00.
FUNDING: ESSERF

2307 EMCOR – HVAC UPGRADES - NMHS

The approval of the Application Date 11/18/22 for Payment to EMCOR for HVAC Upgrades at NMHS, in the amount of \$613,620.00.
FUNDING: ESSERF

2308 EMCOR – HVAC UPGRADES - NMHS

The approval of the Application Date 10/20/22 for Payment to EMCOR for HVAC Upgrades at NMHS, in the amount of \$244,350.00.
FUNDING: ESSERF

2309 FIELD TRIP – OVERNIGHT – PRIVATE AUTO

The approval of the following:

EFHS – Swim, request permission to use private auto to travel to Shepherd University using private auto, February 3-4, 2023, for the Regional Swim Meet.

Approximate number of students: 25

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

Approximate Cost: \$120 per student

Source of funds: Parents/Boosters

Number of school days lost: 0

2310 FIELD TRIP – OVER NIGHT – OUT-OF-STATE – COMMERCIAL CARRIER

The approval of the following:

FSHS Band, request permission to use Commercial Carrier – Budget Charters, Inc to travel to Orlando, FL, February 14-18, 2023 for the Music Workshop, Sound Design, and the Art of Foley.

Approximate number of students: 75

Chaperone(s): Mary Rubenstein, Alison Eddy, Freda White, Chris Sharps, Jennifer Ellison, Amanda Hanigan, Janelle Rowan, Jeremy Rowan, Lynn Bowers, John Schneider

Approximate Cost: \$75,000.00

Source of funds: Boosters

Number of school days lost: 3

2311 FIELD TRIP – OVER NIGHT – PRIVATE AUTO

The approval of the following:

FSHS Swim, request permission to use Private Auto to travel to Shepherd University, WV, Feb 3-4, 2023 for the Regional II Swimming Championship.

Approximate number of students: 22

Chaperone(s): Rob Clevenger & Trina Clevenger – Students riding with their own parents

Approximate Cost: \$1,000.00

Source of funds: Boosters

Number of school days lost: 1

2312 FIELD TRIP – OVER NIGHT – COMMERCIAL CARRIER

The approval of the following:

FSHS Baseball, request permission to use an approved commercial carrier to travel to Power Park, Charleston, WV, May 31 – June 3, 2023 for the State Tournament.

Approximate number of students: 25

Chaperone(s): Dave Ricer & Sean Hoskinson

Approximate Cost: \$3,000.00

Source of funds: Boosters

Number of school days lost: ½

2313 FIELD TRIP – OVER NIGHT – PRIVATE AUTO

The approval of the following:

NMHS - Wrestling, request permission to use private auto to travel to Huntington Civic Arena, WV, January 27-28, 2023 for the WSAZ Tournament.

Approximate number of students: 25

Chaperone(s): David Tennant, Rusty Elliott, Jeff Hess (Students riding with their own parents)

Approximate Cost: \$1000.00

Source of funds: Boosters

Number of school days lost: 1

2314 FIELD TRIP – OVER NIGHT – PRIVATE AUTO

The approval of the following:

NMHS - Wrestling, request permission to use private auto to travel to Huntington Civic Arena, WV, Mar 2-4, 2023 for the State Championship.

Approximate number of students: 20

Chaperone(s): David Tennant, Rusty Elliott, Jeff Hess (Students riding with their own parents)

Approximate Cost: \$750.00

Source of funds: State Reimbursement/Boosters

Number of school days lost: 2

2315 FIELD TRIP – OVER NIGHT – COUNTY BUS

The approval of the following:

WFMS – Polar Vortex – A Cappella Group, request permission to use a county bus to travel to Macedonia, OH, Feb 17-19, 2023 for the Nordon A Cappella Festival Participation.

Approximate number of students: 20

Chaperone(s): Samantha Lilly, Mallory DeCleene, June Ann Haught, Jessica Anderson, Shelly McLaughlin- Snider, Reid Amos, Sherry Stewart, Danielle DeVito, Greg DeVito

Approximate Cost: \$240 per student

Source of funds: Fundraising/Parents

Number of school days lost: ½

2316 USE OF FACILITIES – WV THREE RIVERS FESTIVAL - FSHS

The approval of the Use of Facilities Form for WV Three Rivers Festival to use the Stage and Facilities at FSHS April 15-16, 2023.

2317 USE OF FACILITIES – SPECIAL OLYMPICS - FSHS

The approval of the Use of Facilities Form for WV Special Olympics DBA Marion County Special Olympics to use the new gym and cafeteria at FSHS January 5-March 11, 2023.

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

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

2318 OMNI/VERITAS – REQUEST FOR PAYMENT #17

The approval to pay the request for payment #17 for service from November 25, 2022 – January 13, 2023, in the amount of \$40,922.64. FUNDING: County

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

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

24-3000 FINANCIAL

3024 Vendor List dated January 11, 2023 are viewable in the attachments on the Marionboe.com website .

3025 Treasurers Report January 11, 2023 are viewable in the attachments on the Marionboe.com website.

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

Mr. Pellegrin made a motion, seconded by Mr. Dragich to approve the following:
EXCEPT FOR ITEMS 4301 & 4302 which must be voted on separately.

24-4000 PERSONNEL

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

4286 EMPLOYMENT – PAID COACHES

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

Fairmont Senior High School

C22 12 22 01

Nathy Janes Head Cheerleading Retired Professional

C22 12 06 09

Anna Runyan Head Softball SSAC

North Marion High School

C22 12 06 18

Russell Craig Baseball/Assistant SSAC

West Fairmont Middle School

C23 01 04 03

Tim Smith Head Boys’ Track SSAC

C23 01 04 02

Stephanie Tomana

Head Girls' Track

Professional

4287 VOLUNTEER - COACHES

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

North Marion High School**C22 12 06 53**Jason Parrish

Baseball/Volunteer

SSAC-Pending

C22 12 06 53Michael Runner

Baseball/Volunteer

SSAC

C22 12 06 53Captain Weekly

Baseball/Volunteer

SSAC-Pending

4288 RESIGNATION - COACHES

The approval of the following coaching resignations:

Barrackville Elementary/MiddleKimberly Kettler Girls' Track/Assistant

Effective: January 4, 2023

Cynthia Uram

Boys' Track/Assistant

Effective: January 4, 2023

North Marion High SchoolAmanda Kesling Cheerleading/JV

Effective: January 10, 2023

Joshua Mason

Boys' and Girls' Tennis

Effective: January 4, 2023

4289 EMPLOYMENT - SPORT EVENT WORKERS

The approval of the following effective for the 2022-23 School Year.

Fairmont Senior High School**C22 07 27 05****SPORTS ANNOUNCER**Gregory DeVito**4290 RETIREMENT - PROFESSIONAL PERSONNEL**

The approval of the professional retirements as follows:

Robert Costelac Jr. Safety/Driver's Ed

Fairmont Senior High School

200 Days

Effective: June 30, 2023

Amy J. Gallagher Special Services Liaison
Central Office
230 Days
Effective: June 30, 2023

4291 RESIGNATIONS – PROFESSIONAL PERSONNEL

The approval of the professional resignations as follows:

April Gilpin English
North Marion High School
200 Days
Effective: ***Pending Replacement***

Mason Neptune Administrative Asst
Maintenance/Facilities/Athletics
Maintenance
261 Days
Effective: January 6, 2023

4292 LEAVE OF ABSENCE – PROFESSIONAL PERSONNEL

The approval of the following:

Rachael Six Teacher Fairview Middle School
Request a leave of absence from February 17, 2023 to June 30, 2023.

Ana Suter Teacher Monongah Elementary School
Request a leave of absence from January 31, 2023 to March 24, 2023.

Marjorie Talkington Teacher Blackshere Elementary School
Request a leave of absence from December 22, 2022 to March 12, 2023

4293 EMPLOYMENT – PROFESSIONAL PERSONNEL

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

P22 12 20 03

Johnna Biggie Multi-Cat W/Autism
North Marion High School
200 Days
Effective: January 18, 2023

P22 12 06 02

Amanda Frederick Grade 5
West Fairmont Middle School
200 Days
Effective: January 19, 2023

P22 12 13 01

Elizabeth Rende Multi-Cat
Fairmont Senior High School
200 Days
Effective: ***Pending Certification***

P22 12 20 04

Danielle Williams Multi-Cat
Rivesville Elementary/Middle School
200 Days
Effective: January 18, 2023

4294 EMPLOYMENT – PROFESSIONAL PERSONNEL-MATH AND READING INTERVENTIONIST-CARES ACT ROUND 3

The approval of the following:

East Dale Elementary School

P22 12 19 01

Alexis Antol Reading Interventionist
East Dale Elementary School
maximum of 150 contract hours during the school day
\$30/hour
Effective: January 18, 2023

P22 12 19 02

Kaitlyn Stumpf Math Interventionist
East Dale Elementary School
maximum of 150 contract hours during the school day
\$30/hour
Effective: January 18, 2023

4295 EMPLOYMENT – SUBSTITUTE TEACHERS

The approval of the following pending WV certification and CIB verification:

Samuel Nelson Elliott Retired Professional

Jacob Filozof Sub Permit

Ashley Patterson Sub Permit

Scott Reed Professional

4296 REASSIGNMENT – PROFESSIONAL PERSONNEL

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

| <u>P22 12 07 01</u> | From: | To: |
|----------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <u>Victoria Stiles</u> | PE/Health Mannington Middle School 200 Days Effective: 2023-24 School Year | PE/Health Fairmont Senior High School 200 Days Effective: 2023-24 School Year |

4297 RETIREMENT – SERVICE PERSONNEL

The approval of the service personnel retirements as follows:

| | |
|-----------------------------|-----------------------------------------------------------------------------------------------|
| <u>Veronica Frankhouser</u> | Pre-K Special Needs Aide Jayenne Elementary School 200 Days Effective: June 30, 2023 |
| <u>Pamela Morton</u> | Cafeteria Manager White Hall Elementary School 200 Days Effective: June 30, 2023 |
| <u>Debbie Raschella</u> | Secretary III Fairview Elementary School 200 Days Effective: June 30, 2023 |

4298 EMPLOYMENT – SERVICE PERSONNEL

The approval of the following:

| | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <u>S22 12 20 01</u> <u>Sandra Pethtel</u> | Cook I/II-Half Time North Marion High School 200 Days 9:00 am-12:30 pm Effective: January 18, 2023 |
| <u>S22 12 21 01</u> <u>Seth Vincent</u> | Custodian I/II North Marion High School 210 Days 4:15 pm-11:45 pm Effective: January 18, 2023 |

22-2320

4299 REASSIGNMENT – SERVICE PERSONNEL

The approval of the following:

| | | |
|---------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------|
| | From: | To: |
| <u>S22 12 20 02</u> <u>Cynthia Hall</u> | Custodian I/II Barrackville Elementary/Middle 210 Days 3:00 pm-10:30 pm | Cook I/II East Fairmont Middle 200 Days 6:00 am-1:30 pm |
| | Effective: | January 18, 2023 |

| | | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>S22 12 20 03</u> <u>Nick Nichols</u> | Custodian I/II East Fairmont Middle HB Mannington Bus Garage 210 Days 4:30 pm-11:30 pm | Custodian I/II West Fairmont Middle 210 Days 3:00 pm-10:30 pm |
| | | Effective: January 18, 2023 |

| | | |
|----------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <u>S23 01 05 05</u> <u>Erica Sestito</u> | ECCAT K-Itinerant Watson Elementary School 200 Days 9:00 am-3:00 pm | Bus Aide #41 Transportation Department 200 Days 5:50 am-8:15 am 1:30 pm-4:15 pm |
| | | Effective: January 18, 2023 |

| | | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <u>S23 01 05 01</u> <u>Christina Sayer</u> | Bus Operator #49 Transportation Department 200 Days 6:10 am-8:45 am____ 1:45 pm-4:15 pm | Bus Operator #42-22 Transportation Department 200 Days 5:30 am-8:45 am 1:15 pm-4:30 pm |
| | | Effective: January 18, 2023 |

| | | |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <u>S22 12 21 02</u> <u>Trina Summers</u> | Sign Support Specialist-Itinerant Fairmont Senior High School 200 Days 8:00 am-3:00 pm | Sign Support Specialist-Itinerant West Fairmont Middle HB 200 Days 8:00 am-3:00 pm |
| | | Effective: January 18, 2023 |

4300 EMPLOYMENT – SUBSTITUTE SERVICE PERSONNEL

The approval of the following as substitute service personnel pending completion of training and CIB results:

Substitute Custodian

S22 12 01 01
Chad Glover

Substitute LPN

S22 12 01 02

Karengton Hart

22-2320

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

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

4301 SUSPENSIONS -SERVICE

The approval of James Bland, Maintenance/Painter/Groundsman/Mason, be suspended for 5 school days and to be served on January 4, 2023- January 10, 2023 for Failure to report to work or report off properly.

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

4302 SUSPENSIONS -SERVICE

The approval of David Thompson, Custodian, be suspended for 3 school days and to be served on January 5, 2023- January 9, 2023 for Failure to report to work or report off properly.

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

Mr. Pellegrin made a motion, seconded by Mr. Dragich to approve **Items 5025 through 5037 ONLY**

24-5000 DISCUSSION - NEW POLICIES, REVISIONS & DELETIONS

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**

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

**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

24-6000 SUPERINTENDENT’S REPORT

Redistribution of Duties

Athletic Trainer – Data

**Student Achievement - National Military Signing Days
Youth Leadership Program
Teen Court & Student Support**

Technology

Transportation

Facilities - Metal Detector installation/training

Maintenance

24-7000 MATTERS FROM THE BOARD

| | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mr. Boyles - | Referees Response to EF Basketball Games Sportsmanship Cyber Security Thanks to Administrators for picking up extra duties |
| Mr. Dragich - | Athletic Trainer options |
| Mr. Pellegrin - | Lowering Student Expulsion Trends |
| Mr. Saunders - | Bonds/SBA Teen Court Metal Detectors Shout out to Joe Naternicola for the work he did at the Wrestling Tournament. Thanks to those who volunteered as athletic trainers |

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

7029 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**

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

7030 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**

24-8000 LEGAL UPDATE

Mr. Pellegrin made a motion, seconded by Mr. Dragich to go into executive session at 7:35 to discuss item 8002.

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

Mr. Pellegrin made a motion, seconded by Mr. Dragich to regular session at 7:35 to discuss item 8002.

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

8002 Employee Matter

24-9000 FUTURE MEETINGS

| DATE | PURPOSE | TIME | PLACE |
|-------------|--------------------------------------|----------------|----------------|
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| 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 |
| Mar 6 | Mon Regular Session | 6:00 pm | Central Office |
| Mar 7 | Tue Special Session | 1:00 pm | Central Office |

ADJOURNED

Mr. Pellegrin made a motion, seconded by Mr. Saunders to adjourn at 8:05 pm.

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

NAYS: 0

Mrs. Donna Costello, President

Dr. Donna Hage, Superintendent/Secretary

Robin Haught, Executive Secretary

22-2321

OFFICIAL MINUTES
 Marion County Board of Education
 Special Session
 Monday, January 23, 2023
CENTRAL OFFICE
 1:00 pm

The meeting was held in the Central Office Conference Room and streamed on our webpage at Marionboe.com.

The Marion County Board of Education met in a Special Session on Monday, January 23, 2023 at 1:00 pm.

President Mrs. Costello called the meeting to order at 1:00 pm

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

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

25-4000 PERSONNEL

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

4303 EMPLOYMENT – ATHLETIC TRAINERS AS NEEDED

The approval of the following athletic trainers as needed effective for the 2022-23 Season. January 24, 2023 through the end of the Winter Sports Season.

East Fairmont High School

C23 01 10 01

Dawn King Athletic Trainer AS NEEDED

North Marion High School

C23 01 10 03

Angela Maset Athletic Trainer AS NEEDED

4304 EMPLOYMENT – PROFESSIONAL PERSONNEL-CTR (CLINICAL TEACHER OF RECORD)

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

P22 07 26 05

Jasmine Collier Sp Ed Multi-Cat-**CTR**
 East Fairmont Middle School
 Remainder of the 2022-23 SY
 Effective: January 25, 2023

4305 EMPLOYMENT – SUBSTITUTE SERVICE PERSONNEL

The approval of the following as substitute service personnel pending completion of training and CIB results:

Substitute Custodian

Robert Saunders **EMERGENCY ONLY**

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

PULLED 25-5000 DISCUSSION – NEW POLICIES, REVISIONS & DELETIONS

~~First Review — 1-23-23~~

~~Second Review — 2-6-23~~

~~Third Reading — 2-20-23~~

~~5046 REVISION — P03124.01 — PROBATIONARY CONTRACT~~

~~5047 REVISION — P03124.02 — CONTINUING CONTRACT~~

~~5048 REVISION — P04124.02 — CONTINUING CONTRACT~~

PULLED 25-7000 EXPULSION HEARING

RECOMMENDATION: MOTION _____ YEAS: _____ NAYS: _____

Items Pulled: _____

7031 STUDENT EXPULSION

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

25-9000 FUTURE MEETINGS

| DATE | PURPOSE | TIME | PLACE |
|--------|--------------------------------------|---------|----------------|
| Feb 6 | Mon Special Session (Calendar) | 5:30 pm | Central Office |
| Feb 6 | Mon Regular Session | 6:00 pm | Central Office |
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| Mar 6 | Mon Regular Session | 6:00 pm | Central Office |
| Mar 7 | Tue Special Session | 1:00 pm | Central Office |

ADJOURNED

Mr. Pellegrin made a motion, seconded by Mr. Boyles to adjourn at 1:09 pm.

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

Mrs. Donna Costello, President

Dr. Donna Heston, Superintendent/Secretary

Robin Haught, Executive Secretary

School West Fairmont Middle School

Booster Group West Fairmont Middle School PTO

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the "Accounting Procedures Manual For The Public Schools In The State Of West Virginia".
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: West Fairmont Middle School PTO

2) Booster Group FEIN (MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM): 94-3478323

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)

Date received 1-24-23

4) Date of the election of booster officers: December 13, 2022

5) Name of booster President: Lisa Hutchinson Phone # 304-365-5472

6) Name of booster Vice President: Jennifer Molina Phone # 304-476-2380

7) Name of booster Secretary: Ashley Beighley Phone # 304-312-0333

8) Name of booster Treasurer: Cornie Wyckoff Phone # 304-266-2705

9) Booster fundraisers listed on school fundraiser calendar in the main office: TBD

10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured): JAH Date submitted: 2-3-23

11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: JAH Date submitted: 2-3-23

12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 JAH.

13) Financial records submitted to the principal at the conclusion of the season: Not Rec until Jan

14) Principal is to receive 2 copies of the annual financial statements by each school support organization: PTO

15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. N/A

16) All items provided to athletes and coaches to be returned at the end of the year. N/A

Signatures

Principal

June Ann Haught

(Submit to Superintendent prior to July 15)

Superintendent

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.

22-2322

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL West Fairmont Middle School

Booster Group West Fairmont Middle School PTO

| | | |
|-------------------------------------------------|------------------|----------|
| Reconciled Beginning Balance as of July 1, 2021 | <u>15,515.51</u> | |
| Total Annual Income | <u>1.53</u> | ADD |
| Total Annual Expenses | <u>(441.77)</u> | SUBTRACT |
| Reconciled Ending Balance as of June 30, 2022 | <u>15,075.31</u> | |

Booster President Signature Lisa Hutchinson Date 02-03-23

Booster Treasurer Signature Cornie Wyckoff Date 02-03-23



CERTIFICATE OF LIABILITY INSURANCE

22-2322

DATE (MM/DD/YYYY)
1/31/2023

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 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 United Security Agency, Inc. 1207 Fairmont Ave Fairmont WV 26554 | CONTACT NAME: Joni Wilson PHONE (A/C, No, Ext): 3043631660 FAX (A/C, No): 304-363-5956 E-MAIL ADDRESS: joniwilson@unitedsecurityagency.com |
| | INSURER(S) AFFORDING COVERAGE |
| INSURED West Fairmont Middle School PTO 110 10th St. Fairmont WV 26554 | INSURER A: Erie Insurance NAIC # 26830 |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

COVERAGES **CERTIFICATE NUMBER:** 1230260756 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | Q61-0253487 | 1/30/2023 | 1/30/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
Certificate Holder is Additional Insured as Lessor of Premises

| | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 <i>Joni L. Wilson</i> |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

CINCINNATI OH 45999-0038

In reply refer to: 0231198205
Feb. 02, 2023 LTR 147C 0
94-3478323 000000 00
00000693
BODC: SB

WEST FAIRMONT MIDDLE SCHOOL PTO
% JOYCE WORTH
110 10TH ST
FAIRMONT WV 26554-3607

003932

Employer identification number: 94-3478323

Dear Taxpayer:

Thank you for your inquiry of Jan. 24, 2023.

Your employer identification number (EIN) is 94-3478323. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

Marion County Schools – BOOSTER INFO / 2022-2023

School North Marion High School

Booster Group Softball

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the “Accounting Procedures Manual For The Public Schools In The State Of West Virginia”.
- All booster groups must have approved by-laws with a president, vice president, secretary, and treasurer. All booster groups must have voted on and approved officers.
- The date of the election of officers is to be submitted to the school principal.
- All booster fundraisers must be approved and placed on the school fundraiser calendar.
- All booster groups must have their own one million dollar liability insurance policy.
- Documentation of liability insurance policy must be submitted to school principal.
- Booster organizations may elect to deposit monies in the school account with a separate title. If money is in school account with FEIN number they do not need liability insurance.
- Elimination dinner money cannot be deposited into school account.
- Booster groups must provide financial records at the end of the year to principal.

1) Name of booster Group: North Marion High School Girls Softball

2) Booster Group FEIN (**MUST INCLUDE A COPY OF THE IRS FEIN VERIFICATION FORM**): 92-1880924

3) Booster Group by-laws submitted by August 1st of each year: (UPDATED)

Date received July 7th, 2022

4) Date of the election of booster officers: July 1st, 2022

5) Name of booster President: Jeff Singleton Phone # 304-677-1303

6) Name of booster Vice President: Becky Singleton Phone # 304-677-9914

7) Name of booster Secretary: Mindy Myers Phone # 304-657-2253

8) Name of booster Treasurer: Angie Slater Phone # 304-844-6669

9) Booster fundraisers listed on school fundraiser calendar in the main office: 0 as of 7/7/22

10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured): _____ Date submitted: 2/1/23

11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: _____ Date submitted: 2/1/23

12) Attach a copy of the Booster Annual Financial report/year ending bank statement as of June 30, 2022 .

13) Financial records submitted to the principal at the conclusion of the season:

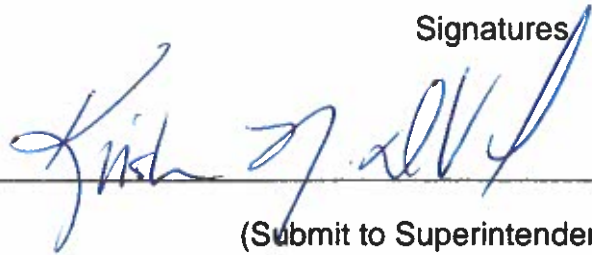
14) Principal is to receive 2 copies of the annual financial statements by each school support organization: _____

15) An inventory of all uniforms, equipment, and other team merchandise has been submitted to the school principal. _____

16) All items provided to athletes and coaches to be returned at the end of the year. _____

Signatures

Principal



(Submit to Superintendent prior to July 15)

Superintendent _____

(To be approved by Board first meeting in July)

FILE WITH TREASURER OF MARION COUNTY BOARD OF EDUCATION.

Date of this notice: 01-23-2023

Employer Identification Number:
92-1880924

Form: SS-4

Number of this notice: CP 575 E

NORTH MARION HIGH SCHOOL GIRLS
SOFTBALL BOOSTERS
% NORTH MARION SOFTBALL BOOSTERS
PO BOX 461
GRANT TOWN, WV 26574

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-1880924. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is NORT. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 01-23-2023
EMPLOYER IDENTIFICATION NUMBER: 92-1880924
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

NORTH MARION HIGH SCHOOL GIRLS
SOFTBALL BOOSTERS
NORTH MARION SOFTBALL BOOSTERS
PO BOX 461
GRANT TOWN, WV 26574

22-2323

REASON FOR AMENDMENT - REVISED POLICY

| Agent | ITEM 2. Policy Period | Policy Number |
|-------------------------------|-----------------------|---------------|
| EE1212 UNITED SECURITY AGENCY | 03/07/22 TO 03/07/23 | Q27 5700044 W |

ITEM 1. Named Insured and Address

NORTH MARION GIRLS SOFTBALL
BOOSTERS C/O LACEY PARKER
PO BOX 461
GRANT TOWN WV 26574-0461

ITEM 3. Other Interest

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

TYPE OF POLICY - OCCURRENCE
COUNTY - MARION

BUSINESS TYPE - OTHER

THE ERIE'S LIMIT OF PROTECTION FOR EACH COVERAGE IS STATED BELOW.
THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS.

LIMITS OF INSURANCE

| | | |
|-----------------------------------------------|-------------|---------------------------------|
| ANNUAL OCCURRENCE LIMIT | \$1,000,000 | |
| DAMAGE TO PREMISES RENTED TO YOU LIMIT | \$1,000,000 | ANY ONE PREMISES |
| MEDICAL EXPENSE LIMIT | \$ 5,000 | ANY ONE PERSON |
| PERSONAL & ADVERTISING INJURY LIMIT | \$1,000,000 | ANY ONE PERSON OR ORGANIZATION |
| GENERAL AGGREGATE LIMIT | | \$2,000,000 |
| PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT | | INCL IN GENERAL AGGREGATE LIMIT |

COVERAGES & PREMIUMS

| | |
|--------------------------------------------|----------|
| RENTAL PREMISES/OPERATIONS | \$ 205. |
| PRODUCTS/COMPLETED OPERATIONS | INCLUDED |
| OPTIONAL COVERAGES - ADDITIONAL INSURED | \$ 35. |

SURCHARGE IMPOSED BY THE ST OF WV - - - - \$ 1.32
TOTAL DEPOSIT PREMIUM - - - - \$ 241.32

APPLICABLE FORMS - SEE SCHEDULE OF FORMS



22-2323

RECORD OF ADDITIONAL INSUREDS - MANAGERS OR LESSORS OF PREMISES

MARION COUNTY BOARD
OF EDUCATION
1516 MARY LOU RETTON DR
FAIRMONT WV 26554-2204

Q27 5700044

22-2323

REASON FOR AMENDMENT - REVISED POLICY

| Agent | ITEM 2. Policy Period | Policy Number |
|-------------------------------|-----------------------|---------------|
| EE1212 UNITED SECURITY AGENCY | 03/07/22 TO 03/07/23 | Q27 5700044 W |

ITEM 1. Named Insured and Address
NORTH MARION GIRLS SOFTBALL
BOOSTERS C/O LACEY PARKER
PO BOX 461
GRANT TOWN WV 26574-0461

ITEM 3. Other Interest

SCHEDULE OF FORMS

| FORM NUMBER | EDITION DATE | DESCRIPTION |
|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|
| GL | 03/01 | COMMERCIAL GENERAL LIABILITY POLICY |
| G0001 | 04/13 | COMMERCIAL GENERAL LIABILITY COVERAGE FORM |
| U42 | 06/09 | WEST VIRGINIA - IMPORTANT NOTICE |
| LOW | 06/14 | COVERAGE FOR PUNITIVE DAMAGES (MD,NC,TN,VA,WI,WV) |
| U32 | 03/01 | EXCLUSION - LEAD LIABILITY |
| L0021 | 09/08 | NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT |
| G2147 | 12/07 | EMPLOYMENT-RELATED PRACTICES EXCLUSION |
| LQN | 06/14 | EXCLUSION - PROFESSIONAL LIABILITY |
| LQJ | 06/17 | EXTRA LIABILITY COVERAGES |
| G0099 | 11/85 | CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES |
| LED | 09/05 | EXCLUSION - ASBESTOS |
| G2662 | 12/04 | WEST VIRGINIA CHANGES - BINDING ARBITRATION |
| U30 | 03/01 | AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS |
| G2167 | 12/04 | FUNGI OR BACTERIA EXCLUSION |
| G2170 | 01/15 | CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM |
| L985E* | 01/21 | DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT |
| L0017 | 11/98 | COMMON POLICY CONDITIONS |
| F4812* | 03/08 | IMPORTANT NOTICE - POLICY SERVICE FEES |
| F8385 | 03/95 | IMPORTANT NOTICE |
| F6330* | 08/09 | IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS? |
| G2196 | 03/05 | SILICA OR SILICA-RELATED DUST EXCLUSION |
| U136 | 03/09 | AMENDMENT OF MOBILE EQUIPMENT DEFINITION |
| G2106 | 05/14 | EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION |
| G2109 | 06/15 | EXCLUSION - UNMANNED AIRCRAFT |
| G2002 | 11/85 | ADDITIONAL INSURED - CLUB MEMBERS |
| G2011 | 04/13 * | ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES |
| G2101 | 11/85 | EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS |
| LQT | 03/12 | EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES |

22-2329

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL North Marion High School

Booster Group Softball

| | |
|-------------------------------------------------|----------------------------|
| Reconciled Beginning Balance as of July 1, 2021 | <u>\$5,529.41</u> |
| Total Annual Income | <u>\$8,000.00</u> ADD |
| Total Annual Expenses | <u>\$9,224.44</u> SUBTRACT |
| Reconciled Ending Balance as of June 30, 2022 | <u>\$4,304.97</u> |

Booster President Signature Vicki Guipen Date 7/6/22

Booster Treasurer Signature Angie Slaton Date 7-6-22

*C. Norman*
1/19/2023**MARION COUNTY BOARD OF EDUCATION**1516 MARY LOU RETTON DRIVE
FAIRMONT, WV 26554MR. CHAD A. NORMAN
ADMINISTRATIVE ASSISTANT
TECHNOLOGY, TRANSPORTATION, & CHILD NUTRITIONWork Phone: (304)367.2103
Fax: (304) 368.0589

January 19, 2023

Ms. Haught,

Please place the following item on the Marion County Board of Education Agenda for board approval as a request from the Technology Department. Thank you.

