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

22-2319

5:30 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 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	4.5	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

22-2320

6:00 pm

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 item2318 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 <u>APPTEGY - THRILLSHARE - WEBSITE</u>

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 Harcort 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 <u>EMCOR - HVAC UPGRADES - NMHS</u>

The approval of the Application Date 10/20/22for 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

22-2320

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 Nordonia 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: 1/2

2316 <u>USE OF FACILITIES – WV THREE RIVERS FESTIVAL - FSHS</u>

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

22-2320

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 53

Michael Runner Baseball/Volunteer SSAC

C22 12 06 53

<u>Captain Weekly</u> Baseball/Volunteer SSAC-Pending

4288 RESIGNATION - COACHES

The approval of the following coaching resignations:

Barrackville Elementary/Middle

Kimberly Kettler Girls' Track/Assistant

Effective: January 4, 2023

Cynthia Uram Boys' Track/Assistant

Effective: January 4, 2023

North Marion High School

Amanda 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

22-2320

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.

Mariorie Talkington

Teacher

Blackshere Elementary School

Request a leave of absence from <u>December 22, 2022</u> to <u>March</u>

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

<u>Ashley Patterson</u>

Sub Permit

Scott Reed

Professional

22-2320

4296 <u>REASSIGNMENT - PROFESSIONAL PERSONNEL</u>

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

From:

To:

P22 12 07 01

Victoria Stiles

PE/Health

PE/Health

Mannington Middle School Fairmont Senior High School

200 Days

200 Days

Effective:

2023-24 School Year

4297 <u>RETIREMENT - SERVICE PERSONNEL</u>

The approval of the service personnel retirements as follows:

Veronica Frankhouser

Pre-K Special Needs Aide

Jayenne Elementary School

200 Days

Effective:

June 30, 2023

Pamela Morton

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>

Sandra Pethtel

Cook I/II-Half Time

North Marion High School

200 Days

9:00 am-12:30 pm

Effective: January 18, 2023

S22 12 21 01

Seth Vincent

Custodian I/II

North Marion High School

210 Days

4:15 pm-11:45 pm

Effective: January 18, 2023

4299 <u>REASSIGNMENT - SERVICE PERSONNEL</u>

22-2320

The approval of the following:

From:

To:

S22 12 20 02

Cynthia Hall

Custodian I/II

Cook I/II

Barrackville Elementary/Middle East Fairmont Middle

210 Days

200 Days

3:00 pm-10:30 pm

6:00 am-1:30 pm

Effective:

January 18, 2023

S22 12 20 03

Nick Nichols

Custodian I/II

Custodian I/II

East Fairmont Middle HB

West Fairmont Middle

Mannington Bus Garage

210 Days

210 Days

4:30 pm-11:30 pm

3:00 pm-10:30 pm

Effective: January 18, 2023

S23 01 05 05

Erica Sestito

ECCAT K-Itinerant

Bus Aide #41

Watson Elementary School

Transportation Department

200 Days

200 Days

9:00 am-3:00 pm

5:50 am-8:15 am 1:30 pm-4:15 pm

Effective: January 18, 2023

S23 01 05 01

Christina Sayer

Bus Operator #49

Bus Operator #42-22

Transportation Department

Transportation Department

200 Days

200 Days

6:10 am-8:45 am 1:45 pm-4:15 pm

5:30 am-8:45 am 1:15 pm-4:30 pm

Effective: January 18, 2023

S22 12 21 02

Trina Summers

Sign Support Specialist-Itinerant Sign Support Specialist-Itinerant

Fairmont Senior High School

West Fairmont Middle HB

200 Days 8:00 am-3:00 pm 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

22-2320

Karengton Hart

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 <u>David Thompson</u>, Custodian, be suspended for <u>3 school days</u> 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 - UNAUGHTORIZED WORK STOPPAGE

5033-NEW-P01406 - DETERMINATION OF EMPLOYEE OR INDEPENDENT WORKER

5034-REVISION - PO0100 - DEFINITIONS

5035-REVISION - PO4122.01- DRUG FREE WORKPLACE

22-232

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 perolember 17029 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 NA

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
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		Regular Session	6:00 pm	Central Office
Mar 7	Tue	Special Session	1:00 pm	Central Office

22-2320

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

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 <u>DISCUSSION - NEW POLICIES, REVISIONS & DELETIONS</u>

First Review - 1-23-23

Second Review 2 6-23

Third Reading - 2-20-23

5046-REVISION - PO3124.01 - PROBATIONARY CONTRACT

5047-REVISION - PO3124.02 - CONTINUING CONTRACT

5048 REVISION - PO4124.02 CONTINUING CONTRACT

PULLED 25-7000 EXPULSION HEARING

DECOMMENDATION: MOTION	VEAC.	NAVC	
RECOMMENDATION: MOTION	1273	TVATO.	
Thomas Dullada			

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
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. 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 Fairment M	ddlo School
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Booster Group West Fairmont Middle School ATO

Aligning County Booster Organizations with WV State Accounting Procedures

- All booster groups must follow the <u>"Accounting Procedures Manual For The Public Schools In The State Of West Virginia".</u>
- 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 <u>cannot be deposited</u> into school account.
- Booster groups must provide financial records at the end of the year to principal.

of the	e year to principal.
1) Name of booster Group: West Fairment Middle	School PTO
2) Booster Group FEIN (MUST INCLUDE A COPY OF THE IRS	FEIN VERIFICATION
3) Booster Group by-laws submitted by August 1st of each year. Date received 1-24-23	(UPDATED)
4) Date of the election of booster officers: December 13,	2022
5) Name of booster President: Lisa Hutchinson	Phone# <u>304-365-</u> 5472
6) Name of booster Vice President: Jennifer Molina	_Phone# <u>304-476-</u> 2380
7) Name of booster Secretary: Ashley Beighley	Phone# 304-312-0333
8) Name of booster Treasurer: Coctaie 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): Date submitted: 2-3-23
11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application:
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 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.