This item is the service agreement for the county Network Operation Center located at the NOC.

- 1) **Funding:** Marion County Schools Technology Department
- 2) **Product:**
 - a) 1 Year Advantage Ultra Service Plan for (1) Symmetra PX UPS 80kVA UPS and/or PDU – \$6,350.00
 - b) 1 Year Advantage Ultra Service Plan for (1) InfraStruXure inRow 600mm DX Air Cooled - \$9,350.00
- 3) **Amount:** \$14,130.00
- 4) **Note:** Without the service plan the 3 multi dollar investment in the NOC could be vulnerable.
- 5) **Additional Bids:** Gen-Mark or Gemco-Renmark Sales LLC or APC/Schneider Electric is the only company that is certified to service the NOC while keeping the warranty valid.

22-2324

Schneider Electric UPS and Cooling Service Contract Renewal Quote

Mary Hollern <Mary@gen-mark.com>

Wed 1/18/2023 2:16 PM

To: Allen Canfield <allen.canfield@wvsc.org>

Cc: Chad Norman <cnorman@k12.wv.us>; Tara Stanley <tastanle@k12.wv.us>

📎 1 attachments (60 KB)

West Fairmont Middle School UPS+Cooling Service 2023-2024.docx;

[EXTERNAL SENDER]: Do not click links, open attachments or reply to this email unless you recognize the sender and know the content is safe.

Hi Allen,

I hope this email finds you well, and happy with the services APC/Schneider Electric has provided. It's getting to be that time of year! Attached for your review and consideration, please find a renewal summary for the service contract on the 80kVA Symmetra PX UPS and InRow cooling units located at 110 10th Street. The current contract will expire on **02/15/2023**.

To complete the renewal, please return the following to me for processing:

1. Signed order summary (attached)
2. PO made out to **Gen-Mark or Gemco-Renmark Sales LLC**

Feel free to contact me with any questions.

Thank you,
Mary

Mary Hollern

Service Sales – Power Quality

Gemco-Renmark Sales dba Gen-Mark

Sunset Building | 2559A Brandt School Road, Suite #101 | Wexford, PA 15090

Direct Dial Office: 724-933-5511 | Cell: 412.508.4768

Fax: 412.318.4901 or 412.562.9028

Email: mary@gen-mark.com | Website: www.gen-mark.com



22-2324

APC SERVICE AND ORDER SUMMARY FORM

Opportunity ID# OP-221017-1255546
PO #
Date: 01/18/2023

Quote ID#
Account ID#
Valid for 90 Days

INVOICE TO:

Company Name: Marion Co School District
Street: 1516 Mary Lou Retton Drive
City: Fairmont
State: WV Zip: 26554
Contact: Tara Stanley
PH:
EMAIL: cnorman@k12.wv.us

EQUIPMENT LOCATION or SHIP TO ADDRESS

Company Name: West Fairmont Middle School
Street: 110 10th Street
City: Fairmont
State: WV Zip: 26554
Contact: Allen Canfield
PH: 304-516-7955
EMAIL: acanfield@wvvesc.org

Contract Start Date: 02/15/2023 Contract End Date: 02/14/2024 Tax Exempt Certification Attached Federal Tax ID: on file

| QTY | Part Number | S/N# | Description of Services | Unit Price | Extended Price |
|-----|-------------|------------------------------|---------------------------------------------------------------------------------------|---------------------|----------------|
| 1 | ULTRA-PX-38 | PD1028360163 | (1) Year Advantage Ultra Service Plan for (1) Symmetra PX UPS 80kVA UPS and/or PDU | | \$6,350.00 |
| 2 | ULTRA-AX-41 | UK1020210672 UK1030310082 | (1) Year Advantage Ultra Service Plan for (1) InfraStruXure InRow 600mm DX Air Cooled | \$4,675.00 | \$9,350.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Sub Total | \$15,700.00 |
| | | | | Multi-Unit Discount | (\$1,570.00) |
| | | | | PO Total | \$14,130.00 |

Payment Terms

X Net 30
___ Credit Card

Shipping Options

___ Export Packaging
___ Air Freight

FOB Freight/Shipping Terms

___ Factory = 3rd Party or Collect. Must supply Carrier Name & Account #.
___ Destination = Prepay + Add. Freight charges will be added to invoice.

Advantage Ultra Contract includes:

- One (1) Year Factory Direct Technical Support 7x24
- One (1) Year On-Site Emergency Service with Guaranteed Next Business Day Response (upgrades available)
- One (1) Full Module UPS/Battery PM Visit during normal business hours (5x8)
- Two (2) InRow PM Visits for each unit during normal business hours (5x8)
- All parts, labor, and travel expense (parts not included: batteries & proactive caps replacement)

MO. Waugh,
 Please place on the agenda for board approval. Out of state. Thank you

Marion County Board of Education
Field Trip Request Form

- One week drop off @ hotel
 227 232

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.

Northmarion 1-19-23 Oliveto yes
 School Date Submitted Sponsor(s) Sub Needed

Theatre 2-28-23 Hallen yes
 Group Date of Trip Chaperone(s) Sub Needed

35 Lexington KY - 369 W. Vine St. Lexington KY
 Number to be transported Destination

present a play at the southeastern theatre conference
 Purpose of activity

4 \$8,000 fundraise
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 12 am / pm Approximate time to return March 3 trip 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 1-19-2023
 Approval (granted) / denied) County Office [Signature] Date 2-24-2023
 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

Ms. Hanger,
Please place on the
agenda for board
approval. Out of state

Marion County Board of Education Field Trip Request Form

One way
pickup
22-23 from
noted

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.

north marion 1-19-23 oliveito yes
School Date Submitted Sponsor(s) Sub Needed

theatre 3-3-23 hatter yes
Group Date of Trip Chaperone(s) Sub Needed

35 Lexington Ky - 369 W. Vine St. Lexington
Number to be transported Destination

pickup from south eastern theatre conference
Purpose of activity

9 \$8,000 fundraise
Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 3 am / pm Lexington Approximate time to return 9 am / pm
to NMHS p. 1st

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

Is School to pay _____?
 Yes No

Approval _____ Principal Joyce M. [Signature] Date 1-19-2023
Approval _____ County Office Chad [Signature] Date 2-24-2023
Approval _____ Superintendent _____ Date _____

There was another
trip submitted
approved -
don't know if
pull you'll need to
which was one
for charter busse.
-oliveito

Report

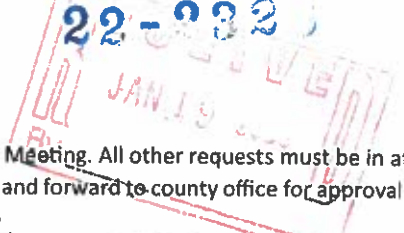
Total Number Transported _____
of Week _____

Sponsor/Chaperone _____ Mileage _____ Fuel _____
tb/2017 White - Account _____ ion Office Pink - Driver Gold - Driver

*Ms. Haught,
To be placed on the
agenda, overnight.
Thank you
C. J. [Signature]*

22-2326
22-2326

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.

| | | | |
|--------------------------|---------------------------------------------|--------------------------------------------------------|---------------------------------------|
| <u>NMHS</u> School | <u>1-17-23</u> Date Submitted | <u>Jamie Knight + Kaitlyn Knight</u> Sponsor(s) | NO <u>NO</u> Sub Needed |
| <u>Robotics</u> Group | <u>1/27/23- 1/28/23</u> Date of Trip | <u>N/A</u> Chaperone(s) | <u>N/A</u> Sub Needed |

9 Number to be transported John Marshall HS Destination

Purpose of activity Robotics Qualifier

Number of School Days Lost 0 Approximate Cost 1,000 Source of Funding Robotics

Transportation Information

Time bus to be loaded 2:50 ~~5:00~~ am/pm Approximate time to return 6:00 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 1-17-2023

Approval (granted) denied) County Office [Signature] Date 1-19-2023

Approval (granted) denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

Times:

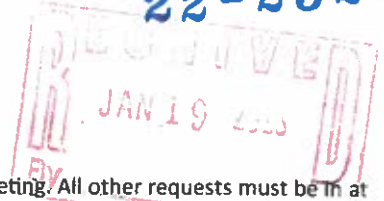
| | | |
|---------------------------|----------------------------------|----------------------------------|
| | <input type="checkbox"/> Day One | <input type="checkbox"/> Day Two |
| Pre-Trip | _____ am / pm | _____ am / pm |
| Bus available to load | _____ am / pm | _____ am / pm |
| Departure Time | _____ 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

*No. Waiver
to be placed on the
agenda for board
approval. OK with
C. Z. [Signature]*

22-2327

**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 IVMHS Date Submitted 1-17-23 Sponsor(s) Jamie Knight + Kaitlyn Knight Sub Needed NO

Group Robotics Date of Trip 2-13-4/23 Chaperone(s) N/A Sub Needed N/A

Number to be transported 9 Qualifier Coalfields (Beckley, WV) Destination Coalfields (Beckley, WV)

Purpose of activity Robotics Qualifier

Number of School Days Lost 10 Approximate Cost 1,000 Source of Funding Robotics

Transportation Information

Time bus to be loaded 2:50 am/pm am Approximate time to return 6:00 am/pm 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 1-17-23
Approval (granted) / denied) County Office [Signature] Date 1-19-2023
Approval (granted) / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

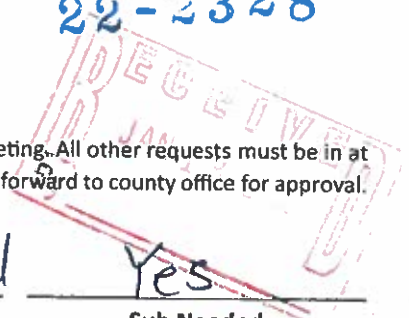
Times: Day One Day Two

| | | |
|---------------------------|---------------|---------------|
| 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 |

*ms. example,
 all done on the
 agenda for board
 approval.
 Thank you*

Marion County Board of Education
 Field Trip Request Form

22-2328



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.

NMHS 12/13/22 BJ Shackelford Yes
 School Date Submitted Sponsor(s) Sub Needed

Genealogy 1/28/23 Sheila Hawkins Yes.
 Group Date of Trip Chaperone(s) Sub Needed

20 flight to Boston on Jetblue
 Number to be transported Destination

to Research genealogy ancestry from colonial times.
 Purpose of activity

4 550 student
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 10:22 am / pm Approximate time to return 11:56 am / pm

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

Is School to pay driver? _____ Yes _____ No

Approval (granted) denied) Principal [Signature] Date 1-12-2023
 Approval (granted) denied) County Office [Signature] Date 1-13-2023
 Approval (granted / denied) Transportation _____ Date _____

Driver's Trip Report

Bus Number _____ Bus Capacity _____ Total Number Transported _____

Destination _____ Date of Trip _____ Day of Week _____

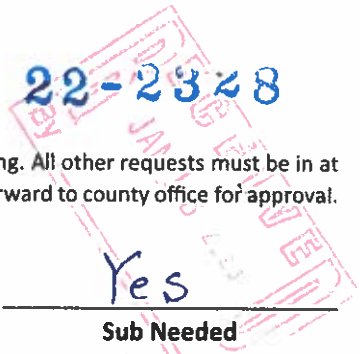
Times: Day One Day Two

| | | |
|---------------------------|---------------|---------------|
| 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 |

*MS. - assign
 pl. please take
 board agenda to board
 approval. overwith.
 Thank you C-*

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

22-2328



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.

NMHS 12/13/22 B Shackleford Yes
 School Date Submitted Sponsor(s) Sub Needed

Genealogy 3/31/23 Sheila Hawkins Yes
 Group Date of Trip Chaperone(s) Sub Needed

20 fly back to Pittsburg
 Number to be transported Destination

Return back to NMHS: West Virginia
 Purpose of activity

4 550.00 Student Pay
 Number of School Days Lost Approximate Cost Source of Funding

Transportation Information

Time bus to be loaded 10:21 am / pm 3/31/23 Approximate time to return 12:05 am / pm 4/1/23

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

Is School to pay driver? Yes No

Approval (granted) / denied) Principal [Signature] Date 1-12-2023
 Approval (granted) / denied) County Office [Signature] Date 1-13-2023
 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

ans. change.
pls. place on the
board agenda for
approval. Bolinitt.
Thank you. C -

Marion County Board of Education Field Trip Request Form

22-2328

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.

NMHS 12/13/22 BJ Shackelford Yes
 School Date Submitted Sponsor(s) Sub Needed

Genealogy 3/28-4/1 Sheila Hawkins Yes
 Group Date of Trip Chaperone(s) Sub Needed

20 Boston Massachusetts
 Number to be transported Destination

Purpose of activity to explore genealogical databases & historical sites

Number of School Days Lost 4 Approximate Cost \$1797 per person Source of Funding student
minus airline = \$550 pay

Transportation Information

Time bus to be loaded 5:30 (am) pm Approximate time to return 2:30 (am) pm
3/28/22 4/1/22

Type of Transportation Private Auto Commercial Carrier List Carrier Jet Blue Airlines.
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? _____ Yes _____ No

Approval (granted) denied) Principal [Signature] Date 1-12-2023
 Approval (granted) denied) County Office [Signature] Date 1-13-2023
 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

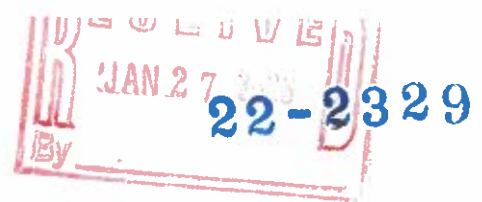
| | | |
|---------------------------|---------------|---------------|
| Pre-Trip | _____ am / pm | _____ am / pm |
| Bus available to load | _____ am / pm | _____ am / pm |
| Departure Time | _____ am / pm | _____ am / pm |
| Return Time | _____ am / pm | _____ am / pm |
| Completion of bus cleanup |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

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

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

*Ms. Hargett,
 Pls. place on the
 agenda for board
 approval. out of state
 e. Norman 1/27/2023*

**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.

Fairview Elementary 1-24-23 Mandy James Julie Howard Willis 2nd grade No
 School Date Submitted Sponsor(s) Sub Needed

2nd grade May 5, 2023 Mandy James, Julie Howard Willis No
 Group Date of Trip Chaperone(s) + School Nurse Sub Needed

31 students, 3 adults Laurel Caverns, PA
 Number to be transported Destination

Purpose of activity Enrichment and extension of Earth Science Unit and Animal Habitats

Number of School Days Lost 1 Approximate Cost \$15/student Source of Funding Students/school/PTC

Transportation Information

Time bus to be loaded 8:40 am Approximate time to return 3:00 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 Mel Colman Jr Date 1/25/23
 Approval (granted) / denied) County Office Chadli Date 1/27/2023
 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 _____

Ms. Hargett,
Please place on the
MCBEA Agenda for
approval.

Thank you C. Noem

Marion County Board of Education Field Trip Request Form

Out of State

22-2330

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 1/26/23 Michelle Bright yes

Science Honorary 2/22/23 Michelle Bright yes

48 Wisp Resort Fluharty, Godfrey - no

48 Wisp Resort MatHenry, MD

Number to be transported _____ Destination _____

Purpose of activity Science Trip

Number of School Days Lost 1 Approximate Cost 3500 Source of Funding Fundraising/ Individual

Transportation Information

Time bus to be loaded 8:00 am/pm Approximate time to return 6:30 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 1/27/23
Approval (granted/denied) County Office _____ Date 1/27/2023
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

Ms. Nardol, Pls. place on the agenda for board approval. Thank you.

Marion County Board of Education Field Trip Request Form

Overnight
RECEIVED
JAN 27 2023
2023-2331

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>FSHS</u> | <u>1/27/23</u> | <u>Mike Fortner</u> | <u>no yes</u> |
| School | Date Submitted | Sponsor(s) | Sub Needed |
| <u>Wrestling</u> | <u>2/2/23</u> | <u>Steve Grubbs</u> <u>Jay Michael</u> | <u>no</u> |
| Group | Date of Trip | Chaperone(s) | Sub Needed |
| <u>20</u> | <u>Greenbrier County</u> | <u>Mike Fortner</u> | |
| Number to be transported | | Destination | |

Purpose of activity State duals meet

Number of School Days Lost 2 1.5 Approximate Cost \$1500 Source of Funding boosters

Transportation Information

Time bus to be loaded 2/2/23 2:00 am / pm Approximate time to return 2/3/23 8:00 am / pm

Type of Transportation
 Private Auto riding w/ own parent
 Commercial Carrier List Carrier _____
 Marion County School Bus Number _____ Driver _____

Is School to pay driver? Yes No

Approval (granted / denied) Principal [Signature] Date 1/27/23
 Approval (granted / denied) County Office [Signature] Date _____
 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 | |

*Ms. Knight,
pls. place on the
agenda for board
approval. Thanks.
C. Zita*

Marion County Board of Education Field Trip Request Form

22-2332
FEB 01 2023

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 1/20/23 Michael Carpenter Yes
 School Date Submitted Sponsor(s) Sub Needed

Choir 3/2 - 3/4/23 J. Morgan NO
 Group Date of Trip Chaperone(s) Sub Needed

up to 6 Charleston, WV
 Number to be transported Destination

Purpose of activity WV All State Chorus / WVMEA Conference

Number of School Days Lost 2 Approximate Cost _____ Source of Funding _____

Transportation Information

Time bus to be loaded 7:30 am pm Approximate time to return 5:00 am pm

Type of Transportation X 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 1/30/23
 Approval (granted) / denied) County Office Chad Zita Date 2/1/2023
 Approval (granted / denied) Transportation _____ Date _____

** Overnight trip - 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

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

22-2333

7510 F1/page 1 of 3

**MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT**

This agreement dated the 31st day of January, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Greater Fairmont Council of Churches (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Fairmont Senior Auxiliary Gym.

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

- I. Organization Name Greater Fairmont Council of Churches
- II. Contact Name Rev. DD Meighen
- III. Address 3 Park Drive, Fairmont, WV 26554
- IV. Phone Number 304-366-4511
- V. The MCBOE covenants and agrees that it shall, from Feb 5 through Feb 5, 1:00-5:00 PM, make available to the Greater Fairmont Council of Churches the use of Fairmont SR Auxiliary Gym for the purpose of basketball. 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.

22-2333

7510 F1/page 2 of 3

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

FEIN Number 31-1117496 (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 Farmington Auxiliary Gym 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 _____ in addition to a \$ 0 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: South-Carpenter Agency Inc

Policy Number TM256045

*****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 Fin + So Activities Gym 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 Feb 5, 2022 until the Feb 5, 2023 day of 1603; 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.

Rev. D. Mcighan
Representative of Organization

Principal or Designee

Rev. D.
Administrative Assistant of Maintenance, Facilities and Athletics

Superintendent

Board President

January 31, 2023
Date

1/31/23
Date

2/1/23
Date

Date

Date

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

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 16th day of January, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the MCPARC dba K-3 Basketball League (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Whitehall Elementary School,

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 Parks & Recreation Commission dba K-3 Basketball League
- II. Contact Name Tina Mascaro
- III. Address PO Box 1258, Fairmont, WV 26555 1000 Cole Street Suite B, Pleasant Valley, WV 26554
- IV. Phone Number 304-363-7037
- V. The MCBOE covenants and agrees that it shall, from January 16, 2023 through March 4, 2023, make available to the MCPARC dba K-3 Basketball League the gymnasium for the purpose of K-3 Basketball 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? n/a

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 55-6060152 (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 gymnasium 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 \$ n/a per _____ in addition to a \$ n/a custodial fee per _____
(Additional fees may apply depending on facility) \$ n/a 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: Risk Management Programs

Policy Number WV-MA-024P-23

*****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 Whitehall Elementary gymnasium 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 16, 2023, until the 4th 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.

Tina Mascaro
Representative of Organization

1-16-2023
Date

Van Murray
Principal or Designee

1-18-23
Date

Bob DeLeon
Administrative Assistant of Maintenance, Facilities and Athletics

1-23-23
Date

Superintendent

Date

Board President

Date

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

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

This agreement dated the 26th day of January, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Girls on the Run North Cen. WV (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Jayenne.

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

I. Organization Name Girls on the Run

II. Contact Name Amy Jones

III. Address 928 Henry Drive
Fairmont, WV 26554

IV. Phone Number 304-826-6341

V. The MCBOE covenants and agrees that it shall, from 1/26/2023 through 6/1/2023, make available to the GOTR the Jayenne for the purpose of Punning

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 47-1358262 (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 Jayenne 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 \$ NA per Waived in addition to a \$ NA custodial fee per _____ (Additional fees may apply depending on facility) \$ Waived for NA

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: NFP Corporate Services

Policy Number PHPK2511298

.....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 Jayenne Property 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 1/26/2023 until the 6/1/2023 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.

Amy Jones
Representative of Organization

1/26/2023
Date

[Signature]
Principal or Designee

1/26/2023
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

1/26/2023
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

22-2335

DATE (MM/DD/YYYY)

1/25/2023

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 NFP Corporate Services (SE), Inc. 1901 Roxborough Road Suite 300 Charlotte NC 28211 | CONTACT NAME: Allison Hernandez | |
| | PHONE (A/C, No, Ext): 17046725144 | FAX (A/C, No): |
| E-MAIL ADDRESS: alison.hernandez@nfp.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Allmerica Financial Benefit Insurance Company | | 41840 |
| INSURER B: Philadelphia Indemnity Insurance Company | | 18058 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

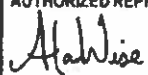
INSURED GOTROFN-01
 Girls on the Run of N. Central West Virginia
 919 Canyon Road
 Morgantown WV 26508

COVERAGES **CERTIFICATE NUMBER:** 155778649 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse/Molestation <input checked="" type="checkbox"/> Special Events GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | PHPK2511298 | 2/1/2023 | 2/1/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | PHPK2511298 | 2/1/2023 | 2/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | PHUB848960 | 2/1/2023 | 2/1/2024 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | W26D437786 | 1/6/2023 | 1/6/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

| | |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Girls on the Run of North Central West Virginia, Inc.

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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.

Other (see instructions) ▶ Non-profit corporation exempt under IRS Code 501(c)3

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

919 Canyon Road

Requester's name and address (optional)

6 City, state, and ZIP code

Morgantown, WV 26508

7 List account number(s) here (optional)

Print or type.
See Specific Instructions on page 3.

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | 7 | - | 1 | 3 | 5 | 8 | 2 | 6 | 2 |
|---|---|---|---|---|---|---|---|---|---|

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 ▶

Date ▶ January 24, 2023

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.

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

22-2336

This agreement dated the 23rd day of October, 2022, by and between the Marion County Board of Education (hereafter known as MCBOE) and the South Ridge Church (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Elementary,

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

- I. Organization Name South Ridge Church
- II. Contact Name Jennifer Wilson
- III. Address 1659 Fairmont Ave, Fairmont, WV
- IV. Phone Number 304-363-0190 (Office) 304-376-2681 (cell)
- V. The MCBOE covenants and agrees that it shall, from Feb. 10 at 4pm, ~~Feb. 10 at 10pm~~ through Feb. 10 at 10 pm, make available to the South Ridge Church the Cafeteria, Kitchen, and two adjacent rooms for the purpose of Night to Shine Caregiver Respite. 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 20-2178215 (Include a copy of your W-9 Request for Taxpayer Identification Number & Certificate)

22-2336

VIII. Organization covenants and agrees that the scheduling of its events utilizing the Watson Elementary 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 waived in addition to a \$ 0 custodial fee per hr
(Additional fees may apply depending on facility) \$ Waived for 0

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: Brotherhood Mutual

Policy Number 47M05A457627

*****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 Watson Elementary after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

22-2336

V. 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 Feb. 10, until the Feb 10 day of 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.

Jennifer Wilson
Representative of Organization

10/26/22
Date

Karen M Decker
Principal or Designee

1-9-23
Date

Bobbie Dehner
Administrative Assistant of Maintenance, Facilities and Athletics

1-25-23
Date

Superintendent

Date

Board President

Date

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

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.

22-2336

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
South Ridge Church

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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.

Other (see instructions) ▶ Church - non-profit / tax exempt

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1659 Fairmont Ave

6 City, state, and ZIP code
Fairmont, WV 26554

7 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 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

| | | | | |
|----|---|----|----|-----|
| 20 | - | 21 | 78 | 215 |
|----|---|----|----|-----|

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 ▶ Juan Whittaker

Date ▶ 6/21/22

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.



SOUTRID-01

22-2336 GCURRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/11/2023

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).

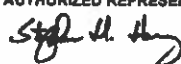
| | | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| PRODUCER Bitner-Henry Insurance Agency, Inc 401 E Antietam St., Ste B Hagerstown, MD 21740 | CONTACT NAME: PHONE (A/C, No, Ext): (800) 231-9963 FAX (A/C, No): (888) 739-1233 E-MAIL ADDRESS: service@bitnerhenry.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED South Ridge Church 1659 Fairmont Ave Fairmont, WV 26554 | INSURER A: Brotherhood Mutual Insurance Company NAIC # 13528 | |
| | 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 INSD | SUBR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER: | X | | 47M05A457627 | 9/8/2022 | 9/8/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/OP AGG \$ 5,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Marion County Schools is named as additional insured on this policy in relation to the use of Watson Elementary School, 1579 Mary Lou Retton Dr, Fairmont, WV 26554 for the Night to Shine event held on February 10, 2023.

| | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER Marlon County Schools 1516 Mary Lou Retton Dr 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  |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MARION COUNTY BOARD OF EDUCATION
FACILITY USE/RENTAL AGREEMENT

22-2337

This agreement dated the 9th day of January, 2023, by and between the Marion County Board of Education (hereafter known as MCBOE) and the Marion County Young Life (hereafter known as Organization).

WHEREAS, the Marion County Board of Education is the owner and manager of a certain facility known as Watson Elementary Gym.

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 Young Life
- II. Contact Name Laurie Paterline
- III. Address 11 Augusta Pines Dr. Farmert WV 26554
- IV. Phone Number 304-290-2201
- V. The MCBOE covenants and agrees that it shall, from January, 2023 through June, 2023, make available to the Marion County Young Life Gym for the purpose of Wildlife. 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.

22-2337

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

FEIN Number 84-0385934 (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 Watson Elementary 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 Waived in addition to a \$ 0 custodial fee per hr (Additional fees may apply depending on facility) \$ Waived for 0

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: ACE American Insurance Company
Policy Number CGO G27631150

*****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 Watauga Elementary Gym after Organization's usage to ensure that no damages occurred as a direct result of Organization's usage.

22-2337

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 2023, until the June 2023 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.

Rennie Patehne
Representative of Organization

12-5-22
Date

Karen M Decker
Principal or Designee

1-9-23
Date

[Signature]
Administrative Assistant of Maintenance, Facilities and Athletics

1-25-23
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

22-2337
DATE (MM/DD/YYYY)
5/1/2023 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.

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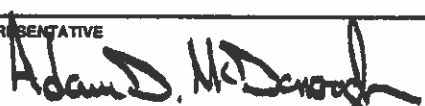
| PRODUCER Lockton Insurance Brokers, LLC CA License #OF15767 Three Embarcadero Center, Suite 600 San Francisco CA 94111 (415) 568-4000 | CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|--------------------------------------------|--|-------|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|--|-------------|--|
| | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : ACE American Insurance Company</td> <td></td> <td>22667</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : ACE American Insurance Company | | 22667 | INSURER B : | | | INSURER C : | | | INSURER D : | | | INSURER E : | | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | |
| INSURER A : ACE American Insurance Company | | 22667 | | | | | | | | | | | | | | | | | | | |
| INSURER B : | | | | | | | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | | | | | | |
| INSURED 1045687 Young Life, Et Al Attn: Insurance Department 420 N. Cascade Ave. P. O. Box 520 Colorado Springs CO 80901 | | | | | | | | | | | | | | | | | | | | | |

COVERAGES YOULI01 **CERTIFICATE NUMBER:** 19196382 **REVISION NUMBER:** XXXXXXXX

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 INSD | SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER | Y | N | CGO G27631150 | 5/1/2022 | 5/1/2023 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | 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 | | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | NOT APPLICABLE | | | EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | NOT APPLICABLE | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Young Life (area WV72) for use of Watson Elementary Gym located at 1579 Mary Lou Retton Drive, Fairmont, West Virginia 26554 for Friday night WyldLife events January 20, 2023 through May 26, 2023 from 6:30pm - 8:30 pm; throughout the policy term and renewal thereof, per agreement. Certificate Holder is an Additional Insured with respect to liability arising out of the operations of the insured and to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

| | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER 19196382 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  |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Young Life

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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.

Other (see instructions) ▶ **Church**

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) _____

(Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
420 N. Cascade Ave

6 City, state, and ZIP code
Colorado Springs, CO 80903

7 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 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

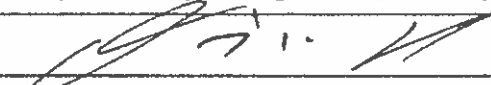
| Employer identification number | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| 8 | 4 | - | 0 | 3 | 8 | 5 | 9 | 3 | 4 |

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 ▶  Date ▶ 2/2/22

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-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.



Marion County Board of Education

Dr. Donna Heston
Superintendent

1516 Mary Lou Retton Drive
Fairmont, WV 26554

Telephone (304) 367-2107
Fax (304) 367-2111

CONTRACT FOR SERVICES RENDERED

This is a contract entered into by William Furgason and the Marion County Board of Education for the remainder of the 2022-23 SY and board approved on the ____ day of _____, 2023.

Service Provider's Address:

William Furgason
935 Henry Drive
Fairmont, WV 26554

Client / Agency Address:

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

The Client hereby engages the Provider to provide services described herein under "Scope and Manner Services." The Provider hereby agrees to provide the Client with such services in exchange for consideration described herein under "Payment for services Rendered."

Scope and Manner of Services

Services to be rendered by the service provider: William Furgason will provide School Improvement Services to a Marion County School Administrator. These services will provide support, technical assistance, and coaching. The focus will be given to effect school management, classroom instruction, and fostering effective communication and interaction with staff, for the purpose of increasing student achievement.

Payments for Services Rendered: The Client shall pay the Provider for services rendered according to the discussed payment rate of \$600.00 per day from February 10, 2023 through June 30, 2023 and not to exceed 87 days. The services are only deemed applicable when needed at no additional cost to the Marion County Board of Education.

MARION COUNTY BOARD OF EDUCATION, Dr. Donna Heston, SUPERINTENDENT OF MARION COUNTY SCHOOLS

Dr. Donna Hage, Superintendent

William Furgason

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
William L. Ferguson

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; 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 (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
935 Henry Dr.

6 City, state, and ZIP code
Fairmont, WV 26554

7 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 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 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.

Social security number

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 2 | 3 | 2 | - | 7 | 4 | - | 3 | 3 | 7 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|

OR

Employer identification number

| | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| | | - | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 ▶ *W. L. Ferguson* Date ▶ *2/1/23*

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- 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, your allocable share of 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

22-2339



Letter of Transmittal

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

PH # 304-367-2100

| | | | |
|-------|---------------------------------|-----------|------------------|
| DATE | <u>1/16/2023</u> | PROJECT # | <u>T60-11005</u> |
| ATTN: | <u>Mr. Andy Neptune</u> | | |
| RE: | <u>North Marion High School</u> | | |
| | <u>HVAC Upgrades</u> | | |
| | | | |
| | | | |

WE ARE SENDING ATTACHED ENCLOSED
 UNDER SEPARATE COVER VIA _____

THE FOLLOWING ITEMS

SHOP DRAWINGS PRINTS PLANS SAMPLES SPECIFICATIONS
 COPY OF LETTER CHANGE ORDER TESTING REPORTS

| COPIES | DATE | NO. | DESCRIPTION |
|--------|------|-----|-------------------------------|
| 1 | | | Application for Payment No. 4 |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED AS CHECKED BELOW:

| | | | |
|-------------------------------------------------------|---------------------------------------------------|-----------------------------------|----------------------------------------------|
| <input type="checkbox"/> For Approval | <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Resubmit | <input type="checkbox"/> Copies for Approval |
| <input checked="" type="checkbox"/> For Your Use | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Submit | <input type="checkbox"/> Copies for Approval |
| <input type="checkbox"/> As Requested | <input type="checkbox"/> Returned for Corrections | <input type="checkbox"/> Revise | <input type="checkbox"/> Corrected Prints |
| <input type="checkbox"/> For Signature and Processing | | | |

FOR BIDS DUE _____

REMARKS _____

COPY TO: _____

SIGNED: Jim Decker

THRASHER

600 White Oaks Blvd | PO BOX 940 | Bridgeport, WV 26330
 TEL: 304.624.4108 | FAX: 304.624.7831 | EMAIL: thrasher@thrashereng.com

22-2339



Scalise Industries Corporation
P.O. Box 611
Lawrence, PA 15055
724.746.5400 • Fax: 724.746.5410
www.scaliseindustries.com

LETTER OF TRANSMITTAL

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

DATE: 1/12/2023

ATTENTION: Andy Neptune

RE: North Marion County High School HVAC Upgrades

FROM: Sharon Parella
Accounts Receivable Specialist

Scalise Industries Project #S221255

WE ARE SENDING THE FOLLOWING DATA:

1 Original Application for Payment No. 4 for December

SUBMITTED BY: Michael Talkington/WV Division Manager

These are transmitted as checked below:

- | | | |
|--------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> For payment | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Return _____ originals for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comments | <input type="checkbox"/> Release for fabrication | <input type="checkbox"/> Release for manufacturing |
| <input type="checkbox"/> For coordination | <input type="checkbox"/> | |

APPLICATION FOR PAYMENT

EMCOR Services
 Scalfise Industries
 PO Box 124, 15055
 Lawrence, PA 15065
 Phone: 724-246-5400 Fax: 724-246-5400
 www.emcorindustries.com

Remit To: Scalfise Industries
 65 Park Dr
 Lawrence PA 15065

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: S221255-04
Application Date: 12/13/22
Period To: 12/31/22
Job No.: S221255
Contract Date: 09/12/22
Customer No: 1030248
Contract No:
Via Architect:
Architect's Project No:

Distribution to:

| | |
|--------------------------|------------|
| <input type="checkbox"/> | OWNER |
| <input type="checkbox"/> | ARCHITECT |
| <input type="checkbox"/> | CONTRACTOR |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

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) |\$ | 1,239,550.00 | |
| 5. RETAINAGE: | | | |
| a. 10.00 % of Completed Work (Column D + E of Schedule of Values) |\$ | 123,955.00 | |
| b. % of Stored Material (Column F of Schedule of Values) |\$ | 0.00 | |
| Total Retainage |\$ | 123,955.00 | |
| 6. TOTAL EARNED LESS RETAINAGE (Line 5a + 5b or Total of Column I of Schedule of Values) |\$ | 1,115,595.00 | |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Application) |\$ | 921,870.00 | |
| 8. CURRENT PAYMENT DUE |\$ | 193,725.00 | |
| 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) |\$ | 3,404,405.00 | |

| 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 | | |

Contract For: Scalfise 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 no payment amount shown herein is now due.

CONTRACTOR: Scalfise Industries
 By: [Signature] Date: January 13, 2023
 State of: PA County of: Washington

Notary Public: December 16, 2024
 My Commission expires: December 16, 2024
 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..... \$193,725.00
 (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: 1/16/2023
 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.: S221255-04
 Application Date: 12/13/22
 Period To: 12/31/22
 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) | (G/C) % | (H) BALANCE TO FINISH (C-G) | (I) 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 | 28,500.00 | 9,500.00 | 0.00 | 38,000.00 | 40.00 | 57,000.00 | 3,800.00 |
| 103 | Submittals HVAC | 10,000.00 | 9,000.00 | 1,000.00 | 0.00 | 10,000.00 | 100.00 | 0.00 | 1,000.00 |
| 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 | 43,500.00 | 14,500.00 | 0.00 | 58,000.00 | 40.00 | 87,000.00 | 5,800.00 |
| 106 | Coordination/CAD Drawings | 45,000.00 | 0.00 | 11,250.00 | 0.00 | 11,250.00 | 25.00 | 33,750.00 | 1,125.00 |
| 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 MIER Equipment | 599,000.00 | 450,000.00 | 0.00 | 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 | 13,000.00 | 8,000.00 | 0.00 | 21,000.00 | 13.13 | 139,000.00 | 2,100.00 |
| 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 | 320,000.00 | 0.00 | 0.00 | 320,000.00 | 65.98 | 165,000.00 | 32,000.00 |
| 117 | Piping Labor | 796,000.00 | 79,800.00 | 120,000.00 | 0.00 | 199,800.00 | 25.10 | 596,200.00 | 19,980.00 |
| 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 | 41,000.00 | 0.00 | 41,000.00 | 10.00 | 369,000.00 | 4,100.00 |
| 121 | Cranes/Rentals | 30,000.00 | 0.00 | 10,000.00 | 0.00 | 10,000.00 | 33.33 | 20,000.00 | 1,000.00 |
| 122 | Start/End/Balances | 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 | \$1,024,300.00 | \$216,250.00 | \$0.00 | \$1,239,550.00 | 27.42 | \$3,280,450.00 | \$123,955.00 |

22-1-200



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 14.29.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/08/22
Period Date: 11/29/2022 Year: 2022

Collier: 465 S221255 NABHS HVAC Upgrades
Address: 1 N. Mason Drive
Federal Employer ID: 25-1334312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: Lawrence
Effective Date: PA
Expiration Date: 13055
State: WV
Zip Code: 26571

| Employee Number | Marital Status | Rate | Employment Status | Total Hours | Total Gross | Total Federal | Total State | Total Local | Total FICA | Total Other | Total Net |
|-----------------|----------------|------|-------------------|-------------|-------------|---------------|-------------|-------------|------------|-------------|-----------|
| 100061 | Single | Male | WV | 24.00 | 1,231.30 | 278.47 | 107.23 | 25.10 | 91.00 | 0.00 | 889.50 |

| Name: | SSN: | Union: | Skills: | FOREIGN: | PW Skills: | THIS JOB | GROSS |
|----------------|-------------|--------------------------------------|---------|----------|------------|-----------------------------------------------|---------|
| Eric P Skelley | ***-**-0002 | 465152 - WV Plumbers and Pipefitters | FOREIGN | 0.00 | | HOURS: 24.00 RATE: 51.30 GROSS: 1231.20 | 1231.20 |

| Name: | SSN: | Union: | Skills: | FOREIGN: | PW Skills: | THIS JOB | GROSS |
|------------------|-------------|--------------------------------------|---------|----------|------------|------------------------------------------------|---------|
| Stephen B Wagner | ***-**-7368 | 465152 - WV Plumbers and Pipefitters | FOREIGN | 0.00 | | HOURS: 20.00 RATE: 117.75 GROSS: 2355.00 | 2355.00 |

| Day | Start | End | Rate | Gross | FICA | State | Local | Net |
|-------|-------|-------|-------|---------|--------|--------|-------|--------|
| 11/23 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |
| 11/24 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |
| 11/25 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |
| 11/26 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |
| 11/27 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |
| 11/28 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |
| 11/29 | 08:00 | 16:00 | 51.30 | 1026.00 | 228.47 | 107.23 | 25.10 | 675.20 |

GROSS: 2355.00
FED WITHHOLDING: 485.61
SOCIAL SECURITY WITH: 144.31
MEDICARE WITH: 144.31
NET: 1580.77



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22

Scallise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 11/29/2022 Year: 2022

**CalState Address: 466 5221355 NALKS HWY/C Upgrade
1 N. Heron Drive**

**State: Parahodan
20671**

**Federal Employer Id: 26-1334312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:**

**Scallise Industries
55 Park Dr
Lawrence
PA
15065**

| Employer Number | State | Federal Part | Total Hours | Total Gross Wages | Federal Tax | State Tax | Other Deductions | Fringe and Benefits | Net Pay | State Unemp. Comp. Pay | State Disability Pay | State Health Pay | State Pension Pay | State Other Pay | Union Pay | Other Pay |
|-----------------|-------|--------------|-------------|-------------------|-------------|-----------|------------------|---------------------|---------|------------------------|----------------------|------------------|-------------------|-----------------|-----------|-----------|
| | | | | | | | | | | | | | | | | |

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22
Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 12/06/2022 Year: 2022



Employee: 465 823255 NIKHS HVAC Upgrades
Address: 174 Madison Drive
 Farmington
 WV
 26071

Federal Employer Id: 26-1934312
Work Comp Insurance Center:
Policy Number:
Effective Date:
Expiration Date:

Scalise Industries
 55 Park Dr
 Lawrence
 PA
 15055

| Employee Number | Employer Code | Race | Federal Emp. I.D. No. | Hours | Total Gross Wages | Tax Sec'd | Spending | Medicare | Retire | UTA | WFLA | WFLA Cont | Other | Participating Plan | Reimb | Net Pay | State | Fringe | Total | Job |
|-----------------|---------------|-------|-----------------------|-------|-------------------|-----------|----------|----------|--------|------|------|-----------|--------|--------------------|-------|---------|-------|--------|----------|------|
| 103314 | Single Male | White | 0 2459823 | 40.00 | 1,884.40 | 271.09 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 0.00 | 822.64 | 0.00 | 0.00 | 1,224.00 | 0.00 |

WV STATE W/H
 DUES
 APPRENTICE FUND
 WV PIPE TRADES
 WV BUILDING TRADES
 SAVINGS PM
 UA ORGANIZING
 MARKET RECOVERY
 NET

11/20 WED 10.00
 12/01 THU 10.00
 12/02 FRI 00.00
 12/03 SAT 00.00
 12/04 SUN 00.00
 12/05 MON 00.00
 12/06 TUE 00.00
 12/07 WED 00.00
 12/08 THU 00.00
 12/09 FRI 00.00
 12/10 SAT 00.00
 12/11 SUN 00.00

CHK/FT: 2459823

GROSS 1,884.40
 FED WITHHOLDING -271.09
 SOCIAL SECURITY W/H -115.59
 MEDICARE W/H -27.03
 WV STATE W/H -100.00
 DUES -86.25
 APPRENTICE FUND -0.80
 WV PIPE TRADES -10.40
 WV BUILDING TRADES -8.00
 SAVINGS PM -319.60
 UA ORGANIZING -4.00
 MARKET RECOVERY -20.00
 NET 822.64

| Name: | SSN: | Union: | Position: | Rate: | Hours: | Gross: | Net Pay: | State: | Fringe: | Total: | Job: | | | | | | | | |
|--------|-------------|--------|-----------|-------|----------|--------|----------|--------|---------|--------|------|--------|------|------|--------|------|------|----------|------|
| 103462 | Single Male | White | 0 2459823 | 40.00 | 1,026.42 | 89.21 | 83.58 | 14.87 | 48.00 | 0.00 | 0.00 | 254.89 | 0.00 | 0.00 | 557.07 | 0.00 | 0.00 | 1,224.00 | 0.00 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/08/22
Period Date: 12/06/2022 Year: 2022

County: 405 5221255 NABR HVAC Upgrades
Address: 1 N. Madison Drive
State: Pennsylvania
Zip Code: WV 26571
Description:

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

| Employee Number | Employee Name | Rate | Federal Fund | FT | Hours | Total Gross | Federal Tax | State Tax | Local Tax | Medicare | SSN | Job Title | Rate | Hours | Total Gross | Federal Tax | State Tax | Local Tax | Medicare | SSN | Job Title |
|-----------------|------------------------------------------|-------|--------------|-------|----------|-------------|-------------|-----------|-----------|----------|------|-----------|--------|-------|-------------|-------------|-----------|-----------|----------|-----|-----------|
| 103511 | Joshua D Sullivan | White | 0 2459923 | 38.00 | 1,722.54 | 52.49 | 108.80 | 24.98 | 90.00 | 0.00 | 0.00 | JOURNO | 404.95 | 0.00 | 1,043.32 | 0.00 | 0.00 | 1,182.80 | 0.00 | | |
| | 3683 Aurora Plaza Terra Alta WV 26764 | | | | | | | | | | | | | | | | | | | | |

CHK/EFT: 2459923
GROSS 1025.42
FED WITHHOLDING 1,025.42
SOCIAL SECURITY WHI -98.21
MEDICARE WHI -63.58
WV STATE WHI -14.87
DUES -48.00
APPRENTICE FUND -35.89
WV PIPE TRADES -0.80
WV BUILDING TRADES -10.40
LA ORGANIZING -4.00
MARKET RECOVERY -20.00
SAVINGS AP02 -172.60
NET 597.07

CHK/EFT: 2459923
GROSS 030.00
FED WITHHOLDING 1398.30
SOCIAL SECURITY WHI -172.54
MEDICARE WHI -62.48
WV STATE WHI -108.80
DUES -94.88
APPRENTICE FUND -80.00
WV PIPE TRADES -40.29
WV BUILDING TRADES -0.78
SAVINGS JNY -7.00
LA ORGANIZING -303.62
MARKET RECOVERY -3.80
NET -19.00

| THIS JOB | GROSS |
|----------|----------|
| 1398.30 | 1398.30 |
| -172.54 | 1,225.76 |
| -62.48 | 1,163.28 |
| -108.80 | 1,054.48 |
| -94.88 | 959.60 |
| -80.00 | 879.60 |
| -40.29 | 839.31 |
| -0.78 | 838.53 |
| -7.00 | 831.53 |
| -303.62 | 527.91 |
| -3.80 | 524.11 |
| -19.00 | 505.11 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22 50

Combined Certified Hours and Federal Statement of Compliance

Date: 12/15/22

Period Date: 12/13/2022 Year: 2022

Outside: 466 S221266 Natus HVAC Upgrades
 Address: 1 N. Market Drive
 State: Farmington
 Zip Code: WV 26571
 Description:

Federal Employer ID: 26-1334312
 Work Comp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

| Employer Number | Market/Contract Code | State Code | Federal Employer ID | Work Comp Insurance Carrier | Policy Number | Effective Date | Expiration Date | State Code | State Employer ID | State Work Comp Insurance Carrier | State Policy Number | State Effective Date | State Expiration Date | | | | | | | |
|--------------------|-------------------------|---------------|---------------------------|--------------------------------------|------------------|-------------------|--------------------|---------------|-------------------------|-----------------------------------------------|---------------------------|----------------------------|-----------------------------|--------|------|--------|------|------|----------|------|
| 100314 | Single Male | White | 0 2469890 | 40.00 | 1,984.40 | 271.08 | 116.58 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.06 | 0.00 | 922.84 | 0.00 | 0.00 | 1,224.00 | 0.00 |

| Name: | SSN: | Union: | Position: | Shift: | JOB | Rate: | GROSS | Deductions: | Net Pay: | State Code | State Employer ID | State Work Comp Insurance Carrier | State Policy Number | State Effective Date | State Expiration Date |
|-------------------|------------------|--------------------------------------|-----------|--------|-----|-------|-----------|-------------|-----------|---------------|-------------------------|-----------------------------------------------|---------------------------|----------------------------|-----------------------------|
| Benjamin M Vander | SSN: ***-**-2709 | 465152 - WV Plumbers and Pipefitters | | JOURNO | | | 1398.30 | 1,284.40 | 116.89 | PA | 15055 | | | | |
| 880 Cherry Street | | | | | | | 48,810.00 | 1,984.40 | 46,825.60 | | | | | | |
| Garden WV 26354 | | | | | | | 89,815.00 | 87,830.60 | 2,000.00 | | | | | | |

| 12/07 | 12/08 | 12/09 | 12/10 | 12/11 | 12/12 | 12/13 | HOURS | RATE | GROSS | Deductions: | Net Pay: | State Code | State Employer ID | State Work Comp Insurance Carrier | State Policy Number | State Effective Date | State Expiration Date |
|-------|-------|-------|-------|-------|-------|-------|-------|----------|-----------|-------------|-----------|---------------|-------------------------|-----------------------------------------------|---------------------------|----------------------------|-----------------------------|
| WED | THU | FRI | SAT | SUN | MON | TUE | 40.00 | 1,224.00 | 48,960.00 | 1,984.40 | 46,975.60 | | | | | | |
| 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 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |

| 100402 | Name: | SSN: | Union: | Position: | Shift: | JOB | Rate: | GROSS | Deductions: | Net Pay: | State Code | State Employer ID | State Work Comp Insurance Carrier | State Policy Number | State Effective Date | State Expiration Date | | | | |
|--------|-----------------------|------------------|--------------------------------------|-----------|----------|-------|-------|-----------|-------------|----------|---------------|-------------------------|-----------------------------------------------|---------------------------|----------------------------|-----------------------------|------|------|----------|------|
| 100402 | Single Male | White | 0 2469890 | 40.00 | 1,025.42 | 89.21 | 63.58 | 14.67 | 46.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 557.07 | 0.00 | 0.00 | 1,224.00 | 0.00 |
| | Dillon E Pade | SSN: ***-**-0820 | 465152 - WV Plumbers and Pipefitters | | APPR2 | | | 1,224.00 | 1,224.00 | 0.00 | 1,224.00 | | | | | | | | | |
| | 1000 Engineering Blvd | | | | | | | 48,810.00 | 48,810.00 | 0.00 | 48,810.00 | | | | | | | | | |
| | Montgomery WV 26301 | | | | | | | 89,815.00 | 89,815.00 | 0.00 | 89,815.00 | | | | | | | | | |

| 12/07 | 12/08 | 12/09 | 12/10 | 12/11 | 12/12 | 12/13 | HOURS | RATE | GROSS | Deductions: | Net Pay: | State Code | State Employer ID | State Work Comp Insurance Carrier | State Policy Number | State Effective Date | State Expiration Date |
|-------|-------|-------|-------|-------|-------|-------|-------|----------|-----------|-------------|-----------|---------------|-------------------------|-----------------------------------------------|---------------------------|----------------------------|-----------------------------|
| WED | THU | FRI | SAT | SUN | MON | TUE | 40.00 | 1,224.00 | 48,960.00 | 1,984.40 | 46,975.60 | | | | | | |
| 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 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22 50
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/15/22
Period Date: 12/13/2022 Year: 2022

Call/Cell: 485 8221255 **NMHS HVAC Upgrade**
Address: 1 N. Horton Drive
City: Farmington
State: WV
Zip Code: 26571
Employer: Scalise Industries
55 Park Dr
Lawrence
PA
16085
Federal Employer ID: 26-1334312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

| Employee Name | Marital Status | Race | Federal Emp. Exempt or EPL | Total Hours | Total Gross Pay | Federal Tax | General Security Tax | Medicare | State | Union | Other Deductions | Net Pay | Other | Employer | Net Pay | Union | Other | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|----------------------------|-------------|-----------------|-------------|----------------------|----------|-------|--------|------------------|---------|-------|----------|---------|-------|-------|------|
| 100511 | Married | White | 0 | 2469930 | 40.00 | 1,894.40 | 68.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Name: Joshua D Sullivan SSN: ***-**-1728 Union: 465152 - WV Plumbers and Pipefitters State: JOUR00 PW Skills: | | | | | | | | | | | | | | | | | | |
| Address: 3683 Aurora Plaza Terre Alta WV 26784 | | | | | | | | | | | | | | | | | | |

CHK/ET: 2469930

GROSS 040.00
FED WITHHOLDING 1024.42
SOCIAL SECURITY WHI -88.21
MEDICARE WHI -53.58
WV STATE WHI -14.87
DUES -46.00
APPRENTICE FUND -36.83
WV PIPE TRADES -40.80
WV BUILDING TRADES -10.40
LA ORGANIZING -8.00
MARKET RECOVERY -4.00
SAVINGS AP02 -20.00
NET -175.60
557.07

CHK/ET: 2469930

GROSS 1894.40
FED WITHHOLDING 1,894.40
SOCIAL SECURITY WHI -88.51
MEDICARE WHI -53.59
WV STATE WHI -115.59
DUES -27.03
APPRENTICE FUND -100.00
WV PIPE TRADES -65.25
WV BUILDING TRADES -10.40
SAVINGS JNV -4.00
LA ORGANIZING -319.80
MARKET RECOVERY -20.00



Payroll - Combined Certified Hours and Compliance Statement PE 12.13.22 50

Scalese

Combined Certified Hours and Federal Statement of Compliance

Date: 12/15/22

Period Date: 12/13/2022 Year: 2022

Outside: 465 3221255 A14HS HVAC Upgrades
Address: 1 N. Mason Drive
Farmington
WV 26731

Federal Employer ID: 25-1334512
Work Comp Insurance Carrier: Liberty Mutual
Policy Number: 10000000000000000000
Effective Date: 12/13/2022
Expiration Date: 12/31/2022

Scalese Industries
55 Park Dr
Lawrence
PA 15065

| Employee Name | Job Title | Rate | Hours | Net Pay | YTD Net Pay | YTD Hours |
|-----------------|-----------------|-------|--------|----------|-------------|-----------|
| Scalese, Paul | HVAC Technician | 11.35 | 164.00 | 1,861.60 | 1,861.60 | 164.00 |
| NET | | | | | | |
| 1,129.22 | | | | | | |

JOB TOTALS

09098 THIS JOB: 6,919.84
 HOURS THIS JOB: 164.00
 GROSS ALL CHECKS: 164.00
 REIMBURSABLE ALL CHECKS: 8,476.22
 FRONTS PAID TO EMPLOYER: 0.00
 BC ALL CHECKS: 0.00
 FEDERAL WITH ALL CHECKS: 1,007.46
 SOCIAL SECURITY ALL CHECKS: 325.52
 MEDICARE ALL CHECKS: 122.80
 STATE WITH ALL CHECKS: 445.00
 WORKERS COMP ALL CHECKS: 0.00
 LOCAL WITH ALL CHECKS: 0.00
 OTHER DEDUCTIONS ALL CHECKS: 1,988.00
 TOTAL DEDUCTIONS ALL CHECKS: 4,087.53
 NET ALL CHECKS: 4,388.69