ANNUAL FINANCIAL REPORT 2021-2022

SCHOOL West Fairment Middle School	
Booster Group West Fairmont Middle School PTO	

Reconciled Beginning Balance as of July 1, 2021 Total Annual Income Total Annual Expenses

Reconciled Ending Balance as of June 30, 2022

15,515,51 1.53 ADD (441.77) SUBTRACT 15,075.31

Booster President Signature <u>Lisa Hutchinson</u> Date <u>02-03-23</u>

Booster Treasurer Signature Wyckoff Date 02-03-2



CERTIFICATE OF LIABILITY INSURANCE

22-2322 DATE (MIN/DD/Y

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). CONTACT NAME: Joni Wilson United Security Agency, Inc. PHONE (AC. No. Ext): 3043631660 FAX (A/C, No): 304-363-5956 1207 Fairmont Ave ADDRESS: joniwilson@unitedsecurityagency.com Fairmont WV 26554 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Erie Insurance 26830 WESTFAI-02 INSURED INSURER B : West Fairmont Middle School PTO INSURER C: 110 10th St. Fairmont WV 26554 INSURER D : INSURER E : INSURER F : **CERTIFICATE NUMBER: 1230260756 COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP INSR TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY Q61-0253487 1/30/2023 Α 1/30/2024 **EACH OCCURRENCE** \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR \$ 1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** \$ 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) S AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE 5 RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$

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

f yes, describe under DESCRIPTION OF OPERATIONS below

> 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

E.L. DISEASE - POLICY LIMIT



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 Soffball
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.
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 14, 2022
4) Date of the election of booster officers: <u>July 18t</u> 2022
5) Name of booster President: <u>Jeff Singleton</u> Phone # <u>304-677</u> -1303 6) Name of booster Vice President: <u>Becky Singleton</u> Phone # <u>304-677</u> -9914
7) Name of booster Secretary: Mindy Myers Phone # 304-157-225
8) Name of booster Treasurer: Angle Slater Phone #304-844-6669
9) Booster fundraisers listed on school fundraiser calendar in the main office:

10) Proof of booster Liability Insurance to principal (Must include Marion County Schools as an additional insured):Date submitted:/
11) Submit annual financial statement for year ending June 30, 2022 of the school support organization with this application: Date submitted: 2 (1/2 3
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
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

9999999999

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

REVISED DECLARATIONS

GENERAL LIABILITY POLICY

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/Q LACEY PARKER

PO BOX 461

GRANT TOWN WV 26574-0461

ITEM 3. Other Interest

BUSINESS TYPE - OTHER

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

YPE OF POLICY - OCCURRENCE

OUNTY - MARION

THE ERIE'S LIMIT OF PROTECTION FOR EACH COVERAGE IS STATED BELOW.

HIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS.

LIMITS OF INSURANCE

ACH OCCURRENCE LIMIT

DAMAGE TO PREMISES

RENTED TO YOU LIMIT

\$1,000,000 ANY ONE PREMISES MEDICAL EXPENSE LIMIT \$ 5,000 ANY ONE PERSON

ERSONAL & ADVERTISING INJURY LIMIT \$1,000,000 ANY ONE PERSON OR ORGANIZATION

\$1,000,000

ENERAL AGGREGATE LIMIT

\$2,000,000

RODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT INCL IN GENERAL AGGREGATE LIMIT

COVERAGES & PREMIUMS

REMISES/OPERATIONS

RODUCTS/COMPLETED OPERATIONS

INCLUDED

PTIONAL COVERAGES -

ADDITIONAL INSUREDS

35.

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

PPLICABLE FORMS - SEE SCHEDULE OF FORMS



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

REVISED DECLARATIONS

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

ORM 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
G2101	11/05	OR LESSORS OF PREMISES
•	11/85	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
LQT	03/12	EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES

ANNUAL FINANCIAL REPORT 2021-2022

school_North Marion High School_
Booster GroupSO++ball
Reconciled Beginning Balance as of July 1, 2021 Total Annual Income Total Annual Expenses Reconciled Ending Balance as of June 30, 2022 \$5,529.41 \$8,000.00 ADD \$9,224.44 SUBTRACT \$4,304.91
Booster President Signature Vichi Bupper Date 7/6/22
Booster Treasurer Signature Agri Slotto Date 7-6-22



c. 2/0/1/19/2023

MARION COUNTY BOARD OF EDUCATION

1516 MARY LOU RETTON DRIVE FAIRMONT, WV 26554

MR. CHAD A. NORMAN **ADMINISTRATIVE ASSISTANT TECHNOLOGY, TRANSPORTATION, & CHILD NUTRITION** Work 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.

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@wvesc.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



APC SERVICE AND ORDER SUMMARY FORM

Opportunity ID# OP-221017-12555546

PO#

Date: 01/18/2023

Quote ID# **Account ID#** Valid for 90 Days

INVOICE TO:			EQUIPMENT LOCA	ATION or SHIP TO ADDRESS				
Comp	pany Name: _	Marion