FRONTS PAID TO LOCAL UNION 465162

| | |
|------------------------------|-----------------|
| 164.00 REG HRS @ 11.35 /HR = | 1,861.60 |
| 164.00 REG HRS @ 9.10 /HR = | 1,492.40 |
| 164.00 REG HRS @ 6.50 /HR = | 1,064.00 |
| 164.00 REG HRS @ 0.96 /HR = | 157.44 |
| 164.00 REG HRS @ 0.10 /HR = | 16.40 |
| 164.00 REG HRS @ 0.10 /HR = | 16.40 |
| 164.00 REG HRS @ 0.20 /HR = | 32.80 |
| TOTAL | 5,079.40 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/21/22
Period Date: 12/20/2022 Year: 2022

County: 466 S221266 NALAS HVAC Upgrade
Address: 1 N. Mason Drive
State: Farmington
Zip Code: WV 26571
Designation: 26571

Federal Employer ID: 26-1334312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence
Explanation Date: PA
 16006

| Employee Number | Job Title | Rate | Employment Status | Total Hours | Payable Hours | Wages | Medicare | Social Security | FICA | Other | Employer Paid | Retire | Union | Other |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|-------------------|-------------|---------------|--------|----------|-----------------|-------|-------|---------------|--------|-------|--------|
| 103031 | Single Male | White | 0 2459937 | 42.00 | 1,731.20 | 278.17 | 107.33 | 25.10 | 91.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.39 |
| Name: Eric P Slagley SSN: ***-**-8632 Under: 465152 - WV Purchases and Positions SMGR: FORE90 PW SMGR: | | | | | | | | | | | | | | |

| Date | Day | Rate | Hours | Wages | Medicare | Social Security | FICA | Other | Employer Paid | Retire | Union | Other |
|---------------------------------------------------------------------------------------------------------|-----|-------|-------|-------|----------|-----------------|------|-------|---------------|--------|-------|-------|
| 12/14 | WED | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/15 | THU | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/16 | FRI | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/17 | SAT | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/18 | SUN | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/19 | MON | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/20 | TUE | 08.00 | 08.00 | 64.00 | 6.40 | 6.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL HOURS 42.00 RATE 41.20 GROSS 1,731.20 NET 1,394.86 | | | | | | | | | | | | |

| Code | Description | Amount |
|---------------------|-------------|----------|
| GROSS | | 1,731.20 |
| FED WITHHOLDING | | -278.17 |
| SOCIAL SECURITY WHI | | -107.33 |
| MEDICARE WHI | | -25.10 |
| WV STATE WHI | | -61.00 |
| DUES | | -40.69 |
| APPRENTICE FUND | | -0.80 |
| WV PIPE TRADES | | -10.49 |
| WV BUILDING TRADES | | -4.00 |
| SAVINGS PM | | -328.80 |
| LA ORGANIZING | | -4.00 |
| MARRET RECOVERY | | -20.00 |
| NET | | 798.21 |

| Code | Description | Amount |
|--------------------------------------------------------------|-------------|----------|
| GROSS | | 1,900.80 |
| FED WITHHOLDING | | -288.47 |
| SOCIAL SECURITY WHI | | -123.43 |
| MEDICARE WHI | | -28.87 |
| TOTAL GROSS 1,900.80 NET 1,460.03 | | |

| Name | Single | Male | White | SSN | 0 2459937 | 42.00 | 1,900.80 | 288.47 | 123.43 | 28.87 | 108.00 | 0.00 | 0.00 | 0.00 | 0.00 | 442.49 | 0.00 | 0.00 | 898.55 | 0.00 | 0.00 | 1,224.00 | 0.00 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|-------|-----|-----------|-------|----------|--------|--------|-------|--------|------|------|------|------|--------|------|------|--------|------|------|----------|------|--|
| Name: Stephen B Wiegner Address: 82 Ford Lane City: Independence WV 26374 SSN: ***-**-7368 Under: 465152 - WV Purchases and Positions SMGR: FORE90 PW SMGR: | | | | | | | | | | | | | | | | | | | | | | | | |
| CHK/FT: 2459937 GROSS 1,900.80 FED WITHHOLDING -288.47 SOCIAL SECURITY WHI -123.43 MEDICARE WHI -28.87 | | | | | | | | | | | | | | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/21/22
Period Date: 12/20/2022 Year: 2022

Caldecott: 406 S221205 NMD'S HVAC Upgrades
Address: 1 N. Marion Drive
State: Farmington WV
Zip Code: 26071
Employer: Federal Employer Id: 25-1334512
Work Comp Insurance Carrier: 605 Park Dr
Policy Number: Lawrence
Effective Date: PA
Expiration Date: 12/30/22

| Employee Number | Job Title | Rate | Federal | State | Local | Other | Net Pay | Union | with |
|-----------------|-------------------|--------|---------|-------|--------|--------|---------|--------|------|
| 100314 | Benjamin M Winder | 271.09 | 116.99 | 27.03 | 100.00 | 428.05 | 0.00 | 822.64 | 0.00 |
| 100362 | Dillon E Price | 89.21 | 63.58 | 14.87 | 46.00 | 254.69 | 0.00 | 557.07 | 0.00 |

WV STATE WIN
 DUES -69.69
 APPRENTICE FUND -0.80
 WV PIPE TRADES -10.40
 WV BUILDING TRADES -5.00
 SAVINGS PLAN -329.80
 UA ORGANIZING -4.00
 MARKET RECOVERY -20.00
NET 988.55

| Employee | Hours | Rate | Total |
|----------|-------|--------|----------|
| 100314 | 40.00 | 271.09 | 10843.60 |
| 100362 | 40.00 | 89.21 | 3568.40 |

THIS JOB
 HOURS 40.00
 RATE 271.09
GROSS 10843.60
 SOCIAL SECURITY WIN -271.09
 MEDICARE WIN -115.59
 WV STATE WIN -100.00
 DUES -63.25
 APPRENTICE FUND -0.80
 WV PIPE TRADES -10.40
 WV BUILDING TRADES -5.00
 SAVINGS PLAN -329.80
 UA ORGANIZING -4.00
 MARKET RECOVERY -20.00
NET 988.55

| Employee | Hours | Rate | Total |
|----------|-------|--------|----------|
| 100314 | 40.00 | 271.09 | 10843.60 |
| 100362 | 40.00 | 89.21 | 3568.40 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51
Scallise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/21/22
Period Date: 12/20/2022 Year: 2022

College: 465 8221255 NHAHS HVAC Upgrade
Address: 1 N. Main St Dine
State: Pennsylvania
Zip Code: 26071
Description: WV
Federal Employer ID: 25-1394312
Work Comp Insurance Center: 55 Park Dr
Policy Number: Lumbago
Effective Date: PA
Expiration Date: 15065

| Employee Number | Status | Rate | Federal First | Total Hours | Federal Gross | Federal Tax | State of Maryland | All States | All States | All States | Other | Foreign and | Remit | Net | Pay | State | Unemp | Job |
|-----------------|--------|------|---------------|-------------|---------------|-------------|-------------------|------------|------------|------------|---------|-------------|-------|-----|-----|-------|-------|-----|
| | | | of FFI | | | | Payroll | Payroll | Payroll | Payroll | Payroll | Payroll | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|---|--------|-------|----------|-------|--------|-------|--------|------|------|------|------|--------|------|------|----------|------|
| 109511 | Married | Male | White | 0 | 245937 | 40.00 | 1,894.40 | 89.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 0.00 | 1,224.00 | 0.00 |
| CHW/EFT: 245937 GROSS 040.00 FED WITHHOLDING 1,026.42 SOCIAL SECURITY WHI -89.21 MEDICARE WHI -14.87 WV STATE WHI -46.00 DUES -32.89 APPRENTICE FUND -10.40 WV PIPE TRADES -8.00 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 SAVINGS ACCT -175.86 NET 557.07 | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|---|--------|-------|----------|-------|--------|-------|--------|------|------|------|------|--------|------|------|----------|------|
| 109511 | Married | Male | White | 0 | 245937 | 40.00 | 1,894.40 | 89.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 0.00 | 1,224.00 | 0.00 |
| CHW/EFT: 245937 GROSS 040.00 FED WITHHOLDING 1,026.42 SOCIAL SECURITY WHI -89.21 MEDICARE WHI -14.87 WV STATE WHI -46.00 DUES -32.89 APPRENTICE FUND -10.40 WV PIPE TRADES -8.00 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 SAVINGS ACCT -175.86 NET 557.07 | | | | | | | | | | | | | | | | | | | | |

| Employee Number | Status | Rate | Federal First | Total Hours | Federal Gross | Federal Tax | State of Maryland | All States | All States | All States | Other | Foreign and | Remit | Net | Pay | State | Unemp | Job |
|-----------------|--------|------|---------------|-------------|---------------|-------------|-------------------|------------|------------|------------|---------|-------------|-------|-----|-----|-------|-------|-----|
| | | | of FFI | | | | Payroll | Payroll | Payroll | Payroll | Payroll | Payroll | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|---|--------|-------|----------|-------|--------|-------|--------|------|------|------|------|--------|------|------|----------|------|
| 109511 | Married | Male | White | 0 | 245937 | 40.00 | 1,894.40 | 89.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 0.00 | 1,224.00 | 0.00 |
| CHW/EFT: 245937 GROSS 040.00 FED WITHHOLDING 1,026.42 SOCIAL SECURITY WHI -89.21 MEDICARE WHI -14.87 WV STATE WHI -46.00 DUES -32.89 APPRENTICE FUND -10.40 WV PIPE TRADES -8.00 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 SAVINGS ACCT -175.86 NET 557.07 | | | | | | | | | | | | | | | | | | | | |

| Employee Number | Status | Rate | Federal First | Total Hours | Federal Gross | Federal Tax | State of Maryland | All States | All States | All States | Other | Foreign and | Remit | Net | Pay | State | Unemp | Job |
|-----------------|--------|------|---------------|-------------|---------------|-------------|-------------------|------------|------------|------------|---------|-------------|-------|-----|-----|-------|-------|-----|
| | | | of FFI | | | | Payroll | Payroll | Payroll | Payroll | Payroll | Payroll | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|---|--------|-------|----------|-------|--------|-------|--------|------|------|------|------|--------|------|------|----------|------|
| 109511 | Married | Male | White | 0 | 245937 | 40.00 | 1,894.40 | 89.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 0.00 | 1,224.00 | 0.00 |
| CHW/EFT: 245937 GROSS 040.00 FED WITHHOLDING 1,026.42 SOCIAL SECURITY WHI -89.21 MEDICARE WHI -14.87 WV STATE WHI -46.00 DUES -32.89 APPRENTICE FUND -10.40 WV PIPE TRADES -8.00 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 NET 557.07 | | | | | | | | | | | | | | | | | | | | |

| Employee Number | Status | Rate | Federal First | Total Hours | Federal Gross | Federal Tax | State of Maryland | All States | All States | All States | Other | Foreign and | Remit | Net | Pay | State | Unemp | Job |
|-----------------|--------|------|---------------|-------------|---------------|-------------|-------------------|------------|------------|------------|---------|-------------|-------|-----|-----|-------|-------|-----|
| | | | of FFI | | | | Payroll | Payroll | Payroll | Payroll | Payroll | Payroll | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-------|---|--------|-------|----------|-------|--------|-------|--------|------|------|------|------|--------|------|------|----------|------|
| 109511 | Married | Male | White | 0 | 245937 | 40.00 | 1,894.40 | 89.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 0.00 | 1,224.00 | 0.00 |
| CHW/EFT: 245937 GROSS 040.00 FED WITHHOLDING 1,026.42 SOCIAL SECURITY WHI -89.21 MEDICARE WHI -14.87 WV STATE WHI -46.00 DUES -32.89 APPRENTICE FUND -10.40 WV PIPE TRADES -8.00 UA ORGANIZING -4.00 MARKET RECOVERY -20.00 NET 557.07 | | | | | | | | | | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/21/22
Period Date: 12/20/2022 Year: 2022

Color: 465 SZZ1205 NURS HVAC Upgrades
Address: 1 N. Market Drive
State: Farmington WV
Zip Code: 26071
Employer: Scalise Industries
Work Camp Insurance Center: 25-1334312
Policy Number:
Effective Date:
Expiration Date:
SSN: 15056

| Employee Number | First Name | Last Name | Race | Sex | SSN | Position | Job Code | Rate | Hours | Net Pay | Other Deductions | Net Pay | State | City | Zip |
|-----------------|------------|-----------|-------|-----|------|----------------|----------|--------|-------|----------|------------------|----------|-------|------------|-------|
| 108523 | Gregory A | Potts | White | M | 3626 | Under Position | JOUR00 | 404.95 | 38.00 | 1,562.90 | 0.00 | 1,562.90 | PA | Farmington | 26071 |

| Employee Number | First Name | Last Name | Race | Sex | SSN | Position | Job Code | Rate | Hours | Net Pay | Other Deductions | Net Pay | State | City | Zip |
|-----------------|------------|-----------|-------|-----|------|----------------|----------|--------|-------|----------|------------------|----------|-------|------------|-------|
| 601 | Morgan | Ridges | White | M | 3626 | Under Position | JOUR00 | 404.95 | 38.00 | 1,562.90 | 0.00 | 1,562.90 | PA | Farmington | 26071 |

JOB TOTALS

| | |
|------------------------------|-----------|
| GROSS THIS JOB: | 8,629.29 |
| HOURS THIS JOB: | 222.00 |
| GROSS ALL CHECKS: | 10,196.76 |
| REIMBURSABLE ALL CHECKS: | 0.00 |
| FRINGES PAID TO EMPLOYEE: | 0.00 |
| FC ALL CHECKS: | 0.00 |
| FEDERAL WITH ALL CHECKS: | 1,196.66 |
| SOCIAL SECURITY ALL CHECKS: | 632.32 |
| MEMBERSHIP ALL CHECKS: | 147.88 |
| STATE WITH ALL CHECKS: | 535.00 |
| WORKERS COMP ALL CHECKS: | 0.00 |
| LOCAL WITH ALL CHECKS: | 0.00 |
| OTHER DEDUCTIONS ALL CHECKS: | 2,391.61 |
| TOTAL DEDUCTIONS ALL CHECKS: | 4,943.67 |

GROSS: 8,629.29
FED WITHHOLDING: 1,196.66
SOCIAL SECURITY W/H: 632.32
MEDICARE W/H: 147.88
WV STATE W/H: 535.00
DUES: 0.00
APPRENTICE FUND: 0.00
WV PIPE TRADES: 0.00
SAVINGS INT: 0.00
LA ORGANIZING: 0.00
MARKET RECOVERY: 0.00
NET: 4,943.67



Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22
Scalise
Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22
 Period Date: 12/27/2022 Year: 2022

Calculate: 465 8221285 NIKAS HVAC Upgrades
 Address: 1 N. Merlon Drive
 State: Pennsylvania
 Zip Code: 28571
 Description: Federal Employer ID: 26-1334312
 Work Comp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

| Employee | Hours | Rate | Gross | Net | Union | Front | Net | Net |
|----------|-------|----------|-----------|-----------|-------|-------|-----|-----|
| 100314 | 30.00 | 1,200.80 | 36,024.00 | 31,518.00 | | | | |

DUES
 APPRENTICE FUND
 WV PIPE TRADES
 WV BUILDING TRADES
 SAVINGS PLAN
 LA ORGANIZING
 MARKET RECOVERY
 NET

GROSS 1200.80
 FED WITHHOLDING -131.72
 SOCIAL SECURITY WH -78.32
 MEDICARE WH -17.85
 WV STATE WH -68.00
 DUES -43.08
 APPRENTICE FUND -7.80
 WV PIPE TRADES -8.00
 WV BUILDING TRADES -298.70
 SAVINGS PLAN -3.00
 LA ORGANIZING -15.00
 MARKET RECOVERY -63.15
 NET

CHV/EFT: 2469944
 GROSS 1200.80
 FED WITHHOLDING -131.72
 SOCIAL SECURITY WH -78.32
 MEDICARE WH -17.85
 WV STATE WH -68.00
 DUES -43.08
 APPRENTICE FUND -7.80
 WV PIPE TRADES -8.00
 WV BUILDING TRADES -298.70
 SAVINGS PLAN -3.00
 LA ORGANIZING -15.00
 MARKET RECOVERY -63.15
 NET

| Name | DOB | Sex | Race | SSN | Union | Job Title | Rate | Hours | Gross | Net |
|--------|------------|------|-------|--------------------------------------|-------------|-----------|----------|-----------|-----------|-----|
| 109482 | 01/01/1984 | Male | White | 0 2469944 | Upholsterer | 30.00 | 1,200.80 | 36,024.00 | 31,518.00 | |
| 100314 | 08/01/1970 | Male | White | 465182 - WV Plumbers and Pipefitters | Upholsterer | 30.00 | 1,200.80 | 36,024.00 | 31,518.00 | |



Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22
Scalise
 Combined Certified Hours and Federal Statement of Compliance
 Date: 12/29/22
 Period Date: 12/27/2022 Year: 2022

Colade: 495 S23235 NWH'S HVAC Upgrades
 Address: 1 N. Market Drive
 State: Farmington
 Zip Code: WV 26711
 Federal Employer ID: 25-1394312
 Work Comp Insurance Center:
 Policy Number:
 Effective Date:
 Expiration Date:

| Emp/Job | Rate | Fed | St | Local | Total | Other | Net | FW | CA | UN | UN | UN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-------|-------|-------|-------|------|------|------|------|------|------|
| Number | Per Hour | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate |
| 103611 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Name: Joshua D Sullivan 3983 Aurora Pike Terra Alta WV 26764 Race: White SSN: ***-**-1728 Union: UMW 48152 - WV Pensions and Pensions Job: JOURNO PW Status: | | | | | | | | | | | | |
| 12/21 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/22 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/23 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/24 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/25 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/26 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/27 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/28 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/29 | 1200.90 | 0.00 | 78.32 | 17.86 | 88.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

CHECK# 2469944

GROSS 683.70
 FED WITHHOLDING 44.21
 SOCIAL SECURITY W/H 42.59
 MEDICARE W/H 9.34
 WV STATE W/H 28.00
 DUES 23.93
 APPRENTICE FUND 0.80
 WV PIPE TRADES 7.80
 WV BUILDING TRADES 6.00
 UA ORGANIZING 3.00
 MARKET RECOVERY 15.00
 SAVINGS APPTZ 151.70
 NET 389.16

CHECK# 2469944

GROSS 1230.90
 SOCIAL SECURITY W/H 78.32
 MEDICARE W/H 17.86
 WV STATE W/H 48.00
 DUES 43.08
 APPRENTICE FUND 0.80
 WV PIPE TRADES 7.80
 WV BUILDING TRADES 6.00
 SAVINGS APPTZ 239.70
 UA ORGANIZING 3.00
 MARKET RECOVERY 15.00
 NET 783.55



Payroll - Combined Certified WH-347 Report and Compliance Statement 12-27-22

Scalise
 Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022

Address: 465 8221255 N/MS HVAC Upgrades
 1 N. Marion Drive
 Farmington
 WV
 Zip Code: 26571
State: WV
County: Boone
City: Farmington
Zip Code: 26571
Employer: Scalise Industries
 65 Park Dr
 Lawrence
 PA
 16056
Federal Employer Id: 25-1304312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

| Employee Number | Personal Service Status | Key Federal Emp. Example Check or EIT | Hours | Wage | Federal Tax | State Tax | Medicare Tax | SSN | Union | PIP | State Disability | Work Comp | Other Deductions | Fringe Benefits | Request | Pay Method | State Fringe | Union Fringe | Job Fringe |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|-------|----------|-------------|-----------|--------------|-------|-------|------|------------------|-----------|------------------|-----------------|---------|------------|--------------|--------------|------------|
| 103523 | Married | None | 30.00 | 1,230.50 | 70.41 | 78.32 | 17.85 | 58.00 | 0.00 | 0.00 | 0.00 | 0.00 | 316.18 | 0.00 | 0.00 | 993.14 | 0.00 | 918.00 | 0.00 |
| Name: Gregory A Parks Address: 691 Morgan Ridge Rd Riverside WV 26598 SSN: ***-**-3828 Union: 465152 - WV Purchas and Pipefitters PIP: JOUR500 Pay Method: | | | | | | | | | | | | | | | | | | | |
| THIS JOB HOURS: 30.00 RATE: 41.0000 GROSS: 1230.50 DEDUCTIONS: 61.5450 NET: 82.0500 GROSS: 1230.50 FED WITHHOLDING: -70.41 SOCIAL SECURITY WH: -78.32 MEDICARE WH: -17.85 WV STATE WH: -58.00 DUES: -43.08 APPRENTICE FUND: -4.80 WV PIPE TRADES: -7.80 WV BUILDING TRADES: -8.00 SAVINGS JNY: -238.70 UA ORGANIZING: -3.00 MARKET RECOVERY: -18.00 NET: 693.14 | | | | | | | | | | | | | | | | | | | |

JOB TOTALS

GROSS THIS JOB: 8,773.82
 HOURS THIS JOB: 174.00
 GROSS ALL CHECKS: 7,421.00
 REIMBURSABLE ALL CHECKS: 0.00
 PRIZES PAID TO EMPLOYEE: 0.00
 BIC ALL CHECKS: 0.00
 FEDERAL WHI ALL CHECKS: 978.38
 SOCIAL SECURITY ALL CHECKS: 460.11
 MEDICARE ALL CHECKS: 107.80
 STATE WHI ALL CHECKS: 353.00
 WORKERS COMP ALL CHECKS: 0.00
 LOCAL WHI ALL CHECKS: 0.00
 OTHER DEDUCTIONS ALL CHECKS: 1,805.55
 TOTAL DEDUCTIONS ALL CHECKS: 3,403.94
 NET ALL CHECKS: 4,014.06



Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22
Scalise
 Combined Certified Hours and Federal Statement of Compliance
 Date: 12/29/22
 Period Date: 12/27/2022 Year: 2022

Calendar: 485 S2Z1285 NUHHS HVA/C Upgrades
Address: 1 N. Merion Drive
State: Pennsylvania
Zip Code: 19071
Designation:

Federal Employer Id: 26-1384312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

Scalise Industries
66 Park Dr
Lancaster
PA
17606

| Employee Identifier | Contract | Rate | Federal | Total | Second | PA State | All States | All Local | Or 43 | 10 | Month | Union | Union | Union |
|-------------------------------------------|----------|--------------|-----------------|-------|--------|----------|------------|-----------|-------|------|-------|-------|-------|-------|
| Rate | Hours | Rate | Hours | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate | Rate |
| FRINGES PAID TO LOCAL UNION 485152 | | | | | | | | | | | | | | |
| 174.00 | REG HRS | 11.45 /HR | 1,974.90 | | | | | | | | | | | |
| 174.00 | REG HRS | 8.10 /HR | 1,593.40 | | | | | | | | | | | |
| 174.00 | REG HRS | 8.00 /HR | 1,478.00 | | | | | | | | | | | |
| 174.00 | REG HRS | 8.95 /HR | 146.30 | | | | | | | | | | | |
| 174.00 | REG HRS | 0.10 /HR | 17.40 | | | | | | | | | | | |
| 174.00 | REG HRS | 0.10 /HR | 17.40 | | | | | | | | | | | |
| 174.00 | REG HRS | 0.80 /HR | 87.00 | | | | | | | | | | | |
| | | TOTAL | 5,324.40 | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022

PROJECT: MHHS HVAC Upgrades

ADDRESS: 1 N. Marion Drive, Farmington, WV, 26031

1. MARSH CARPENTER
(NAME OF SIGNATORY PARTY) EXECUTIVE ASSISTANT
(TITLE)

DO HEREBY STATE:

(A) 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

| EXCEPTIONS (CRAFT) | EXPLANATION |
|--------------------|-------------|
| 1 | |
| 1 | |
| 1 | |
| 1 | |
| 1 | |
| 1 | |
| 1 | |
| 1 | |

REMARKS

NAME AND TITLE

1 Marshal Carpenter

1 Executive Assistant

1 SIGNATURE
Marshal Carpenter

THE WH/FUL 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.

(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 DECEMBER 2022 AND ENDING ON THE 27TH DAY OF DECEMBER 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 PART 209 C.R. SUBTITLE A, ISSUED BY THE SECRETARY OF LABOR UNDER THE CREG AND ACT, AS AMENDED (48 STAT. 946, 65 STAT. 104, 72 STAT. 897, 78 STAT. 357, 40 U.S.C 3145), AND DESCRIBED BELOW:

FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDINGS, 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.

These are transmitted as checked below:

- For payment
- For your use
- As requested
- For review and comments
- For coordination
- Approved as submitted
- Approved as noted
- Returned for corrections
- Release for fabrication
- Resubmit
- Return
- Return
- Return
- Release for manufacturing
- copies for approval
- originals for distribution
- corrected prints


SUBMITTED BY: Michael Talkington/WV Division Manager

1 Original Application for Payment No. 4 for December

WE ARE SENDING THE FOLLOWING DATA:

| | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| FROM: Sharon Perilla Accounts Receivable Specialist | RE: North Marion County High School HVAC Upgrades Scalise Industries Project #S221255 |
| ATTENTION: Andy Neptune 1516 Mary Lou Retton Drive Falmont, WV 26554 | DATE: 1/12/2023 |
| TO: Marion County Board of Education | |

LETTER OF TRANSMITTAL



EMCOR Services
Scalise Industries

Scalise Industries Corporation
P.O. Box 611
Lawrence, PA 15055
724.746.5400 • Fax: 724.746.5410
www.scaliseindustries.com



Scalese Industries
 Project #21
 Lawrence, Pa. 15565
 Phone 724.242.6000 Fax 724.242.6100
 www.emcorindustries.com

Remit To: Scalese Industries
 85 Park Dr
 Lawrence PA 15095

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

Architect's Project No:

Project: NMHS HVAC Upgrades
 Contract For: Marion County Board of Education
 Application No: S221255-04
 Application Date 12/13/22
 Period To: 12/31/22
 Job No.: S221255
 Contract Date: 09/12/22
 Customer No: 1030248
 Contract No:
 Via Architect:
 Architect's Project No:

Distribution to:

OWNER
 ARCHITECT
 CONTRACTOR

APPLICATION FOR PAYMENT

Contract For: Scalese 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 information is now due.

CONTRACTOR:

By:  Scalese Industries

Date: January 13, 2023

State of: PA County of: Washington

Notary Public: My Commission expires: December 16, 2024

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: \$193,725.00

(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.)

By:  Date: 1/16/2023

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

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) |\$ | 1,239,550.00 | |
| 5. RETAINAGE: | | | |
| a. 10.00 % of Completed Work |\$ | 123,955.00 | |
| b. (Column D + E of Schedule of Values) |\$ | 0.00 | |
| (Column F of Schedule of Values) |\$ | 0.00 | |
| Total Retainage |\$ | 123,955.00 | |
| 6. TOTAL EARNED LESS RETAINAGE (Line 5a + 5b or Total of Column I of Schedule of Values) |\$ | 1,115,595.00 | |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Application) |\$ | 921,870.00 | |
| 8. CURRENT PAYMENT DUE |\$ | 193,725.00 | |
| 8. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) |\$ | 3,404,405.00 | |
| CHANGE ORDER SUMMARY | | | |
| Total changes approved in previous months by Owner |0.00 | 0.00 | |
| Total approved this Month |0.00 | 0.00 | |
| TOTALS | | | |
| NET CHANGES by Change Order |0.00 | 0.00 | |

APPLICATION FOR PAYMENT - SCHEDULE OF VALUES

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

| ITEM No. | (A) DESCRIPTION OF WORK | (C) SCHEDULED VALUE | (D) WORK COMPLETED PREVIOUS APPLIC. (D+E) | (E) WORK COMPLETED THIS PERIOD | (F) MATERIALS PRESENTLY STORED (NOT IN P O R E) | (G) TOTAL COMPLETED AND STORED TO DATE (D+E+F) | (H) % COMPLETE (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 | 28,500.00 | 9,500.00 | 0.00 | 38,000.00 | 40.00 | 57,000.00 | 3,800.00 |
| 103 | Submittals HVAC | 10,000.00 | 9,000.00 | 1,000.00 | 0.00 | 10,000.00 | 100.00 | 0.00 | 1,000.00 |
| 104 | Submittals Electrical | 8,000.00 | 6,000.00 | 0.00 | 0.00 | 6,000.00 | 100.00 | 0.00 | 800.00 |
| 105 | Project Management/Engineering | 145,000.00 | 43,500.00 | 14,500.00 | 0.00 | 58,000.00 | 40.00 | 87,000.00 | 5,800.00 |
| 106 | Coordination/CAD Drawings | 45,000.00 | 0.00 | 11,250.00 | 0.00 | 11,250.00 | 25.00 | 33,750.00 | 1,125.00 |
| 107 | Mobilization | 30,000.00 | 30,000.00 | 0.00 | 0.00 | 30,000.00 | 100.00 | 0.00 | 3,000.00 |
| 108 | HVAC RTUs | 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 | 450,000.00 | 0.00 | 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 | 13,000.00 | 8,000.00 | 0.00 | 21,000.00 | 13.13 | 139,000.00 | 2,100.00 |
| 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 | 320,000.00 | 0.00 | 0.00 | 320,000.00 | 66.19 | 165,000.00 | 32,000.00 |
| 117 | Piping Labor | 798,000.00 | 79,800.00 | 120,000.00 | 0.00 | 199,800.00 | 25.10 | 598,200.00 | 19,980.00 |
| 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 | 41,000.00 | 0.00 | 41,000.00 | 10.00 | 369,000.00 | 4,100.00 |
| 121 | Cranes/Rentals | 30,000.00 | 0.00 | 10,000.00 | 0.00 | 10,000.00 | 33.33 | 20,000.00 | 1,000.00 |
| 122 | Start/End/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 | \$1,024,300.00 | \$216,250.00 | \$0.00 | \$1,239,650.00 | 27.42 | \$3,280,450.00 | \$123,955.00 |

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. // FOR WEEK ENDING 12/29/22 PROJECT AND LOCATION: North Marion High School HVAC Upgrades, 1 N. Marion Drive, Farmington, WV 25571 PROJECT OR CONTRACT NO. Thrasher Project No. 780-11005

| (1) | (2) | (3) | (4) DAY AND DATE | | | | | | | (5) | (6) | (7) | (8) | | | (9) | | | | | | | |
|--------------|-----|-----|------------------|---|---|---|---|---|---|-----|-----|-----|-------------|-------------|---------------------|-----|------|------------------|------------------|------------------|-------------------------|--|--|
| | | | DT. OR ST. | W | T | F | S | S | T | | | | TOTAL HOURS | RATE OF PAY | GROSS AMOUNT EARNED | | FICA | WITH-HOLDING TAX | OTHER DEDUCTIONS | TOTAL DEDUCTIONS | NET WAGES PAID FOR WEEK | | |
| See Attached | | | 0 | | | | | | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | | | | | | | |

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) 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)(2)(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 labor 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

Date 12/29/22
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

(Contractor or Subcontractor)

on the

North Marion High School HVAC Upgrades

(Building or Work)

that during the payroll period commencing on the

23rd day of APR, 2022, and ending the 29 day of APR, 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 Marsh Carpenter, Payroll Specialist | SIGNATURE  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------|

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 3729 OF TITLE 51 OF THE UNITED STATES CODE.



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/08/22
Period Date: 11/29/2022 Year: 2022

Callus: 465 8221265 NMAH HVAC Upgrades
Address: 1 N. Madison Drive
City: Farmington
State: WV
Zip Code: 26571
Federal Employer Id: 25-1394512
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

| Employee Number | Medical Center Status | Reason for Entry or Exit | Total Hours | Total Contract Wages | Total Federal Tax Excludable | Total Federal Tax | Total State Tax | All States All States | All States All States | All States All States | Other | Fringe's Port to Employee | Formal | No. | Pay | State | Union | Job | | | | | |
|-----------------|-----------------------|--------------------------|-----------------|----------------------|------------------------------|-------------------|-----------------|-----------------------|-----------------------|-----------------------|-------|---------------------------|--------|------|------|--------|-------|------|--------|------|------|--------|------|
| 100247 | Single Male | White | 0 2459918 24.00 | 1,731.20 | 278.17 | 107.59 | 25.10 | 91.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 290.04 | 0.00 | 0.00 | 599.56 | 0.00 | 0.00 | 734.40 | 0.00 |

| Name: | SSN: | Union: | Shifts: | FOREIGN | PW Status: | THIS JOB | GROSS |
|------------------------------------------------|-------------|--------------------------------------|---------|---------|------------|------------------|----------|
| Elon P Slaby 65 Ruth St Granton WV 26354 | ***-**-4932 | 465162 - WV Plumbers and Pipefitters | FOREIGN | | | HOURS RATE GROSS | 1089.72 |
| | | | | | | | 1,731.20 |
| | | | | | | | -278.17 |
| | | | | | | | -107.53 |
| | | | | | | | -25.10 |
| | | | | | | | -91.00 |
| | | | | | | | -38.35 |
| | | | | | | | -0.48 |
| | | | | | | | -4.24 |
| | | | | | | | -4.80 |
| | | | | | | | -197.75 |
| | | | | | | | -2.40 |
| | | | | | | | -12.00 |
| | | | | | | | 989.58 |

| Name: | SSN: | Union: | Shifts: | FOREIGN | PW Status: | THIS JOB | GROSS |
|-----------------------------------------------------------|-------------|--------------------------------------|---------|---------|------------|------------------|----------|
| Stephen B Wagner 82 Ford Lane Independence WV 26374 | ***-**-7358 | 465162 - WV Plumbers and Pipefitters | FOREIGN | | | HOURS RATE GROSS | 024.00 |
| | | | | | | | 1,731.20 |
| | | | | | | | -278.17 |
| | | | | | | | -107.53 |
| | | | | | | | -25.10 |
| | | | | | | | -91.00 |
| | | | | | | | -38.35 |
| | | | | | | | -0.48 |
| | | | | | | | -4.24 |
| | | | | | | | -4.80 |
| | | | | | | | -197.75 |
| | | | | | | | -2.40 |
| | | | | | | | -12.00 |
| | | | | | | | 989.58 |

| 11/23 | 11/24 | 11/25 | 11/26 | 11/27 | 11/28 | 11/29 | HOURS | RATE | GROSS | |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------|---------|--------|--------|
| WED 00.00 | THU 00.00 | FRI 00.00 | SAT 00.00 | SUN 00.00 | MON 00.00 | TUE 00.00 | 020.00 | 995.40 | 995.40 | |
| O 00.00 | O 00.00 | O 00.00 | O 00.00 | O 00.00 | O 00.00 | O 00.00 | | 74.6550 | 966.40 | |
| D 00.00 | D 00.00 | D 00.00 | D 00.00 | D 00.00 | D 00.00 | D 00.00 | | 99.5400 | 0.00 | |
| | | | | | | | | | 020.00 | 995.40 |
| | | | | | | | | | | 966.40 |
| | | | | | | | | | | -85.61 |
| | | | | | | | | | | -61.71 |
| | | | | | | | | | | -14.43 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 11/29/2022 Year: 2022

CalJobs: 485 9221255 NAFHS HVAC Upgrades
Address: 1 N. Market Drive
State: Farmington
Zip Code: WV 26071
Description:

Federal Employer Id: 25-1304312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

Scaldis Industries
 55 Park Dr
 Lanthorn
 PA
 15065

| Category | Rate | Hours | Total | Federal | State | Local | Other | Net | Pay | State | State | State | State | State | State |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard | Standard |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|--------|--------------------|-------|------|---------|-------------|--------|--------|-------|--------------------------------------|-------|--------|------|--------|------|-----------|------|------|--------|------|------|--------|------|--|--|
| 100314 | Single | Male | White | 0 | 2469916 | 20.00 | 932.20 | 78.03 | 57.80 | 13.52 | 40.00 | 0.00 | 0.00 | 0.00 | 0.00 | 214.03 | 0.00 | 0.00 | 528.82 | 0.00 | 0.00 | 612.00 | 0.00 | | |
| Name: | | Benjamin M Wheeler | | SSN: | | ***-**-2709 | | Union: | | 485152 - WV Plumbers and Pipefitters | | Sched: | | JOUR00 | | PW Sched: | | | | | | | | | |
| Address: | | 800 Cherry Street | | SSN: | | ***-**-2709 | | Union: | | 485152 - WV Plumbers and Pipefitters | | Sched: | | JOUR00 | | PW Sched: | | | | | | | | | |
| Address: | | Grafton WV 26354 | | SSN: | | ***-**-2709 | | Union: | | 485152 - WV Plumbers and Pipefitters | | Sched: | | JOUR00 | | PW Sched: | | | | | | | | | |

| DATE | DAY | START | END | HOURS | RATE | GROSS | DUES | APPT | PIPE | BUILD | SAVING | UA | MARKET | NET |
|-------|-----|-------|-------|-------|-------|--------|---------|------|------|-------|--------|------|--------|--------|
| 11/23 | WED | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| 11/24 | THU | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| 11/25 | FRI | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| 11/26 | SAT | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| 11/27 | SUN | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| 11/28 | MON | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| 11/29 | TUE | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | | | | | | | | |
| TOTAL | | | | | | 600.00 | 53.2200 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 668.41 |

CHECK# 2469916

| DESCRIPTION | AMOUNT |
|--------------------|---------|
| GROSS | 600.00 |
| FED WITHHOLDINGS | -92.20 |
| SOCIAL SECURITY WH | -78.03 |
| MEDICARE WH | -13.52 |
| WV STATE WH | -40.00 |
| DUES | -32.65 |
| APPRENTICE FUND | -0.40 |
| WV PIPE TRADES | -5.20 |
| WV BUILDING TRADES | -4.00 |
| SAVINGS ANY | -189.80 |
| UA ORGANIZING | -2.00 |
| MARKET RECOVERY | -10.00 |
| NET | 528.82 |

| 100342 | Single | Male | White | 0 | 2469916 | 20.00 | 512.71 | 27.80 | 31.75 | 7.43 | 18.00 | 0.00 | 0.00 | 0.00 | 0.00 | 127.34 | 0.00 | 0.00 | 298.46 | 0.00 | 0.00 | 612.00 | 0.00 | | |
|----------|--------|-----------------------|-------|------|---------|-------------|--------|--------|-------|--------------------------------------|-------|--------|------|-------|------|-----------|------|------|--------|------|------|--------|------|--|--|
| Name: | | Dillon E Price | | SSN: | | ***-**-4020 | | Union: | | 485152 - WV Plumbers and Pipefitters | | Sched: | | APP02 | | PW Sched: | | | | | | | | | |
| Address: | | 1000 Engineering Blvd | | SSN: | | ***-**-4020 | | Union: | | 485152 - WV Plumbers and Pipefitters | | Sched: | | APP02 | | PW Sched: | | | | | | | | | |
| Address: | | Martinsburg WV 26101 | | SSN: | | ***-**-4020 | | Union: | | 485152 - WV Plumbers and Pipefitters | | Sched: | | APP02 | | PW Sched: | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 11/29/2022 Year: 2022

Collo: 465 S221285 NW-S HVAC Upgrades
Address: 1 N. Meadin Drive
 Farmington WV 26031
State: WV
Zip Code: 26031
Description:

Federal Employer ID: 25-1334312
Work Comp Insurance Carrier:
Payroll Number:
Effective Date:
Expansion Date:

Scalise Industries
 55 Park Dr
 Lawrence PA 15065

| Category | Rate | Federal | Total | State | Federal | State | Federal | State | Local | Other | Fringe | Net | Pay | State | Union | Fringe | Net | |
|------------------------------------|--------|---------|----------|-------|---------|-------|---------|-------|-------|-------|--------|-----|-----|-------|-------|--------|-----|--|
| Number | Factor | Check | Hours | Rate | Check | Rate | Check | Rate | Check | Check | Check | Pay | Pay | Pay | Pay | Pay | Pay | |
| GROSS THIS JOB: | | | 3,478.03 | | | | | | | | | | | | | | | |
| HOURS THIS JOB: | | | 84.00 | | | | | | | | | | | | | | | |
| GROSS ALL CHECKS: | | | 4,171.51 | | | | | | | | | | | | | | | |
| FRINGES PAYABLE ALL CHECKS: | | | 0.00 | | | | | | | | | | | | | | | |
| FRINGES PAID TO EMPLOYEE: | | | 0.00 | | | | | | | | | | | | | | | |
| NET ALL CHECKS: | | | 4,171.51 | | | | | | | | | | | | | | | |
| FEDERAL WITH ALL CHECKS: | | | 468.50 | | | | | | | | | | | | | | | |
| SOCIAL SECURITY ALL CHECKS: | | | 259.63 | | | | | | | | | | | | | | | |
| MEDICARE ALL CHECKS: | | | 80.46 | | | | | | | | | | | | | | | |
| STATE WITH ALL CHECKS: | | | 184.00 | | | | | | | | | | | | | | | |
| WORKERS COMP ALL CHECKS: | | | 0.00 | | | | | | | | | | | | | | | |
| LOCAL WITH ALL CHECKS: | | | 0.00 | | | | | | | | | | | | | | | |
| OTHER DEDUCTIONS ALL CHECKS: | | | 822.65 | | | | | | | | | | | | | | | |
| TOTAL DEDUCTIONS ALL CHECKS: | | | 1,805.25 | | | | | | | | | | | | | | | |
| NET ALL CHECKS: | | | 2,366.25 | | | | | | | | | | | | | | | |
| FRINGES PAID TO LOCAL UNION 465152 | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 11.35 /HR = | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 8.10 /HR = | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 8.50 /HR = | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 0.86 /HR = | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 0.10 /HR = | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 0.10 /HR = | | | | | | | | | | | | | | | | | | |
| 84.00 REG HRS @ 0.50 /HR = | | | | | | | | | | | | | | | | | | |
| TOTAL | | | 2,570.40 | | | | | | | | | | | | | | | |

CH/EFT: 2459916
GROSS: 4,171.51
FED WITHHOLDING: 468.50
SOCIAL SECURITY WH: 259.63
MEDICARE WH: 80.46
WV STATE WH: 184.00
DUES: 0.00
APPRENTICE FUND: 0.00
WV PIPE TRADES: 0.00
WV BUILDING TRADES: 0.00
LA ORGANIZING: 0.00
MARKET RECOVERY: 0.00
SAVINGS APRTZ: 822.65
NET: 2,366.25



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22

Scallise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 11/29/2022 Year: 2022

Address: 466 S221266 NALIS HVAC Upgrade
1 N. Marjon Drive
Farmington
WV
26071

State: WV
Zip Code: 26071

Employer: Federal Employee Id: 25-1394312
Description: Work Camp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

| Employer Number | Employer Status | Project / Federal Project | Funding / Code | Total Hours | Total Gross Wages | Federal Tax | Annual Federal Tax | Medicare Tax | State Insurance Tax | State Unemployment Tax | Other Deductions | Other Contributions | Other Employer's Paid | Retiree | No. of Foreign | State | Unemployment | Foreign | |
|-----------------|-----------------|---------------------------|----------------|-------------|-------------------|-------------|--------------------|--------------|---------------------|------------------------|------------------|---------------------|-----------------------|---------|----------------|-------|--------------|---------|--|
| | | | | | | | | | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22

Scallise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 11/29/2022 Year: 2022

PROJECT: MARS HVAC Upgrades

ADDRESS: 1 N. Market Drive, Farmington, WV, 26771

L. MARVIN CARPENTER, EXECUTIVE ASSISTANT
(NAME OF SIGNATORY PARTY) (TITLE)

DO HEREBY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALLISE INDUSTRIES ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERIOD COMMENCING ON THE 25TH DAY OF NOVEMBER 2022 AND ENDING ON THE 25TH DAY OF NOVEMBER 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 SCALLISE 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 (49 STAT. 944, 93 STAT. 106, 72 STAT. 867, 78 STAT. 357, 40 U.S.C 3146), 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

| EXCEPTIONS (CRAFT) | EXPLANATION |
|--------------------|-------------|
| | |
| | |
| | |
| | |

REMARKS

NAME AND TITLE
Marvin Carpenter
Executive Assistant

Marvin Carpenter
SIGNATURE

THE FULL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1007 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whtd/forms/wht347instd.htm)



U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR Scalisie Industries Corporation dba EMCOOR Services Scalisie Industries

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

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

PAYROLL NO. 12

FOR WEEK ENDING 12/6/22

PROJECT AND LOCATION: North Merion High School HVAC Upgrades
1 N. Merion Drive, Farmington, WV 26571

PROJECT OR CONTRACT NO. Thrasher Project No. T60-11005

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

| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OR WORKER NUMBER | (2) SIGNATURE OF EMPLOYEE OR EMPLOYER | (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 |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|------------------|-----|-----|------|-----|-----|-----|--------------------|--------------------|----------------------------|----------------|------------------|-------|--------------------------------|
| | | | MON | TUE | WED | THUR | FRI | SAT | SUN | | | | FICA | WITH-HOLDING TAX | OTHER | |
| See Attached | | | | | | | | | | | | | | | | |
| | | | | U | T | F | S | S | U | T | | | | | | |
| | | | | 4 | 4 | 4 | 4 | 4 | 4 | 4 | | | | | | |
| | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | |
| | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |

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. §§ 3.1, 3.5(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)(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 S3902, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 12/29/22

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

North Marion High School HVAC Upgrades : that during the payroll period commencing on the

(Building or Work) 30TH day of JAN., 2022, and ending the 7TH day of DEC., 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 (29 C.F.R. Subpart 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. § 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
 Marsh Carpenter, Payroll Specialist

SIGNATURE


THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 5729 OF TITLE 31 OF THE UNITED STATES CODE.

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22

Scalise Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 12/06/2022 Year: 2022



Contract: 406 S221265 NALAS HVAC Upgrade
Address: 1 N. Barton Drive
State: Farmington
Zip Code: WV 26071
Designation: 26071

Federal Employer Id: 25-1304312
Work Comp Insurance Carrier: Scalise Industries
Policy Number: 55 Park Dr
Effective Date: Lawrence
Expiration Date: PA 16005

| Employee Number | Employee Name | Gender | Race | SSN | DOB | Current Hire Date | Current Termination Date | Current Status | Current Location | Current Pay Rate | Current Pay Period | Current Pay Type | | | | | | | |
|-----------------|---------------|--------|-----------|-------|----------|-------------------|--------------------------|----------------|------------------|------------------|--------------------|------------------|------|------|--------|------|------|----------|------|
| 100061 | Single Male | White | 0 2469823 | 40.00 | 1,731.20 | 278.17 | 167.33 | 24.10 | 94.00 | 0.00 | 0.00 | 433.30 | 0.00 | 0.00 | 798.21 | 0.00 | 0.00 | 1,224.00 | 0.00 |

| Employee Number | Employee Name | Gender | Race | SSN | DOB | Current Hire Date | Current Termination Date | Current Status | Current Location | Current Pay Rate | Current Pay Period | Current Pay Type | | | | | | | |
|-----------------|---------------|--------|-----------|-------|----------|-------------------|--------------------------|----------------|------------------|------------------|--------------------|------------------|------|------|--------|------|------|----------|------|
| 100061 | Single Male | White | 0 2469823 | 40.00 | 1,731.20 | 278.17 | 167.33 | 24.10 | 94.00 | 0.00 | 0.00 | 433.30 | 0.00 | 0.00 | 798.21 | 0.00 | 0.00 | 1,224.00 | 0.00 |

CH/VERT: 2469823

| Code | Description | Amount |
|--------------------|-------------|-----------|
| GROSS | | 1098.72 |
| FED WITHHOLDING | | -1,731.20 |
| SOCIAL SECURITY WH | | -278.17 |
| MEDICARE WH | | -107.83 |
| WV STATE WH | | -25.10 |
| DUES | | -97.00 |
| APPRENTICE FUND | | -60.59 |
| WV PIPE TRADES | | -0.80 |
| WV BUILDING TRADES | | -10.40 |
| SAVINGS PLAN | | -8.00 |
| LA ORGANIZING | | -329.80 |
| MARKET RECOVERY | | -4.00 |
| NET | | -20.00 |
| | | 798.21 |

| Employee Number | Employee Name | Gender | Race | SSN | DOB | Current Hire Date | Current Termination Date | Current Status | Current Location | Current Pay Rate | Current Pay Period | Current Pay Type | | | | | | | |
|-----------------|---------------|--------|-----------|-------|----------|-------------------|--------------------------|----------------|------------------|------------------|--------------------|------------------|------|------|--------|------|------|----------|------|
| 100061 | Single Male | White | 0 2469823 | 40.00 | 1,990.80 | 299.47 | 123.43 | 28.87 | 108.00 | 0.00 | 0.00 | 442.48 | 0.00 | 0.00 | 998.65 | 0.00 | 0.00 | 1,224.00 | 0.00 |

CH/VERT: 2469823

| Code | Description | Amount |
|--------------------|-------------|-----------|
| GROSS | | 1,990.80 |
| FED WITHHOLDING | | -1,990.80 |
| SOCIAL SECURITY WH | | -299.47 |
| MEDICARE WH | | -123.43 |
| NET | | -28.87 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/08/22
Period Date: 12/06/2022 Year: 2022

Code: 465 8221255 NILES HVAC Upgrades
Address: 1 N. Marston Drive
City: Farmington
State: WV
Zip Code: 26571
Debit/Deposit:
Federal Employer Id: 25-1334512
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:
Location: Lawrence
PA: 15065

| Employee Number | Medical Code | Rate | Federal FICA | Total Hours | Total Gross | Federal Tax | Social Security Tax | Medicare Tax | State Tax | UTA | DAI | Comp | Other Deductions | Prorated Pay | Net Pay | Calc | Union | Other |
|-----------------|--------------|------|--------------|-------------|-------------|-------------|---------------------|--------------|-----------|-----|-----|------|------------------|--------------|---------|------|-------|-------|
|-----------------|--------------|------|--------------|-------------|-------------|-------------|---------------------|--------------|-----------|-----|-----|------|------------------|--------------|---------|------|-------|-------|

| | | | | | | | | | | | | | | | | | | | |
|--------|-------------|-------|-----------|-------|----------|--------|--------|-------|--------|------|------|------|------|--------|------|--------|------|----------|------|
| 103314 | Single Male | White | 0 2459823 | 40.00 | 1,884.40 | 271.09 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 922.64 | 0.00 | 1,224.00 | 0.00 |
|--------|-------------|-------|-----------|-------|----------|--------|--------|-------|--------|------|------|------|------|--------|------|--------|------|----------|------|

| Name: | Address: | SSN: | Union: | Shifts: | Job Title: | Rate: | Gross Pay: | Deductions: | Net Pay: |
|------------------|---------------------------------------|-------------|-----------------------------------------|---------|------------|---------|------------|-------------|----------|
| Bertram M Wender | 880 Cherry Street Grafton WV 26354 | ***-**-2709 | 465182 - WV Plumbers and Pipefitters | JOURNO | PW Skills: | 1884.40 | 1,884.40 | -452.35 | 1,432.05 |

| 11/30 | 12/01 | 12/02 | 12/03 | 12/04 | 12/05 | 12/06 | THIS JOB | GROSS |
|-------|-------|-------|-------|-------|-------|-------|-----------|----------|
| WED | THU | FRI | SAT | SUN | MON | TUE | HOURS | 1,884.40 |
| 18.00 | 18.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 48.00 | 1,884.40 |
| 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 89,815.00 | 0.00 |
| 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 53,220.00 | 0.00 |

| 103462 | Single Male | White | 0 2459823 | 40.00 | 1,026.42 | 89.71 | 63.58 | 14.87 | 46.00 | 0.00 | 0.00 | 0.00 | 0.00 | 254.89 | 0.00 | 857.07 | 0.00 | 1,224.00 | 0.00 |
|----------|---------------------------------------------|-------|-------------|--------|-----------------------------------------|---------|-----------|------------|-------|------|------|------|------|--------|------|--------|------|----------|------|
| Name: | Dillon E Pyda | SSN: | ***-**-0920 | Union: | 465182 - WV Plumbers and Pipefitters | Shifts: | APP02 | PW Skills: | | | | | | | | | | | |
| Address: | 1000 Englewood Blvd Martinsburg WV 26001 | | | | | | | | | | | | | | | | | | |
| 11/30 | 12/01 | 12/02 | 12/03 | 12/04 | 12/05 | 12/06 | THIS JOB | GROSS | | | | | | | | | | | |
| WED | THU | FRI | SAT | SUN | MON | TUE | HOURS | 1,026.42 | | | | | | | | | | | |
| 10.00 | 10.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 40.00 | 1,026.42 | | | | | | | | | | | |
| 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 89,815.00 | 0.00 | | | | | | | | | | | |
| 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 53,220.00 | 0.00 | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22

Scallise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22
Period Date: 12/06/2022 Year: 2022

Employee: 486 S21256 NUANS HVAC Upgrades
 Address: 1 N. Hanson Drive
 State: Farmington
 Zip Code: WV 26571
 Description:

Federal Employer ID: 26-1394312
 Work Comp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

Scallise Industries
 66 Park Dr
 Lawrence
 PA
 15095

| Employer's Number | Employer's Name | Race | Sex | Religion | Political Affiliation | Check or EFT | Hours | Total Gross Pay | Federal Tax Savings | State Tax | FICA Tax | Other Taxes | Net Pay | Other Deductions | Employer's Paid Portion | Employer's Paid Portion | Employer's Paid Portion | Employer's Paid Portion | Employer's Paid Portion | |
|----------------------|--------------------|--------|-----------|----------|--------------------------|-----------------|-------|-----------------------|---------------------------|--------------|-------------|----------------|------------|---------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------|
| R | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| D | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 |
| D | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 | 00.00 |
| GROSS | | 040.00 | 28,636.62 | 1026.42 | | | | | | | | | | | | | | | | |
| FED WITHHOLDING | | 1.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY WH | | 1.00 | 38,453.93 | 0.00 | | | | | | | | | | | | | | | | |
| MEDICARE WH | | 1.00 | 61,271.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV STATE WH | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| DUES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| APPRENTICE FUND | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV PIPE TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV BUILDING TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| IA ORGANIZING | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| MARKET RECOVERY | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| SAVINGS APOZ | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| NET | | 0.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |
| GROSS | | 040.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |
| FED WITHHOLDING | | 0.00 | 89.21 | 0.00 | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY WH | | 0.00 | 48.98 | 0.00 | | | | | | | | | | | | | | | | |
| MEDICARE WH | | 0.00 | 14.87 | 0.00 | | | | | | | | | | | | | | | | |
| WV STATE WH | | 0.00 | 48.00 | 0.00 | | | | | | | | | | | | | | | | |
| DUES | | 0.00 | 35.89 | 0.00 | | | | | | | | | | | | | | | | |
| APPRENTICE FUND | | 0.00 | 4.80 | 0.00 | | | | | | | | | | | | | | | | |
| WV PIPE TRADES | | 0.00 | 10.40 | 0.00 | | | | | | | | | | | | | | | | |
| WV BUILDING TRADES | | 0.00 | 4.00 | 0.00 | | | | | | | | | | | | | | | | |
| IA ORGANIZING | | 0.00 | 4.00 | 0.00 | | | | | | | | | | | | | | | | |
| MARKET RECOVERY | | 0.00 | 20.00 | 0.00 | | | | | | | | | | | | | | | | |
| SAVINGS APOZ | | 0.00 | 175.60 | 0.00 | | | | | | | | | | | | | | | | |
| NET | | 0.00 | 597.07 | 0.00 | | | | | | | | | | | | | | | | |

| 120871 | Meredith | White | 0 | 2459823 | 38.00 | 1,722.54 | 52.48 | 109.80 | 24.98 | 90.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|--------------------|----------|--------|-----------|---------|-------|----------|-------|--------|-------|-------|------|------|------|------|------|------|------|------|------|------|
| GROSS | | 040.00 | 28,636.62 | 1026.42 | | | | | | | | | | | | | | | | |
| FED WITHHOLDING | | 1.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY WH | | 1.00 | 38,453.93 | 0.00 | | | | | | | | | | | | | | | | |
| MEDICARE WH | | 1.00 | 61,271.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV STATE WH | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| DUES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| APPRENTICE FUND | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV PIPE TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV BUILDING TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| IA ORGANIZING | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| MARKET RECOVERY | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| SAVINGS APOZ | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| NET | | 0.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |

| 120871 | Meredith | White | 0 | 2459823 | 38.00 | 1,722.54 | 52.48 | 109.80 | 24.98 | 90.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|--------------------|----------|--------|-----------|---------|-------|----------|-------|--------|-------|-------|------|------|------|------|------|------|------|------|------|------|
| GROSS | | 040.00 | 28,636.62 | 1026.42 | | | | | | | | | | | | | | | | |
| FED WITHHOLDING | | 1.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY WH | | 1.00 | 38,453.93 | 0.00 | | | | | | | | | | | | | | | | |
| MEDICARE WH | | 1.00 | 61,271.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV STATE WH | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| DUES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| APPRENTICE FUND | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV PIPE TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV BUILDING TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| IA ORGANIZING | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| MARKET RECOVERY | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| SAVINGS APOZ | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| NET | | 0.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |

| 120871 | Meredith | White | 0 | 2459823 | 38.00 | 1,722.54 | 52.48 | 109.80 | 24.98 | 90.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|--------------------|----------|--------|-----------|---------|-------|----------|-------|--------|-------|-------|------|------|------|------|------|------|------|------|------|------|
| GROSS | | 040.00 | 28,636.62 | 1026.42 | | | | | | | | | | | | | | | | |
| FED WITHHOLDING | | 1.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY WH | | 1.00 | 38,453.93 | 0.00 | | | | | | | | | | | | | | | | |
| MEDICARE WH | | 1.00 | 61,271.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV STATE WH | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| DUES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| APPRENTICE FUND | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV PIPE TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| WV BUILDING TRADES | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| IA ORGANIZING | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| MARKET RECOVERY | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| SAVINGS APOZ | | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | |
| NET | | 0.00 | 1,026.42 | 0.00 | | | | | | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/08/22
Period Date: 12/06/2022 Year: 2022

Code: 465 8221265 NMHS HVAC Upgrade
Address: 1 N. Market Drive
State: Farmington
Zip Code: WV 26571
Description:

Federal Employer Id: 25-1394312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

Scalise Industries
 56 Park Dr
 Lawrence
 PA
 15055

| Employee Number | Marital Status | Gender | RACE | Federal Emp. Id | Check or FT | Total Hours | Federal Gross Wages | Federal Tax | Social Security Tax | Medicare Tax | All States Tax | SUTA | DBL | Work Comp | All Local Tax | Other Deductible | Prorated Paid to Employee | Retire | Net | Days Fringed | State Calc. P-17 | Union Fringes | Job Fringes |
|-----------------|----------------|--------|------|-----------------|-------------|-------------|---------------------|-------------|---------------------|--------------|----------------|------|-----|-----------|---------------|------------------|---------------------------|--------|-----|--------------|------------------|---------------|-------------|
| NET | | | | | | | | | | | | | | | | | | | | | | | |
| 1,043.32 | | | | | | | | | | | | | | | | | | | | | | | |

JOB TOTALS

GROSS THIS JOB: 7,317.64
HOURS THIS JOB: 174.00
GROSS ALL CHECKS: 8,334.38
REIMBURSABLE ALL CHECKS: 0.00
REIMB PAID TO EMPLOYEE: 0.00
BC ALL CHECKS: 0.00
FEDERAL W/H ALL CHECKS: 990.43
SOCIAL SECURITY ALL CHECKS: 516.73
MEDICARE ALL CHECKS: 120.95
STATE W/H ALL CHECKS: 435.00
WORKERS COMP ALL CHECKS: 0.00
LOCAL W/H ALL CHECKS: 0.00
OTHER DEDUCTIONS ALL CHECKS: 1,983.58
TOTAL DEDUCTIONS ALL CHECKS: 4,028.67
NET ALL CHECKS: 4,307.79

FRINGES PAID TO LOCAL UNION 465152

| | |
|------------------------------|-----------------|
| 174.00 REG HRS @ 11.35 /HR = | 1,974.90 |
| 174.00 REG HRS @ 9.10 /HR = | 1,583.40 |
| 174.00 REG HRS @ 8.50 /HR = | 1,479.00 |
| 174.00 REG HRS @ 0.95 /HR = | 165.30 |
| 174.00 REG HRS @ 0.10 /HR = | 17.40 |
| 174.00 REG HRS @ 0.10 /HR = | 17.40 |
| 174.00 REG HRS @ 0.00 /HR = | 0.00 |
| TOTAL | 6,254.40 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22

Scallise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/08/22
Period Date: 12/06/2022 Year: 2022

PROJECT: NIKES HVAC Upgrade

ADDRESS: 1 N. Marion Drive, Farmington, WV, 26771

L MARAH CARPENTER, EXECUTIVE ASSISTANT
(NAME OF SIGNATORY PARTY) (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 30TH DAY OF NOVEMBER 2022 AND ENDING ON THE 6TH DAY OF DECEMBER 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 DENIED IN REGULATIONS, PART 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPPELAND ACT, AS AMENDED (48 STAT. 949, 69 STAT. 106, 72 STAT. 987, 78 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 INCURRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTIONS (CRAFT) EXPLANATION

| EXCEPTIONS (CRAFT) | EXPLANATION |
|--------------------|-------------|
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REMARKS

NAME AND TITLE
Marah Carpenter
Executive Assistant

SIGNATURE
Marah Carpenter

THE WHOL, 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 221 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wht347instr.htm)



NAME OF CONTRACTOR OR SUBCONTRACTOR Sealise Industries Corporation dba EMCOR Services Sealise Industries
 ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055
 PROJECT OR CONTRACT NO. Thrasher Project No. T60-11005

PAYROLL NO. 13
 FOR WEEK ENDING 12/13/22
 PROJECT AND LOCATION North Marion High School HVAC Upgrades
 1 N. Marion Drive, Farmington, WV 26571

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

| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | (2) NO. OF WITHHOLDING EXEMPTIONS | (3) WORK CLASSIFICATION | OT OR ST. | (4) DAY AND DATE | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | (9) NET WAGES PAID FOR WEEK | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------|-----------|------------------|---|---|---|---|---|---|--------------------|--------------------|----------------------------|----------------|------------------|-------|--------------------------------|------------------|--|--|--|--|--|--|--|--|--|
| | | | | W | T | F | S | S | A | T | | | | FICA | WITH-HOLDING TAX | OTHER | | TOTAL DEDUCTIONS | | | | | | | | | |
| See Attached | | | O | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | | | | | | | | |
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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. §§ 5.3, 5.5(e). The Copeland Act (40 U.S.C. § 3146) 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(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.

We estimate that it will take an average of 25 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 the collection, including suggestions for reducing the burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Public Burden Statement

(over)

Date 12/29/22

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

Scalisse Industries Corporation dba EMCOR Services Scalisse Industries

(Contractor or Subcontractor)

North Marion High School HVAC Upgrades; that during the payroll period commencing on the

START # (Building or Work) 2022, and ending the END day of DEC 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

Scalisse Industries Corporation dba EMCOR Services Scalisse 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. 106, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payroll 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 |
|-------------------|-------------|
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REMARKS:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| NAME AND TITLE Marion Carpenter, Payroll Specialist | SIGNATURE  |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE. | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22.50
Scallise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/15/22
Period Date: 12/13/2022 Year: 2022

Outlier: 466 5221265 NIKAS HVAC Upgrades
Address: 1 N. Market Drive
State: Fairington
Zip Code: WV 26571
Description: WV 26571
Federal Employer Id: 25-1334312
Plan: Federal Employees Health Insurance
Policy Number: 465152 - WV Punters and Pioneers
Effective Date:
Expiration Date:
Scallise Industries
 55 Park Dr
 Lawrence
 PA
 15055

| Employee Number | Name | Status | Rate of Pay | Hours | Total Gross | Federal Tax | Special Tax | Medicare | Retirement | Other Deductions | Form 941 | Retired | Net Pay | State | Union | Other | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|-------------|-----------|-------------|-------------|-------------|----------|------------|------------------|----------|---------|---------|-------|-------|--------|------|------|----------|------|--|
| 103061 | Eric P Sgley | Single Male | White | 0 2459930 | 40.00 | 1,731.20 | 278.17 | 107.33 | 25.10 | 91.00 | 0.00 | 0.00 | 433.39 | 0.00 | 0.00 | 798.21 | 0.00 | 0.00 | 1,224.00 | 0.00 | |
| Name: Eric P Sgley SSN: ***-**-6032 Union: 465152 - WV Punters and Pioneers Skills: FOREXO PW Status: CHKVET: 2459930 GROSS: 1,731.20 FED WITHHOLDING: -278.17 SOCIAL SECURITY WH: -107.33 MEDICARE WH: -25.10 WV STATE WH: -91.00 DUES: -50.89 APPRENTICE FUND: -10.60 WV PIPE TRADES: -8.00 WV BUILDING TRADES: -329.60 SAVINGS PLAN: -4.00 UA ORGANIZING: -20.00 MARKET RECOVERY: -798.21 NET: 798.21 | | | | | | | | | | | | | | | | | | | | | |
| Name: Stephen B Wojner SSN: ***-**-7368 Union: 465152 - WV Punters and Pioneers Skills: FOREXO PW Status: CHKVET: 2459930 GROSS: 1,980.80 FED WITHHOLDING: -299.47 SOCIAL SECURITY WH: -123.43 MEDICARE WH: -28.87 WV STATE WH: -108.00 DUES: 0.00 APPRENTICE FUND: 0.00 WV PIPE TRADES: 0.00 WV BUILDING TRADES: 0.00 SAVINGS PLAN: 0.00 UA ORGANIZING: 0.00 MARKET RECOVERY: 0.00 NET: 442.88 | | | | | | | | | | | | | | | | | | | | | |

Payroll - Combined Certified Hours and Compliance Statement PE 12.13.22 50



Scalise Combined Certified Hours and Federal Statement of Compliance
 Date: 12/15/22
 Period Date: 12/13/2022 Year: 2022

Coltlec: 465 S221256 NIMHS HVAC Upgrades
 Address: 1 N. Barton Drive
 State: Farmington
 Zip Code: WV 26671

Federal Employer Id: 25-1334312
 Work Comp Insurance Center:
 Policy Number:
 Effective Date:
 Expiration Date:

Scalise Industries
 65 Park Dr
 Lammont
 PA
 15055

| Employee Number | Start/End Period | Report Period | Hours | Fed. Tax | State Tax | Local Tax | Medicare | SSA | UI | DC | Comp | Other | Emp's Share | Summ. | Net Pay | State | Union | Foreign |
|-----------------|------------------|---------------|-------|----------|-----------|-----------|----------|-----|----|----|------|-------|-------------|-------|---------|-------|-------|---------|
|-----------------|------------------|---------------|-------|----------|-----------|-----------|----------|-----|----|----|------|-------|-------------|-------|---------|-------|-------|---------|

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|------------------|---------------------------------------------|----------|--------|----------------|-------|--------|------------|-------|-------|--------|-------|--------|------|-------|----------|------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|-------|-----|-------|
| 103514 | Single Male | White | 0 2469930 | 40.00 | 1,894.40 | 271.09 | 116.69 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 428.06 | 0.00 | 922.64 | 0.00 | 0.00 | 1,224.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Benjamin M Warden | | | SSN: ***-**-2709 | Union: 465152 - WV Plumbers and Pipefitters | | | Scales: JOURN0 | | | PW Scales: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: 860 Cherry Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grafton WV 26334 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>12/07</td> <td>WED</td> <td>10.00</td> <td>12/08</td> <td>THU</td> <td>00.00</td> <td>12/09</td> <td>FRI</td> <td>00.00</td> <td>12/10</td> <td>SAT</td> <td>00.00</td> <td>12/11</td> <td>SUN</td> <td>00.00</td> <td>12/12</td> <td>MON</td> <td>00.00</td> <td>12/13</td> <td>TUE</td> <td>00.00</td> </tr> <tr> <td colspan="20"> <table border="0"> <tr> <td>12/07</td> <td>WED</td> <td>10.00</td> <td>12/08</td> <td>THU</td> <td>00.00</td> <td>12/09</td> <td>FRI</td> <td>00.00</td> <td>12/10</td> <td>SAT</td> <td>00.00</td> <td>12/11</td> <td>SUN</td> <td>00.00</td> <td>12/12</td> <td>MON</td> <td>00.00</td> <td>12/13</td> <td>TUE</td> <td>00.00</td> </tr> </table> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | 12/07 | WED | 10.00 | 12/08 | THU | 00.00 | 12/09 | FRI | 00.00 | 12/10 | SAT | 00.00 | 12/11 | SUN | 00.00 | 12/12 | MON | 00.00 | 12/13 | TUE | 00.00 | <table border="0"> <tr> <td>12/07</td> <td>WED</td> <td>10.00</td> <td>12/08</td> <td>THU</td> <td>00.00</td> <td>12/09</td> <td>FRI</td> <td>00.00</td> <td>12/10</td> <td>SAT</td> <td>00.00</td> <td>12/11</td> <td>SUN</td> <td>00.00</td> <td>12/12</td> <td>MON</td> <td>00.00</td> <td>12/13</td> <td>TUE</td> <td>00.00</td> </tr> </table> | | | | | | | | | | | | | | | | | | | | 12/07 | WED | 10.00 | 12/08 | THU | 00.00 | 12/09 | FRI | 00.00 | 12/10 | SAT | 00.00 | 12/11 | SUN | 00.00 | 12/12 | MON | 00.00 | 12/13 | TUE | 00.00 |
| 12/07 | WED | 10.00 | 12/08 | THU | 00.00 | 12/09 | FRI | 00.00 | 12/10 | SAT | 00.00 | 12/11 | SUN | 00.00 | 12/12 | MON | 00.00 | 12/13 | TUE | 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>12/07</td> <td>WED</td> <td>10.00</td> <td>12/08</td> <td>THU</td> <td>00.00</td> <td>12/09</td> <td>FRI</td> <td>00.00</td> <td>12/10</td> <td>SAT</td> <td>00.00</td> <td>12/11</td> <td>SUN</td> <td>00.00</td> <td>12/12</td> <td>MON</td> <td>00.00</td> <td>12/13</td> <td>TUE</td> <td>00.00</td> </tr> </table> | | | | | | | | | | | | | | | | | | | | 12/07 | WED | 10.00 | 12/08 | THU | 00.00 | 12/09 | FRI | 00.00 | 12/10 | SAT | 00.00 | 12/11 | SUN | 00.00 | 12/12 | MON | 00.00 | 12/13 | TUE | 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/07 | WED | 10.00 | 12/08 | THU | 00.00 | 12/09 | FRI | 00.00 | 12/10 | SAT | 00.00 | 12/11 | SUN | 00.00 | 12/12 | MON | 00.00 | 12/13 | TUE | 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| GROSS | | 1398.30 | FED WITHHOLDING | | -1894.40 | SOCIAL SECURITY WHI | | -271.09 | MEDICARE WHI | | -27.03 | WV STATE WHI | | -100.00 | DUES | | -0.00 | APPRENTICE FUND | | -10.40 | WV PIPE TRADES | | -8.00 | SAVINGS FID | | -329.60 | UA ORGANIZING | | -4.00 | MARKET RECOVERY | | -20.00 | NET | | 922.64 |
|-------|--|---------|-----------------|--|----------|---------------------|--|---------|--------------|--|--------|--------------|--|---------|------|--|-------|-----------------|--|--------|----------------|--|-------|-------------|--|---------|---------------|--|-------|-----------------|--|--------|-----|--|--------|

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| GROSS | | 030.00 | FED WITHHOLDING | | 1398.30 | SOCIAL SECURITY WHI | | -271.09 | MEDICARE WHI | | -27.03 | WV STATE WHI | | -100.00 | DUES | | -0.00 | APPRENTICE FUND | | -10.40 | WV PIPE TRADES | | -8.00 | SAVINGS INT | | -319.80 | UA ORGANIZING | | -4.00 | MARKET RECOVERY | | -20.00 | NET | | 922.64 |
|-------|--|--------|-----------------|--|---------|---------------------|--|---------|--------------|--|--------|--------------|--|---------|------|--|-------|-----------------|--|--------|----------------|--|-------|-------------|--|---------|---------------|--|-------|-----------------|--|--------|-----|--|--------|

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| GROSS | | 030.00 | FED WITHHOLDING | | 1398.30 | SOCIAL SECURITY WHI | | -271.09 | MEDICARE WHI | | -27.03 | WV STATE WHI | | -100.00 | DUES | | -0.00 | APPRENTICE FUND | | -10.40 | WV PIPE TRADES | | -8.00 | SAVINGS INT | | -319.80 | UA ORGANIZING | | -4.00 | MARKET RECOVERY | | -20.00 | NET | | 922.64 |
|-------|--|--------|-----------------|--|---------|---------------------|--|---------|--------------|--|--------|--------------|--|---------|------|--|-------|-----------------|--|--------|----------------|--|-------|-------------|--|---------|---------------|--|-------|-----------------|--|--------|-----|--|--------|

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| GROSS | | 030.00 | FED WITHHOLDING | | 1398.30 | SOCIAL SECURITY WHI | | -271.09 | MEDICARE WHI | | -27.03 | WV STATE WHI | | -100.00 | DUES | | -0.00 | APPRENTICE FUND | | -10.40 | WV PIPE TRADES | | -8.00 | SAVINGS INT | | -319.80 | UA ORGANIZING | | -4.00 | MARKET RECOVERY | | -20.00 | NET | | 922.64 |
|-------|--|--------|-----------------|--|---------|---------------------|--|---------|--------------|--|--------|--------------|--|---------|------|--|-------|-----------------|--|--------|----------------|--|-------|-------------|--|---------|---------------|--|-------|-----------------|--|--------|-----|--|--------|

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22 50
Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/15/22

Period Date: 12/13/2022 Year: 2022



Outside: 485 8221255 Village HVAC Upgrades
 Address: 1 N. Madison Drive

State: Farmington
 Zip Code: WV 26371

Federal Employer Id: 25-1394312
 Work Comp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

Scalise Industries
 55 Park Dr
 Lawrence
 PA 16065

| Employment Number | Marital Status | Race | Federal Exempt or ETH | First Check | Total Hours | Total Gross Wages | Federal Tax | Social Security Tax | Medicare Tax | All States All Status | All States All Status | All Local Tax | Other Deductions | Payable to Employer | Net Pay | State Income Tax | Fringe Benefits | Union Dues | Job Related |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|-----------------------|-------------|-------------|-------------------|-------------|---------------------|--------------|-----------------------|-----------------------|---------------|------------------|---------------------|---------|------------------|-----------------|------------|-------------|
| 103511 | Married | Male | White | 0 2459930 | 40.00 | 1,884.40 | 69.51 | 115.59 | 27.03 | 100.00 | 0.00 | 0.00 | 0.00 | 428.05 | 0.00 | 1,124.22 | 0.00 | 1,224.00 | 0.00 |
| Name: Joshua D Sullivan 3683 Aurora Plaza Terra Alta WV 26764 SSN: ***-**-1728 Usher: 465182 - WV Numbers and Pipelines Job Title: JOURNO PW Status: CHE/EFT: 2459930 CHE/EFT: 2459930 | | | | | | | | | | | | | | | | | | | |
| 12/07 WED 10.00 12/08 THU 10.00 12/09 FRI 00.00 12/10 SAT 00.00 12/11 SUN 00.00 12/12 MON 10.00 12/13 TUE 10.00 12/14 WED 00.00 12/15 THU 00.00 12/16 FRI 00.00 12/17 SAT 00.00 12/18 SUN 00.00 12/19 MON 00.00 12/20 TUE 00.00 12/21 WED 00.00 12/22 THU 00.00 12/23 FRI 00.00 12/24 SAT 00.00 12/25 SUN 00.00 12/26 MON 00.00 12/27 TUE 00.00 12/28 WED 00.00 12/29 THU 00.00 12/30 FRI 00.00 12/31 SAT 00.00 12/31 SUN 00.00 | | | | | | | | | | | | | | | | | | | |
| GROSS 1,884.40 FED WITHHOLDING -69.51 SOCIAL SECURITY WH -115.59 MEDICARE WH -27.03 WV STATE WH -100.00 DUES -85.25 APPRENTICE FUND -0.80 WV PIPE TRADES -10.40 WV BUILDING TRADES -8.00 SAVINGS INV -319.60 LA ORGANIZING -4.00 MARKET RECOVERY -20.00 NET 1,025.42 | | | | | | | | | | | | | | | | | | | |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22 50

Scalise

1 Combined Certified Hours and Federal Statement of Compliance
2 Date: 12/15/22
3 Period Date: 12/13/2022 Year: 2022

Calpak: 465 5221256 NILES HWAC Upgrades
Address: 1 N. Niles Drive
State: Farmington
Zip Code: WV 26571
Description:

Federal Employer ID: 25-1334312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

Scale: Scania Industries
PA: 55 Park Dr
16066

| Employee Name | Rate | Hours | Pay | Ret | Med | Dis | Other | Net |
|---------------------|------|-------|-----|-----|-----|-----|-------|-----|
| NET 1,124.22 | | | | | | | | |

JOB TOTALS

GROSS THIS JOB: 0,919.94
HOURS THIS JOB: 104.00
GROSS ALL CHECKS: 104.00
REVERSIBLE ALL CHECKS: 8,478.22
FRONTS PAID TO EMPLOYEE: 0.00
ETC ALL CHECKS: 0.00
FEDERAL WITH ALL CHECKS: 1,007.46
SOCIAL SECURITY ALL CHECKS: 525.52
MEDICARE ALL CHECKS: 122.90
STATE WITH ALL CHECKS: 445.00
WORKERS COMP ALL CHECKS: 0.00
LOCAL WITH ALL CHECKS: 0.00
OTHER DEDUCTIONS ALL CHECKS: 1,988.88
TOTAL DEDUCTIONS ALL CHECKS: 4,087.33
NET ALL CHECKS: 4,388.69

FRONTS PAID TO LOCAL UNION 465192

| | |
|------------------------------|-----------------|
| 164.00 REG HRS @ 11.35 /HR = | 1,861.40 |
| 164.00 REG HRS @ 9.10 /HR = | 1,492.40 |
| 164.00 REG HRS @ 8.50 /HR = | 1,384.00 |
| 164.00 REG HRS @ 0.96 /HR = | 156.80 |
| 164.00 REG HRS @ 0.10 /HR = | 16.40 |
| 164.00 REG HRS @ 0.10 /HR = | 16.40 |
| 164.00 REG HRS @ 0.50 /HR = | 82.00 |
| TOTAL | 5,079.40 |

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22 50



Scalise
Combined Certified Hours and Federal Statement of Compliance
 Date: 12/15/22
 Period Date: 12/13/2022 Year: 2022

PROJECT: HVAC Upgrade ADDRESS: 1 N. Marion Drive, Farmington, WV, 26671

1. MARYAH CARPENTER, EXECUTIVE ASSISTANT
 (NAME OF SIGNATORY PARTY) (TITLE)
 DO HERBY 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 7TH DAY OF DECEMBER 2022 AND ENDING ON THE 13TH DAY OF DECEMBER 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 (2) OF SUBTITLE A1, ISSUED BY THE SECRETARY OF LABOR UNDER THE CORELAND ACT, AS AMENDED (48 STAT. 944, 93 STAT. 104, 72 STAT. 987, 78 STAT. 397; 40 U.S.C 3146), 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 ROMA RIDE 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
 Maryah Carpenter
 Executive Assistant
 SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 251 OF TITLE 31 OF THE UNITED STATES CODE.

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 Scalsize Industries Corporation dba EMCOIR Services Scalsize Industries
 PAYROLL NO. 14 FOR WEEK ENDING 12/20/22
 PROJECT AND LOCATION: North Weston High School HVAC Upgrades
 1 N. Marton Drive, Farmington, WV 26571
 PROJECT OR CONTRACT NO. Thrasher Project No. T60-11005
 ADDRESS: 55 Park Drive, PO Box 811, Lawrence, PA 15055
 OMB No.: 1235-0008
 Expires: 07/31/2024

| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | (2) EXEMPTIONS IF APPLICABLE | (3) WORK CLASSIFICATION | FOR P.S. | (4) DAY AND DATE | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | (9) NET WAGES PAID FOR WEEK | | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|-------------|------------------|---|---|---|---|---|---|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-------|-----------------------------------------|---------------------|--|--|
| | | | | S | T | W | T | F | S | S | | | | FICA | WITH- HOLDING TAX | OTHER | | TOTAL DEDUCTIONS | | |
| See Attached | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
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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(a). The Copeland Act (40 U.S.C. § 5146) 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)(B) 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 the 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 65 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 the burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53302, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 12/29/22

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

(Contractor or Subcontractor)

on the

North Marion High School HVAC Upgrades : that during the payroll period commencing on the

(Building or Work)

17th day of Dec., 2022, and ending the 20th day of Dec., 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
Meriah Carpenter, Payroll Specialist

SIGNATURE

Meriah 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 5729 OF TITLE 31 OF THE UNITED STATES CODE.



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51

Scallise Combined Certified Hours and Federal Statement of Compliance

Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

Coloche: 466 S2Z1256 NHA-S HVAC Upgrade
 Address: 1 N. Marlon Drive

State: Farmington
 Zip Code: WV 26571

Federal Employer Id: 26-1034312
 Work Camp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

Scallise Industries
 55 Park Dr
 Lawrence
 PA 16066

| Employee Number | Status | Rate | Federal Tax | State Tax | Local Tax | Medicare | SSN | DOB | Gender | Marital | Dependent | Net Pay | Comp | Retire | Health | Life | Disability | | | | | |
|-----------------|-------------|-------|-------------|-----------|-----------|----------|--------|--------|--------|---------|-----------|---------|------|--------|--------|------|------------|--------|------|------|----------|------|
| 103247 | Single Male | White | 0 | 2468937 | 40.00 | 1,731.20 | 278.47 | 107.33 | 26.10 | 81.00 | 0.00 | 0.00 | 0.00 | 0.00 | 433.39 | 0.00 | 0.00 | 798.21 | 0.00 | 0.00 | 1,224.00 | 0.00 |

Name: Eric P Skye
 50 Ruth St
 Canton WV 26504

SSN: 0-4832
 Union: 466152 - WV Plumbers and Pipefitters

Skills: FOREIGN
 THIS JOB
 HOURS RATE GROSS
 032.00 1,731.20 1,394.96

GROSS 1,394.96
 FED WITH-HOLDING 1,731.20
 SOCIAL SECURITY WH -278.17
 MEDICARE WH -107.33
 WV STATE WH -26.10
 DUES -81.00
 APPRENTICE FUND -8.80
 WV PIPE TRADES -10.40
 WV BUILDING TRADES -6.00
 SAVINGS PM -328.80
 UA ORGANIZING -4.00
 MARKET RECOVERY -20.00
 NET 798.21

Name: Stephen B Whitner
 82 Ford Lane
 Independence WV 26374

SSN: 0-7388
 Union: 466152 - WV Plumbers and Pipefitters

Skills: FOREIGN
 THIS JOB
 HOURS RATE GROSS
 040.00 1,990.80 1,990.80

GROSS 1,990.80
 FED WITH-HOLDING 1,990.80
 SOCIAL SECURITY WH -238.47
 MEDICARE WH -123.43
 NET 28.87



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51
Scallise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/21/22
Period Date: 12/20/2022 Year: 2022

Call: 406 8221268 NMHS HVAC Upgrades
Address: 1 N. Marion Drive
State: Farmington WV 26371
Zip Code: 26371
Demographic:

Federal Employer Id: 26-1534312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

Scallise Industries
 65 Park Dr
 Lawrence
 PA
 15955

| Employee Number | Personal Identifier | Race | Federal Ethnic | Total Hours | Total Gross Wages | Federal Tax | Social Security Tax | Medicare Tax | All States All States | All Local | Under Deductions | Employee Total | Reimb | Net Pay | State Car Paid | Union | Jan |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|----------------|-------------|-------------------|-------------|---------------------|--------------|-----------------------|-----------|------------------|----------------|-------|---------|----------------|----------|------|
| 103314 | Benjamin M Wunder | White | 0 2468937 | 40.00 | 1,864.40 | 271.09 | 116.59 | 27.03 | 100.00 | 0.00 | 0.00 | 428.05 | 0.00 | 922.64 | 0.00 | 1,224.00 | 0.00 |
| Name: Benjamin M Wunder 690 Champ Street Graham WV 26354 SSN: ***-**-2709 Union: 446152 - WV Plumbers and Pipefitters Skills: JOURNO PW Skills: GROSS 1,864.40 FED WITHHOLDING 271.09 SOCIAL SECURITY WHI 116.59 MEDICARE WHI 27.03 WV STATE WHI 100.00 DUES 0.00 APPRENTICE FUND 0.00 WV PIPE TRADES 0.00 WV BUILDING TRADES 0.00 SAVINGS PL 0.00 UA ORGANIZNG 0.00 MARKET RECOVERY 0.00 NET 922.64 | | | | | | | | | | | | | | | | | |

| Employee Number | Personal Identifier | Race | Federal Ethnic | Total Hours | Total Gross Wages | Federal Tax | Social Security Tax | Medicare Tax | All States All States | All Local | Under Deductions | Employee Total | Reimb | Net Pay | State Car Paid | Union | Jan |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------|----------------|-------------|-------------------|-------------|---------------------|--------------|-----------------------|-----------|------------------|----------------|-------|---------|----------------|----------|------|
| 103462 | Dillon E Pritch | White | 0 2468937 | 40.00 | 1,025.42 | 89.21 | 63.58 | 14.87 | 48.00 | 0.00 | 0.00 | 294.89 | 0.00 | 557.07 | 0.00 | 1,224.00 | 0.00 |
| Name: Dillon E Pritch 1000 Engineering Bld Morgantown WV 26501 SSN: ***-**-0920 Union: 446152 - WV Plumbers and Pipefitters Skills: APP02 PW Skills: GROSS 1,025.42 FED WITHHOLDING 89.21 SOCIAL SECURITY WHI 63.58 MEDICARE WHI 14.87 WV STATE WHI 48.00 DUES 0.00 APPRENTICE FUND 0.00 WV PIPE TRADES 0.00 WV BUILDING TRADES 0.00 SAVINGS JIV 0.00 UA ORGANIZNG 0.00 MARKET RECOVERY 0.00 NET 557.07 | | | | | | | | | | | | | | | | | |



1 Payroll - Combined Certified Hours and Compliance Statement PE 12.20.22 51
2 Scallse
3 Combined Certified Hours and Federal Statement of Compliance
4 Date: 12/21/22
5 Period Date: 12/20/2022 Year: 2022

Employee: 406 8221255 NAME: HVAC Upgrade
 Address: 1 N. Horton Drive
 State: Emahigon WV 26071
 Zip Code: 26071
 Federal Employer ID: 25-1304312
 Mark Camp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

| Emp. No. | Emp. Name | Race | Gender | Marital Status | City | State | Zip | Emp. Type | Emp. Status | Emp. Date | Emp. Exp. Date | Emp. Exp. Reason |
|----------|----------------------------|------|--------|----------------|-------------------|-------|-------|-----------|-------------|-----------|----------------|------------------|
| 406 | 8221255 NAME: HVAC Upgrade | | | | 1 N. Horton Drive | WV | 26071 | | | | | |

| Period | Start Date | End Date | Hours | Rate | Gross Pay | Fed Tax | State Tax | Local Tax | Medicare | SSN | Net Pay |
|------------|------------|------------|-------|---------|-----------|----------|-----------|-----------|----------|----------|----------|
| 12/20/2022 | 12/20/2022 | 12/20/2022 | 40.00 | 1894.40 | 75676.00 | 11351.40 | 11351.40 | 11351.40 | 11351.40 | 11351.40 | 40519.80 |

| Code | Description | Amount |
|--------|--------------------|----------|
| 040.00 | GROSS | 1028.42 |
| | FED WITHHOLDING | -1028.42 |
| | SOCIAL SECURITY WH | -63.86 |
| | MEDICARE WH | -14.87 |
| | WV STATE WH | -46.00 |
| | DUES | -38.89 |
| | APPRENTICE FUND | -0.80 |
| | WV PIPE TRADES | -10.40 |
| | WV BUILDING TRADES | -4.00 |
| | MARKET RECOVERY | -20.00 |
| | SAVINGS AFR2 | -178.60 |
| | NET | 597.07 |

| Code | Description | Amount |
|--------|--------------------|----------|
| 040.00 | GROSS | 1894.40 |
| | FED WITHHOLDING | -1894.40 |
| | SOCIAL SECURITY WH | -115.59 |
| | MEDICARE WH | -27.03 |
| | WV STATE WH | -100.00 |
| | DUES | -63.25 |
| | APPRENTICE FUND | -0.80 |
| | WV PIPE TRADES | -10.40 |
| | WV BUILDING TRADES | -4.00 |
| | SAVINGS AFR2 | -178.60 |
| | MARKET RECOVERY | -20.00 |



Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/21/22
Period Date: 12/20/2022 Year: 2022

Address: 485 S221205 NHRHS HVAC Upgrade
 1 N. Newton Drive
 Farmington
 WV
 26571

Federal Employer ID: 26-1334312
 Work Comp Insurance Carrier:
 Policy Number:
 Effective Date:
 Expiration Date:

| Employee Number | Special Control Status | Hours | Federal Tax | Special Security Tax | Medicare Tax | All States Tax | All States AM System | All Local Tax | Other Deductions | Fringe Price to Employee | Minimum | Act | Pay | State Fringe | Union Fringe | State Fringe | Union Fringe | | | | | |
|------------------------------|------------------------|--------------------|-------------|---------------------------------------------|--------------|----------------|----------------------|---------------|------------------|--------------------------|---------|------|------|--------------|--------------|--------------|--------------|--------|------|------|----------|------|
| 103923 | Married | Male | White | 0 | 2459937 | 38.00 | 1,722.54 | 129.41 | 106.60 | 24.99 | 90.00 | 0.00 | 0.00 | 0.00 | 404.85 | 0.00 | 0.00 | 966.40 | 0.00 | 0.00 | 1,162.80 | 0.00 |
| Name: Gregory A Potts | | SSN: ***-**-3628 | | Union: 465162 - WV Plumbers and Pipefitters | | Scales: JOUR00 | | PW Scales: | | | | | | | | | | | | | | |
| Address: 691 Morgan Ridge Rd | | Riverside WV 26588 | | | | | | | | | | | | | | | | | | | | |
| NET | | | | | | | | | | 1,124.22 | | | | | | | | | | | | |

| DATE | DAY | HOURS | RATE | GROSS | DEDUCTIONS | NET |
|-------|-----|-------|---------|--------|------------|--------|
| 12/14 | WED | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/15 | THU | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/16 | FRI | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/17 | SAT | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/18 | SUN | 00.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12/19 | MON | 10.00 | 46.6100 | 466.10 | 0.00 | 466.10 |
| 12/20 | TUE | 10.00 | 46.6100 | 466.10 | 0.00 | 466.10 |
| TOTAL | | 20.00 | 93.2200 | 932.20 | 0.00 | 932.20 |

JOB TOTALS
 GROSS THIS JOB: 9,628.29
 HOURS THIS JOB: 222.00
 GROSS ALL CHECKS: 10,198.78
 REMUNERABLE ALL CHECKS: 0.00
 FRINGES PAID TO EMPLOYER: 0.00
 EIC ALL CHECKS: 0.00
 FEDERAL WITH ALL CHECKS: 1,136.86
 SOCIAL SECURITY ALL CHECKS: 692.52
 MEDICARE ALL CHECKS: 147.98
 STATE WITH ALL CHECKS: 535.00
 WORKERS COMP ALL CHECKS: 0.00
 LOCAL WITH ALL CHECKS: 0.00
 OTHER DEDUCTIONS ALL CHECKS: 2,291.61
 TOTAL DEDUCTIONS ALL CHECKS: 4,945.67

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51

Scallise Combined Certified Hours and Federal Statement of Compliance

Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

Code: 465 5271255 N4HS HVAC Upgrade
Address: 1 N. Madison Drive
State: Maryland
Zip Code: 20671
Description:

| Code | Rate | Hours | Wages | Fed. Emp. Tax | State Tax | Med. Ins. | Disability | Retire. | Other | Net Pay |
|--------------|-------------|--------|-----------------|---------------|-----------|-----------|------------|---------|----------|----------|
| REG HRS | 11.36 /HR = | 222.00 | 2,520.72 | 2,000.20 | 1,087.00 | 210.80 | 22.20 | 22.20 | 111.00 | 5,783.20 |
| REG HRS | 8.10 /HR = | 222.00 | 1,807.20 | 1,467.00 | 210.80 | 22.20 | 22.20 | 111.00 | 5,783.20 | |
| REG HRS | 0.95 /HR = | 222.00 | 210.80 | 22.20 | 22.20 | 111.00 | 5,783.20 | | | |
| REG HRS | 0.10 /HR = | 222.00 | 22.20 | 111.00 | 5,783.20 | | | | | |
| REG HRS | 0.50 /HR = | 222.00 | 111.00 | 5,783.20 | | | | | | |
| TOTAL | | | 5,295.00 | | | | | | | |

Federal Employer Id: 26-1324312
Mark Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:





Payroll - Combined Certified Hours and Compliance Statement PE 12.20.22 51

Scalise

Combined Certified Hours and Federal Statement of Compliance

Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

PROJECT: NMHS HVAC Upgrade ADDRESS: 1 N. Marion Drive, Farmington, WV, 26571

1. MARVIN CARPENTER EXECUTIVE ASSISTANT
(NAME OF SIGNATORY PARTY) (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 14TH DAY OF DECEMBER 2022 AND ENDING ON THE 20TH DAY OF DECEMBER 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 COPLAND ACT, AS AMENDED (48 STAT. 846, 63 STAT. 106, 72 STAT. 867, 78 STAT. 557; 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 ABOVE 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 |
|--------------------|-------------|
| 1 | 1 |
| 1 | 1 |
| 1 | 1 |
| 1 | 1 |
| 1 | 1 |
| 1 | 1 |

REMARKS

1 NAME AND TITLE
1 Marvin Carpenter
1 Executive Assistant

1 SIGNATURE
Marvin 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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347_instr.htm)

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



U.S. Wage and Hour Division
Rev. Dec. 2008

OMB No. 1225-0008
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. **15** FOR WEEK ENDING **12/27/22**
PROJECT AND LOCATION **PROJECT AND LOCATION
North Manon High School HVAC Upgrades
1 N. Manon Drive, Farmington, WV 25671**
PROJECT OR CONTRACT NO. **Thrasher Project No. 760-11005**

| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | (2) ENROLLMENT DATE | (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 | | |
|---------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|------------------|---|---|---|---|---|---|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-------|-----------------------------------------|---------------------|--|
| | | | S | T | F | S | M | T | S | | | | FICA | WITH- HOLDING TAX | OTHER | | TOTAL DEDUCTIONS | |
| See Attached | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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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, 5.6(a). The Copeland Act (40 U.S.C. § 3145) 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. § 5.6(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 the 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 56 minutes to complete the 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 55302, 200 Constitution Avenue, NW, Washington, D.C. 20210

Date 12/29/22

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

21ST day of DEC, 2022, and ending the 27TH day of DEC, 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 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 946,
63 Stat. 108, 72 Stat. 967, 78 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 |
|-------------------|-------------|
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REMARKS:

| NAME AND TITLE | SIGNATURE |
|--------------------------------------|-------------------------------------------------------------------------------------|
| Manish 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 1001 OF TITLE 18 AND SECTION 8729 OF
TITLE 31 OF THE UNITED STATES CODE.



Payroll - Combined Certified Hours and Compliance Statement 12.27.22

Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22
Period Date: 12/27/2022 Year: 2022

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Callus: 465 3221255 HHA/S HVAC Upgrades Address: 1 N. Madison Drive Status: Farmington WV 26071 Zip Code: 26071 Designation: | Federal Employer Id: 26-1304312 Plant/Compensation Center: Pulasky Admin. Executive Desk Expiration Date: | Stateline Indicator: SS PA SS PA: 16095 Laborance: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| Employee Name | SSN | DOB | State | City | Zip | Position | Rate | Hours | Gross | Net |
|---------------|--------|-------|-------|------------|-------|------------------------------------|-------|--------|---------|--------|
| Eric P. Slay | 483152 | 10/23 | WV | Farmington | 26071 | 46532 - WV Plumber and Pipefitters | 26.10 | 278.17 | 7313.40 | 325.57 |

CH/EFT: 2468944

| Day | Rate | Hours | Gross |
|-----------|-------|-------|-------|
| 12/21 WED | 26.10 | 0.00 | 0.00 |
| 12/22 THU | 26.10 | 0.00 | 0.00 |
| 12/23 FRI | 26.10 | 0.00 | 0.00 |
| 12/24 SAT | 26.10 | 0.00 | 0.00 |
| 12/25 SUN | 26.10 | 0.00 | 0.00 |
| 12/26 MON | 26.10 | 0.00 | 0.00 |
| 12/27 TUE | 26.10 | 0.00 | 0.00 |
| 12/28 WED | 26.10 | 0.00 | 0.00 |
| 12/29 THU | 26.10 | 0.00 | 0.00 |
| 12/30 FRI | 26.10 | 0.00 | 0.00 |
| 12/31 SAT | 26.10 | 0.00 | 0.00 |
| TOTAL | 26.10 | 0.00 | 0.00 |

CH/EFT: 2468944

| Category | Amount |
|---------------------|----------|
| GROSS | 1038.72 |
| FED WITHHOLDING | -1731.20 |
| SOCIAL SECURITY WH | -278.17 |
| MEDICARE WH | -107.33 |
| WV STATE WH | -91.00 |
| DUES | -48.47 |
| APPRENTICE FUND | -0.64 |
| WV PIPE TRADERS | 4.32 |
| WV BUILDING TRADERS | 4.40 |
| SAVINGS PLAN | -283.08 |
| LA OROKENDING | -3.20 |
| MARKET RECOVERY | -10.00 |
| NET | 82.28 |

| Employee Name | SSN | DOB | State | City | Zip | Position | Rate | Hours | Gross | Net |
|-------------------|--------|-------|-------|------------|-------|------------------------------------|-------|--------|---------|--------|
| Stephen B. Wagner | 483152 | 10/23 | WV | Farmington | 26071 | 46532 - WV Plumber and Pipefitters | 26.10 | 148.87 | 3913.40 | 325.57 |

Printed on windows using COINS V12.01.21090192952-311022 by Adam Price at 02/24/2023 on 12/28/22 (PAYROLL03/2022)



Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22
Scalise
Combined Certified Hours and Federal Statement of Compliance
Date: 12/29/22
Period Date: 12/27/2022 Year: 2022

Call: 466 5221266 NHRS HVAC Upgrades
Address: 1 N. Marion Drive Farmington WV 26671
Star: WV 26671
Zip Code: 26671
Description:

Federal Employer Id: 26-1534312
Work Comp Insurance Carrier:
Policy Number:
Expiration Date:

Scalise Industries
 66 Park Dr
 Laurence
 PA
 15055

| Employee Number | Employee Name | Race | Gender | SSN | Union | Special | Health | Life | Disability | Accident | Other | Retire | Job |
|-----------------|------------------------------------------------------------|-------|--------|-----------|--------------------------------------|---------|--------|------|------------|----------|-------|--------|-----|
| 100314 | Benjamin M Winder 680 Cherry Street Grafton WV 26354 | White | Male | 0 2469944 | 465152 - WV Plumbers and Pipefitters | | | | | | | | |

WV STATE W/H
NET
 DUES
 APPRENTICE FUND
 WV PIPE TRADES
 WV BUILDING TRADES
 SAVINGS FND
 LIA ORGANIZNG
 MARKET RECOVERY
 NET

CHIEFT: 2469944
GROSS
 FED WITHHOLDINGS
 SOCIAL SECURITY W/H
 MEDICARE W/H
 WV STATE W/H
 DUES
 APPRENTICE FUND
 WV PIPE TRADES
 WV BUILDING TRADES
 SAVINGS FND
 LIA ORGANIZNG
 MARKET RECOVERY
 NET

| Employee Number | Employee Name | Race | Gender | SSN | Union | Special | Health | Life | Disability | Accident | Other | Retire | Job |
|-----------------|---------------------------------------------------------------|-------|--------|-----------|--------------------------------------|---------|--------|------|------------|----------|-------|--------|-----|
| 100462 | Olson E Pate 1000 Engineering Blvd Martinsburg WV 26001 | White | Male | 0 2469944 | 465152 - WV Plumbers and Pipefitters | | | | | | | | |

Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22



Scalese
 Combined Certified Hours and Federal Statement of Compliance
 Date: 12/29/22
 Period Date: 12/27/2022 Year: 2022

Employee: 466 5221256 NWH5 HVAC Upgrades
 Address: 1 N. Lexington Drive
 City: Farmington
 State: WV
 Zip Code: 26771

Federal Employer ID: 26-1384312
 State: Scalese
 Federal Agency: 65 Park Dr
 State: Lawrence
 Zip Code: PA 18085

| Employee | Job Title | Rate | Hours | Gross | Federal | State | Local | Other | Net | Union | Use |
|----------|-----------|-------|----------|-----------|----------|--------|-------|-------|-----------|-------|-----|
| 105511 | Maint | 30.00 | 1,230.90 | 36,927.00 | 3,151.70 | 763.55 | 0.00 | 0.00 | 38,783.25 | 0.00 | |

CHK#FT: 2469944

- GROSS 683.70
- FED WITHHOLDING 3,151.70
- SOCIAL SECURITY WH 482.71
- MEDICARE WH 42.39
- WV STATE WH 4.91
- DUES 28.00
- APPRENTICE FUND 23.93
- WV PIPE TRADES 0.60
- WV BUILDING TRADES 7.80
- UA ORGANIZING 4.00
- MARKET RECOVERY 16.00
- SAVINGS AMT 191.70
- NET 396.16

| DATE | DAY | START | STOP | UNIT | AMOUNT | REMARKS |
|-------|-----|-------|-------|------|--------|---------|
| 12/21 | WED | 07:00 | 10:00 | R | 30.00 | |
| 12/22 | THU | 07:00 | 10:00 | O | 30.00 | |
| 12/23 | FRI | 07:00 | 10:00 | D | 30.00 | |
| 12/24 | SAT | 07:00 | 10:00 | | 00.00 | |
| 12/25 | SUN | 07:00 | 10:00 | | 00.00 | |
| 12/26 | MON | 07:00 | 10:00 | | 00.00 | |
| 12/27 | TUE | 07:00 | 10:00 | | 00.00 | |

CHK#FT: 2469944

- GROSS 1,230.90
- SOCIAL SECURITY WH 78.32
- MEDICARE WH 17.85
- WV STATE WH 43.08
- DUES 4.80
- APPRENTICE FUND 7.80
- WV PIPE TRADES 4.00
- WV BUILDING TRADES 289.10
- SAVINGS AMT 3.00
- UA ORGANIZING 15.00
- MARKET RECOVERY 763.55
- NET 1,230.90



Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22

Scalise
 Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022

Colloc: 406 S221255 NLUHS HVAC Upgrades
Address: 1 N. Merion Drive
State: Pennsylvania
Zip Code: 26571
Description:
Federal Employer Id: 25-1384312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:
Scale Industries
 55 Park Dr
 Lawrence
 PA
 16066

| Employee Number | Job Title | Rate | YTD | SSIN | Union | Job Code | Hours | Rate | Gross | Net | Job |
|--------------------------------------------------------------------------------------|-----------------|-------|----------|-----------|--------------------------------------|----------|--------|-----------|---------|--------|-----|
| 105523 | Gregory A Prots | 30.00 | 1,230.90 | 0 2469944 | 485152 - WV Plumbers and Pipefitters | JOUR00 | 41.000 | 61,545.00 | 1230.90 | 918.00 | Job |
| THIS JOB HOURS: 41.000 RATE: 61,545.00 GROSS: 1230.90 NET: 918.00 | | | | | | | | | | | |

| Job Totals | Gross | Net |
|------------------------------|---------|---------|
| GROSS THIS JOB: | 1230.90 | 918.00 |
| HOURS THIS JOB: | 41.000 | |
| GROSS ALL CHECKS: | 1230.90 | 918.00 |
| REBURSABLE ALL CHECKS: | -78.32 | -78.32 |
| FRINGES PAID TO EMPLOYEE: | -17.85 | -17.85 |
| BIG ALL CHECKS: | -58.00 | -58.00 |
| FEDERAL WITH ALL CHECKS: | -43.08 | -43.08 |
| SOCIAL SECURITY ALL CHECKS: | -6.60 | -6.60 |
| MEDICARE ALL CHECKS: | -7.60 | -7.60 |
| STATE WITH ALL CHECKS: | -4.00 | -4.00 |
| WORKERS COMP ALL CHECKS: | -238.70 | -238.70 |
| LOCAL WITH ALL CHECKS: | -3.00 | -3.00 |
| OTHER DEDUCTIONS ALL CHECKS: | -18.00 | -18.00 |
| TOTAL DEDUCTIONS ALL CHECKS: | -403.15 | -403.15 |
| NET ALL CHECKS: | 827.75 | 827.75 |

Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22

Scalise
 Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22
 Period Date: 12/27/2022 Year: 2022



Calstate: 485 S271285 NUNHS HVAC Upgrades
Address: 1 N. Morton Drive
Filing State: Washington
Zip Code: WA 98071
Employer: Scalise Industries
65 Park Dr
Lawrence
PA
19055
Federal Employer Id: 26-1384312
Work Comp Insurance Carrier:
Policy Number:
Effective Date:
Expiration Date:

| Employee Number | Status | Hourly Rate | Hours | Rate | Total | Tax | Security | FICA | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT | WFT |
|-----------------------------------|--------|-------------|-------|------|----------|-----|----------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| PRINGS PAID TO LOCAL UNION 485152 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 12.45 / HR | | | 1,974.90 | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 8.10 / HR | | | 1,593.48 | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 8.80 / HR | | | 1,479.00 | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 0.95 / HR | | | 166.30 | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 0.10 / HR | | | 17.40 | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 0.10 / HR | | | 17.40 | | | | | | | | | | | | | | | | | | | | |
| 174.00 REG HRS | REG | 0.50 / HR | | | 87.00 | | | | | | | | | | | | | | | | | | | | |
| | | | | | TOTAL | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22



Scalise Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022

PROJECT: NAHS HVAC Upgrades ADDRESS: 1 N. Marion Drive, Farmington, WV, 26571

1. MARSH CARPENTER EXECUTIVE ASSISTANT (NAME OF SIGNATORY PARTY) (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 DECEMBER 2022 AND ENDING ON THE 27TH DAY OF DECEMBER 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 DENIED IN REGULATIONS, PART 2 (29 CFR SUBTITLE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPPELAND ACT, AS AMENDED (48 STAT. 546, 65 STAT. 104, 72 STAT. 567, 78 STAT. 557, 40 U.S.C 5145), 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

EXCEPTIONS (CRAFT) EXPLANATION

Table with 2 columns: EXCEPTIONS (CRAFT) and EXPLANATION. Contains several rows of dashes.

REMARKS

(NAME AND TITLE) 1. Signature

THE WHOL, FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1007 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



MEMORANDUM OF AGREEMENT (MOA)

This Memorandum of Agreement (MOA) made on **1/30/2023** by and between **Marion County School District, 1516 Mary Lou Retton Drive, 26554** hereinafter "MCS" and **Monongalia County Health Department, 453 Van Voorhis Road, Morgantown West Virginia, 26505**, hereinafter "MCHD".

Parties undertake this MOA under the following terms and conditions:

TERM: Term of this agreement shall be one (1) school year (fall to spring).

MODIFICATION: Changes to this MOA may be made only by written agreement by both parties.

TERMINATION: Either party may terminate this agreement with a 30-day written notice without recourse, penalty or additional performance.

GOALS AND OBJECTIVES:

To partner to improve health of **Marion County** students by offering school-based dental services to students of **Marion County Schools**.

OBLIGATIONS OF PARTIES:

MCS shall perform the following obligations:

- Provide parents, school personnel and others with dental contact information and phone numbers (including after hours' numbers in case of emergencies or schedule changes) for each school that MCHD is/are to visit so that schedules may be arranged.
- Make adequate space available at each school for MCHD and his/her/their staff to provide respective dental services.
- Maintain a safe and secure work environment for the dental providers and employees or others, such as drivers, maintenance personnel, etc., that may assist with delivery of those dental services.
- Notify MCHD of any changes or interruptions that may conflict with his/her/their schedule for providing dental services at **Marion County Schools**. This will include snow days, faculty senate days, etc.
- Keep all information protected by HIPAA/FERPA federal regulations and share information of MCHD student dental records only by their written consent and consent of student's parent(s) or guardian(s).

- Identify or provide contact information to **MCHD** for a liaison at each school to be a contact person and visit facilitator.
- Distribute appropriate consent forms to families of their students. Completed and returned forms provide valid consensual authority for **MCHD** to legally perform dental services on each child seeking care.
- Provide adequate space at each school to park a 38-foot mobile facility near the school office entrance or another convenient, safe and practical location for student ingress and egress.
- Provide a minimum of 15 children per site to be treated. If minimum is not reached, the visit may be revised or cancelled. Notification by **MCS** to **MCHD** should occur prior to date of appointment or prior to dental team leaving **MCHD** to travel to **MCS**.
- Access to broadband Wi-Fi will be provided at all schools.
- When available, 50-amp electric hookup provided at all schools.
- Assist students with enrollment into Medicaid, CHIP and other insurance providers to assist with cost and assure all children regardless of their ability to pay have access to dental services;
- Hold harmless **MCHD** and any members of his/her/their dental team for injuries occurring in their presence to any person but unrelated directly to provision of dental services.

MCHD shall perform the following obligations:

- Maintain professional liability insurance for dental services.
- Provide dental examination forms for students.
- Employee associates, hygienists, assistants or others deemed appropriate to perform dental services.
- Offer examinations, preventive, restorative, and minimally invasive dental procedures per standards of practice to cooperative students who have submitted appropriate active consent forms.
- Make appropriate financial and treatment arrangements with students and families of those students for dental services **MCHD** team will provide.
- Children without insurance or Public Aid are eligible to receive grant funding, which will allow dental services to be provided at no expense. This requires a written statement of financial need with parent or guardian signature.
- All children will be given an after-care summary for their and their parent's or guardian's review. Copies of radiographs and treatment plans are available to families and their private dentist

upon request. All parents or guardians of children needing additional care will be contacted by our patient care coordinators.

- Assist in establishment of dental homes for case management and continuation of care.
- Treat or document refer of all children who are deemed in need of emergent care (within 24 hours) as identified during oral health assessment.
- Bill appropriate insurance for services provided to assure cost effectiveness and sustainability.
- Input data pertaining to each visit into an electronic database using a data entry device. Data requirements include demographic information, oral health assessment findings, services provided, follow-up, etc.
- Adhere to all Guidelines set forth in the Oral Disease Prevention Manual. <https://wvde.state.wv.us/healthyschools/documents/FinalODPPManualDHRApproved.pdf>
- Operate within rules and regulations set forth by the West Virginia Board of Dentistry regarding mobile dentistry and portable units. <https://wvbodprod.glsuite.us/GLSuiteWeb/Clients/WVBOD/StaticFiles/pdf/Applications/MobileAndPortableApplication.pdf>
- Adhere to all OSHA regulations, including but not limited to infection control.
- Comply with HIPAA regulations regarding information of students.
- Arrange a schedule independently with each school MCHD is to visit.
- Provide quarterly and annual reports to West Virginia Department of Education-Office of Special Education and other interested parties regarding key aspects, outcomes and impacts of this mobile dentistry program.
- Strive to obtain parental consent for bi-directional communication and information sharing between their practice, school nurse and regular doctor (if applicable) as necessary to promote optimal student health on an as needed basis with the understanding that this information will continue to be treated in a confidential manner (HIPAA/FERPA). A copy will be kept on Smile Express.

CONSIDERATION. No monetary compensation or consideration is given between Marion County School District and MCHD for this MOA. However, MCHD shall be allowed to receive compensation for dental services from various arrangements via a student's parent or guardian, insurances, or grant funding.

CONFIDENTIALITY. Both parties acknowledge that all student information is to be kept confidential and will abide by this request as required under federal HIPAA and FERPA laws.

SIGNATORIES. This Agreement shall be signed on behalf of Marion County School District by Donna Hage, Superintendent of Marion County Schools and Anthony L DeFelice Executive Director of MCHD and is effective as of the date first written above.

X _____

Date: _____

Donna Hage
Superintendent of Marion County Schools

X  _____

Date: 1/30/2023

Anthony L DeFelice
Executive Director of Monongalia County Health Department

CERTIFICATE OF COVERAGE

Issue Date: 1/27/2023

THIS CERTIFICATE OF COVERAGE IS ISSUED AS A MATTER OF INFORMATION ONLY. IT CONFERS NO RIGHTS UPON THE THIRD PARTY REQUESTING THE CERTIFICATE BEYOND WHAT THE REFERENCED COVERAGE CONTRACT EXPRESSLY PROVIDES. THIS CERTIFICATE OF COVERAGE DOES NOT EXTEND, AMEND, OR ALTER THE COVERAGE, TERMS, EXCLUSIONS, OR CONDITIONS AFFORDED BY THE COVERAGE CONTRACT REFERENCED IN THIS CERTIFICATE OF COVERAGE

| | | | |
|------------------|------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| PRODUCER: | Risk Management Programs, Inc. 1819 Electric Road, Suite C Roanoke, VA 24018 | CONTACT NAME: | Stephanie Brown |
| | | PHONE: | (844) 986-2765 |
| | | EMAIL: | sbrown@riskprograms.com |
| MEMBER: | Monongalia County Commission 243 High Street Morgantown, WV 26505 | COMPANIES AFFORDING COVERAGE | |
| | | COMPANY A: | West Virginia Communities Risk Pool |
| | | | |

COVERAGES

This is to certify that the coverages listed below have been issued to the member named above for the contract 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 coverage afforded by the coverages described herein is subject to all the terms, exclusions and conditions of such coverage contracts. Limits shown may have been reduced by paid claims.

| CO LTR | TYPE OF COVERAGE | CONTRACT NUMBER | CONTRACT EFFECTIVE DATE | CONTRACT EXPIRATION DATE | LIMITS / DEDUCTIBLES |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> Occurrence | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Each Occurrence Lim. \$1,000,000 |
| | | | | | Fire Damage (Any one fire) Lim. \$100,000 |
| | | | | | General Aggregate Lim. NONE |
| | | | | | Personal & ADV Injury Lim. \$1,000,000 |
| | | | | | Products - Comp/OP Lim. \$1,000,000 |
| | | | | | General Liability Ded. \$0 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Non-Owned Autos | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Combined Single Limit Lim. \$1,000,000 |
| | | | | | |
| A | AUTOMOBILE PHYSICAL DAMAGE | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Collision (ACV) Ded. \$1,000 |
| | | | | | Comprehensive (ACV) Ded. \$1,000 |
| A | CRIME | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Blanket Lim. \$250,000 |
| | | | | | Per Occurrence Ded. \$250 |
| A | EXCESS LIABILITY <input checked="" type="checkbox"/> Excess General Liability <input checked="" type="checkbox"/> Excess Automobile Liability <input checked="" type="checkbox"/> Excess Law Enforcement Liability <input checked="" type="checkbox"/> Excess Public Officials Liability <input type="checkbox"/> Excess Educators Legal Liability <input checked="" type="checkbox"/> Other than Umbrella Form | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Excess Automobile Liability - Aggregate Lim. NONE |
| | | | | | Excess Automobile Liability - Each Occurrence Lim. \$1,000,000 |
| | | | | | Excess General Liability - Aggregate Lim. NONE |
| | | | | | Excess General Liability - Each Occurrence Lim. \$1,000,000 |
| | | | | | Excess Law Enforcement Liability - Aggregate Lim. NONE |
| | | | | | Excess Law Enforcement Liability - Each Occurrence Lim. \$1,000,000 |
| | | | | | Excess Public Officials Liability - Aggregate Lim. \$1,000,000 |
| | | | | | Excess Public Officials Liability - Each Occurrence Lim. \$1,000,000 |
| A | INLAND MARINE | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Blanket per Schedule on File. |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------|------------|----------------------------------|---------------------------------------------------------|
| A | PROPERTY | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Blanket per Schedule on File. |
| | | | | | Building & Contents Ded. \$5,000 |
| A | PUBLIC OFFICIALS LIABILITY <input checked="" type="checkbox"/> Occurrence | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Aggregate Lim. \$1,000,000 |
| | | | | | Each Wrongful Act Lim. \$1,000,000 |
| | | | | | Per Occurrence Ded. \$10,000 |
| A | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | EL Disease - Each Emp. Lim. \$1,000,000 |
| | | | | | EL Disease - Policy Limit Lim. \$1,000,000 |
| | | | | | EL Each Accident Lim. \$1,000,000 |
| | | | | | <input checked="" type="checkbox"/> WC Statutory Limits |
| | | | | | WC Deductible Ded. \$0 |
| A | LAW ENFORCEMENT LIABILITY | WV-MO-031CC-23 | 07/01/2022 | 07/01/2023 | Aggregate Lim. NONE |
| | | | | | Each Wrongful Act Lim. \$1,000,000 |
| | | | | | Law Enforcement Liability Ded. \$10,000 |
| Description of Operations / Locations / Vehicles / Special Items / Notes | | | | | |
| Regarding: Mon Co Health Dept-SMILE Express | | | | | |
| Certificate Holder is added as an additional insured to the extent permitted by the laws of the State of WV and only in respect to claims or actions arising from or in connection with negligent acts of the Member, its employees, agents or officials. | | | | | |
| CERTIFICATE HOLDER | | | | Authorized Representative | |
| Marion County Schools Attention: Robin Haight, Superintendent's Office 1516 Mary Lou Retton Drive Fairmont, WV 26554 | | | | Suzanne y Brown | |

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA G702

Page one of 1 pages 2

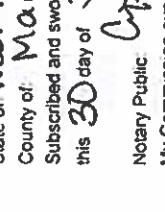
OWNER: Marion County Schools
 1516 Mary Lou Retton Drive
 Fairmont, WV 26554
 PROJECT: East Dale Elementary School Addition
 APPLICATION NUMBER: 21039-18
 PURCHASE ORDER NUMBER: Contract

CONTRACTOR: Veritas Contracting LLC
 246 Business Drive
 Fairmont, WV 26554
 ARCHITECT: Omni Associates-Architects, Inc
 207 Jefferson Street
 Fairmont, WV 26554
 PERIOD FROM: 01/13/2023 - 01/25/202

CONTRACT FOR: General Construction Contract
 CONTRACT DATE: 6/22/2021

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 and payments received from the Owner and that current payment shown herein is now due.

CONTRACTOR: Veritas Contracting LLC
 By: *Jesse L. Ayers II*
 Jesse L. Ayers II
 State of West Virginia
 County of Marion
 Subscribed and sworn to before me
 this 30 day of January 2023
 Notary Public
 My Commission expires: 9-14-26



CONTRACTOR'S APPLICATION FOR PAYMENT
 Application is made for payment as shown below in connection with the Contract Continuation Sheet. Form G703 is attached.

| | |
|---------------------------------------------------------------------------|---------------------|
| 1. Original Contract Sum | \$ 3,576,689.00 |
| 2. Net change by Change Orders | \$ 550,660.04 |
| 3. Contract Sum to Date (Line 1+2) | \$ 4,127,349.04 |
| 4. Total completed stored to date (Column G on G703) | \$ 4,053,062.54 |
| 5. Retainage | \$ 202,653.13 |
| a. 5% of work completed (columns D+E on G703) | \$ - |
| b. 5% of stored material (column F on G703) | \$ - |
| Total Retainage (Line 5a + 5b) | \$ 202,653.13 |
| 6. Total Earned Less Retainage (Line 4 less line 5) | \$ 3,850,409.41 |
| 7. Less Previous Certificates for Payment (Line 5 from prior Certificate) | \$ 3,751,599.45 |
| 8. Current Payment Due | \$ 98,809.96 |
| 9. Balance to finish, including retainage (Line 3 less line 6) | \$ 276,939.63 |

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 \$ 98,809.96
 (Attach explanation if amount certified differs from the amount applied for. Initial all figures on Application and on the Continuation Sheet that are changed to conform to the amount certified.)

By: *David E. Smith*
 David E. Smith
 ARCHITECT
 Date: 1/31/23
 This Certificate is not negotiable. The Amount Certified is payable only to the contractor named herein. Payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this contract.

| Change order summary | Additions | Deletions |
|------------------------------------------|----------------------|---------------------|
| Total changes approved previous by owner | \$ 512,810.07 | \$ 57,108.98 |
| Total approved this month | \$ 94,958.95 | \$ - |
| TOTALS | \$ 607,769.02 | \$ 57,108.98 |

22-2341

Veritas Contracting Payment Requisition
 APPLICATION NUMBER: 21039-18

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: 01/13/2023 - 01/25/2023
 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 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 | \$1,000.00 | \$0.00 | \$205,409.00 | 99.13% | \$1,800.00 | \$10,270.45 |
| 4 | Construction Aid, Equipment and Storage | \$ 150,893.00 | \$150,893.00 | \$0.00 | \$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 Striping | \$ 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 | \$20,346.00 | \$0.00 | \$0.00 | \$20,346.00 | 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 | \$ 22,596.00 | \$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: 21039-18
PERIOD TO: 01/13/2023 - 01/25/2023
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% |
|------------------|----------------------------------------------|-------------------------|---------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------|------------------------------------|----------------------|
| 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 Trm - 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 | 73.66% | \$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 |
| 49 | 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 | \$22,782.00 | \$3,000.00 | \$0.00 | \$25,782.00 | 89.57% | \$3,000.00 | \$1,288.10 |
| 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 | \$ 18,373.00 | \$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: 21039-18

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: 01/13/2023 - 01/25/2023
 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 OR E) | G TOTAL COMPLETED AND STORED TO DATE (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 | \$86,150.00 | \$0.00 | \$0.00 | \$86,150.00 | 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 | \$650.00 |
| 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 | \$500.00 | \$0.00 | \$12,000.00 | 100.00% | \$0.00 | \$600.00 |
| 73 | Electrical- Data Materials | \$ 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 Sanitary Wager 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 | \$997.00 | \$0.00 | \$30,000.00 | 100.00% | \$0.00 | \$1,500.00 |
| 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
 APPLICATION NUMBER: 21039-18

AIA Document G 703 APPLICATION AND CERTIFICATE FOR PAYMENT.
 Contractor's signed Certification is attached.
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PERIOD TO: 01/13/2023 - 01/25/2023
 ARCHITECTS' PROJECT NO:

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|------------------|--------------------------------------------------------|-------------------------|---------------------------------------------------------------|------------------|------------------------------------------------|-------------------------------------------------------------|------------|------------------------------------|----------------------|
| 91 | HVAC-RTU-1 Roof curb Crane-Labor | \$ 9,000.00 | \$9,000.00 | \$0.00 | \$0.00 | \$9,000.00 | 100.00% | \$0.00 | \$450.00 |
| 92 | HVAC-Electric VAV's, Electric Heater | \$ 58,300.00 | \$58,300.00 | \$0.00 | \$0.00 | \$58,300.00 | 100.00% | \$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 | 100.00% | \$0.00 | \$250.00 |
| 94 | HVAC- Registers, Grills and Exhaust Fans | \$ 20,000.00 | \$20,000.00 | \$0.00 | \$0.00 | \$20,000.00 | 100.00% | \$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 | 100.00% | \$0.00 | \$342.50 |
| 96 | SFC-1 Mini Split | \$ 8,000.00 | \$8,000.00 | \$0.00 | \$0.00 | \$8,000.00 | 100.00% | \$0.00 | \$400.00 |
| 97 | SFC-1 Mini Split- Labor | \$ 2,500.00 | \$2,500.00 | \$0.00 | \$0.00 | \$2,500.00 | 100.00% | \$0.00 | \$125.00 |
| 98 | Duct Work, Insulation | \$ 45,000.00 | \$45,000.00 | \$0.00 | \$0.00 | \$45,000.00 | 100.00% | \$0.00 | \$2,250.00 |
| 99 | Duct Work, Insulation-Labor | \$ 39,000.00 | \$39,000.00 | \$0.00 | \$0.00 | \$39,000.00 | 100.00% | \$0.00 | \$1,950.00 |
| 100 | Certified Test and Balance | \$ 10,569.00 | \$10,569.00 | \$0.00 | \$0.00 | \$10,569.00 | 100.00% | \$0.00 | \$528.45 |
| 101 | Certified Test and Balance-Labor | \$ 1,500.00 | \$1,500.00 | \$0.00 | \$0.00 | \$1,500.00 | 100.00% | \$0.00 | \$75.00 |
| 102 | Progressive and Final Cleaning | \$ 11,650.00 | \$10,350.00 | \$0.00 | \$0.00 | \$10,350.00 | 88.84% | \$1,300.00 | \$517.50 |
| 103 | Change Order 1 - Contingency Allowance | \$ 50,000.00 | \$46,445.46 | \$3,554.54 | \$0.00 | \$50,000.00 | 100.00% | \$0.00 | \$2,500.00 |
| 104 | Change Order 2 - Temp Parking & Gas Line | \$ 42,034.00 | \$42,034.00 | \$0.00 | \$0.00 | \$42,034.00 | 100.00% | \$0.00 | \$2,101.70 |
| 105 | Change Order 3 - Canopy | \$ 99,965.00 | \$99,364.00 | \$0.00 | \$0.00 | \$99,364.00 | 99.41% | \$591.00 | \$4,988.20 |
| 106 | Change Order 4 - Addition Paving & Concrete | \$ 35,828.20 | \$35,828.20 | \$0.00 | \$0.00 | \$35,828.20 | 100.00% | \$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) | 100.00% | \$0.00 | (\$2,149.45) |
| 108 | Change Order 6 - Contract Time Increased | \$ - | \$0.00 | \$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 | 100.00% | \$0.00 | \$2,171.07 |
| 110 | Change Order 8 - Apron, Storm, Gas Line & Toilet Part | \$ 8,502.40 | \$8,502.40 | \$0.00 | \$0.00 | \$8,502.40 | 100.00% | \$0.00 | \$425.12 |
| 111 | Change Order 9 - Design Change | \$ 133,373.67 | \$133,373.67 | \$0.00 | \$0.00 | \$133,373.67 | 100.00% | \$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 | 100.00% | \$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 | 100.00% | \$0.00 | \$363.40 |
| 114 | Change Order 12 - Multiple | \$ 13,003.43 | \$13,003.43 | \$0.00 | \$0.00 | \$13,003.43 | 100.00% | \$0.00 | \$650.17 |
| 115 | Change Order 13 - Metal Siding Panels | \$ 14,119.94 | \$14,119.94 | \$0.00 | \$0.00 | \$14,119.94 | 100.00% | \$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) | 100.00% | \$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 | 100.00% | \$0.00 | \$230.20 |
| 118 | Change Order 16 - AWR 19, AWR 29, AWR 33 | \$ 11,317.58 | \$11,317.58 | \$0.00 | \$0.00 | \$11,317.58 | 100.00% | \$0.00 | \$565.88 |
| 119 | Change Order 18 - Elevation Correction, Light Base Cre | \$ 28,962.88 | \$28,962.88 | \$0.00 | \$0.00 | \$28,962.88 | 100.00% | \$0.00 | \$1,448.14 |
| 120 | Change Order 1A - Pnce Escalation | \$ 94,958.95 | \$0.00 | \$94,958.95 | \$0.00 | \$94,958.95 | 100.00% | \$0.00 | \$4,747.95 |
| | | \$ - | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% | \$0.00 | \$0.00 |

STATEMENT OF NON-PERFORMANCE

Payroll Number: 74 Date: 1/16/2023

Contractor: Veritas Contracting, LLC

I do hereby state that no persons were employed on the construction of
21039 - East Dale Elementary
during the payroll period commencing on the day of 1/8/2023
ending on the day of 1/14/2023



(Signature of the Authorized Person)

Jesse L. Ayers II, Accountant
(Name)

This statement is not required to be submitted until after the submission of the
initial payroll period.

STATEMENT OF NON-PERFORMANCE

Payroll Number: 75

Date: 1/23/2023

Contractor: Veritas Contracting, LLC

I do hereby state that no persons were employed on the construction of
21039 - East Dale Elementary
during the payroll period commencing on the day of 1/15/2023
ending on the day of 1/21/2023



(Signature of the Authorized Person)

Jesse L. Ayers II, Accountant
(Name)

This statement is not required to be submitted until after the submission of the
initial payroll period.

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 Veritas Contracting, LLC | | ADDRESS 248 Business Park Drive Fairmont WV 26554 | | OMB No. Expires: | | | | | | | | | | | | | | | |
| PAYROLL NO 76 | | FOR WEEK ENDING 1/28/2023 12:00:00 AM | | PROJECT OR CONTRACT NO. | | | | | | | | | | | | | | | |
| (1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER | (2) NO. OF WITH EXEMPTIONS | (3) WORK CLASSIFICATION | (4) DAY AND DATE | | | | | | | (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 | |
| Mr Jason A Harvey 515 Tyrone Avery Rd Morgantown WV 26508 XXX-XX-9341 | 1 | 1000 SkilLabb | | | | 10.00 | 10.00 | 10.00 | | | | | 44.47 | 55.29 | 24.53 | 10.40 | 122.31 | 257.00 | 493.00 |
| Mr Taylor J Mack 1076 Stewart Run Road Morgantown WV 26501 XXX-XX-3988 | 0 | 1000 SkilLabb | | | | 10.00 | 10.00 | 10.00 | | | | | 50.17 | 75.72 | 30.20 | 11.73 | 74.78 | 242.60 | 597.40 |
| Totals for Project East Dale Elementary | | | | | | 20.00 | 20.00 | 20.00 | | | | | 94.64 | 131.01 | 54.73 | 22.13 | 197.09 | 499.60 | 1,090.40 |

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 (e). The Copeland Act (40 U.S.C. 5.3145) 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(k)(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.

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.

Date 1/28/2023

I, Jesse L Ayers II (Name of Signatory Party) Accountant (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Veritas Contracting, LLC (Contractor or Subcontractor) on the

East Dale Elementary (Building or Work); that during the payroll period commencing on

1/22/2023 and ending 1/28/2023 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

Veritas Contracting, LLC (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 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:

(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>Jesse L Ayers II</u> Accountant | SIGNATURE  |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. | |

Attachment: Detail for "Other" Deductions

| NAME OF CONTRACTOR | | OR SUBCONTRACTOR | | ADDRESS | PROJECT OR CONTRACT NO |
|-------------------------|-----------------------|--------------------------------------------------------------|---------------|----------------------------------------------|------------------------|
| Vertas Contracting, LLC | | | | 246 Business Park Drive Fairmont WV 26554 | |
| PAYROLL NO | FOR WEEK ENDING | PROJECT AND LOCATION | | | |
| 76 | 1/28/2023 12:00:00 AM | East Dale Elementary 57 East Dale Rd Fairmont WV 26554 | | | |
| NAME OF WORKER | IDENTIFYING NUMBER | DEDUCTION | AMOUNT | | |
| Mr Jason A Harney | XXX-XX-9341 | 401K Retirement Plan | 37.50 | | |
| | | Child Support - WV | 52.01 | | |
| | | VRTSIDENTAL SINGLE | 7.79 | | |
| | | VRTSHLTH PLN A SINGLE | 22.89 | | |
| | | VRTSVISION SINGLE | 2.02 | | |
| | | TOTAL | 122.31 | | |
| Mr Taylor J Mack | XXX-XX-3998 | 401K Retirement Plan | 42.00 | | |
| | | VRTSIDENTAL SINGLE | 7.79 | | |
| | | LTT - FAIRMONT LOCAL | 2.00 | | |
| | | VRTSHLTH PLN A SINGLE | 22.99 | | |
| | | TOTAL | 74.78 | | |

Veritas Contracting Payment Requisition

APPLICATION NUMBER: 21039-18

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: 01/13/2023 - 01/25/2023
 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 | F MATERIALS PRESENTLY STORED (NOT IN D OR E) | G TOTAL COMPLETED AND STORED TO DATE (D+E+F) | H % (G/C) | I BALANCE TO FINISH (C-G) | J RETAINAGE 5% |
|-----------------|--------------------------|-------------------------|---------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-----------------|------------------------------------|----------------------|
| | | \$ 4,127,348.04 | \$ 3,949,052.05 | \$104,010.49 | \$0.00 | \$4,053,062.54 | 98.20% | \$74,285.50 | \$202,853.13 |

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

22-2341

DATE (MM/DD/YYYY) 01/04/2023
 92-2341

Sadler Sports: Amateur Teams / Leagues Insurance Plan



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. 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: **SADLER & COMPANY, INC.**
 P.O. BOX 5866
 COLUMBIA, SOUTH CAROLINA 29250-5866
 PRODUCER CUSTOMER ID: _____
 E-MAIL ADDRESS: amateur@sadlersports.com
 PHONE (AV, C, NO. EXT.): 803-622-7370 | FAX (AV, C, NO.): 803-256-4017

Greater Fairmont Council of Churches
 428 Fairmont Ave
 Fairmont, WV 26554
 Application ID: 371436
 A Member of the Sports, Leisure & Entertainment RPG
 INSURER(S) AFFORDING COVERAGE
 INSURER A: NATIONAL INSURANCE COMPANY
 INSURER B: _____
 INSURER C: _____
 INSURER D: _____
 REVISION NUMBER _____

COVERAGES
 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.

| LT# | INSR | ADDL | SUBR | INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-----|------|------|------|----------|------------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | | X | | | RPG0000007785600 | 03:10PM ET 12/12/2022 | 12:01AM ET 12/12/2023 | EACH OCCURRENCE \$1,000,000 DAMAGE TO PREMISES RENTED TO YOU (For Legal Liability) \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 MEDICAL EXPENSES (other than participants) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE (other than Products-completed Operations) \$5,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000 |
| A | | | | | RPG0000007785600 | 03:10PM ET 12/12/2022 | 12:01AM ET 12/12/2023 | ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON-OWNED AUTOS (not provided while in Hawaii) provided while in Hawaii) |

| LT# | INSR | ADDL | SUBR | INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-----|------|------|------|----------|------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | | | | | RPG0000007785600 | 03:10PM ET 12/12/2022 | 12:01AM ET 12/12/2023 | WORKERS COMPENSATION <input type="checkbox"/> RETENTION <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> EXCESS LAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> UMBRELLA LAB <input type="checkbox"/> OCCUR |
| A | | | | | RPG0000007785600 | 03:10PM ET 12/12/2022 | 12:01AM ET 12/12/2023 | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON-OWNED AUTOS (not provided while in Hawaii) |

RE: COVERED SPORTS Basketball 12 & Under, Basketball 13-15, Basketball 16-19,
 The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.
 High-Risk Sports - For Deck/Floor/Frid/Sweat Hockey, Flag Football (age 18 & under), Roller Hockey (quad), Ice Hockey (age 18 & under), Lacrosse (age 19 & under), Tackle and contact football (age 19 & under), Soccer (age 19 & under), Water Hockey (age 19 & under), Wrestling (age 19 & under), and Unprovoked Referee Associations for the above High Risk Concussion Sports, Limited Coverage for Brain Injury, Concussion, Chronic Traumatic Encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting from aggregate "Brain Injury" means concussion applies. Brain Injury Limit \$1,000,000 occurrence \$1,000,000 aggregate; Brain Injury Concussion Sports, Limited Coverage for Concussion \$1,000,000 occurrence \$1,000,000 aggregate; Expenses Limit: \$1,000,000 occurrence \$1,000,000 aggregate.
 but only if such injury occurs as a result of specific events occurring during the policy period.

CERTIFICATE HOLDER
 MARION COUNTY BOARD OF EDUCATION
 1516 Mary Lou Retton Drive
 Fairmont, WV 26554
 AUTHORIZED REPRESENTATIVE
 [Signature]
 PROPERTY OWNER/ LESSOR
 RELATIONSHIP:
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2/14/01)
 Coverage is only extended to U.S. events and activities
 NOTICE TO TEXAS INSURED: The insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.
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22-2342

Fwd: East Dale

Donna Heston <donna.heston@k12.wv.us>

Wed 2/1/2023 6:29 PM

To: Robin Haught <robinhaught@k12.wv.us>; Leo Skarzinski <lskarzin@k12.wv.us>; Scott Reider <scott.reider@k12.wv.us>

 1 attachments (38 KB)

Copy of SCR1201665-1860176-Wednesday February 1 2023 1.11.28 PM.pdf;

Agenda item for Feb. 9 and Vrad, Davevsbd Sam will need to attend.

Get [Outlook for iOS](#)

From: David Snider <DSnider@omniassociates.com>

Sent: Wednesday, February 1, 2023 5:29:50 PM

To: Donna Heston <donna.heston@k12.wv.us>; Mason Neptune <mneptune@k12.wv.us>; Joyce VanGilder <Joyce.A.VanGilder@wv.gov>; Brad Straight <dbstraig@k12.wv.us>

Cc: Scott Willis <swillis@veritaswv.com>

Subject: FW: East Dale

[EXTERNAL SENDER]: Do not click links, open attachments or reply to this email unless you recognize the sender and know the content is safe.

Sorry to be the deliverer of bad news once again but if you read below and review the attached you will see the manufacturer has delayed the ship date again to March 8 for the electric circuit

breakers. At this point we may want to look at setting the substantial completion date to sometime this summer rather than constantly updating based upon a ship date that is out of all of our controls. This is draining on all parties involved as we manage the drawn-out completion of this project. Veritas is suggesting that we extend the substantial completion date to July 10 with the hopes that it will actually occur before then. With that the switchgear would be complete as well. This idea was originally brought up by Joyce at the SBA back in November. We can all think and talk about that and make a decision at next week's OAC meeting which would be prior to the March 1 date that is on the books now.

ty

David E. Snider AIA, NCARB, ALEP

Principal, Project Architect

Omni Associates - Architects, Inc.

207 Jefferson Street

Fairmont, West Virginia

(VOICE) 304.367.1417 Ext. 110

(MOBILE) 304.844.0877

Visit us online at www.omniassociates.com

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From: Scott Willis <swillis@veritaswv.com>

Sent: Wednesday, February 1, 2023 4:10 PM

To: David Snider <DSnider@omniassociates.com>
Cc: rsapp veritaswv.com <rsapp@veritaswv.com>; Brad Straight <dbstraig@k12.wv.us>
Subject: East Dale

David,

I have been informed that the electrical internals for 3 Phase panel board, at the East Dale Elementary School, have been pushed out again. The new estimated ship date is March 8, see attached. As we spoke of during the last progress meeting, in regard to further delays, this will significantly impact the completion schedule of the school addition.

Thank you,

Scott Willis

Project Manager

Veritas Contracting, LLC

246 Business Park Drive

Fairmont, WV 26554

Office Hours of Operation:

Monday – Thursday: 7AM to 5PM

Office: (304) 598-2285

Direct: (681) 209-6702

swillis@veritaswv.com

VERITAS

WV037797

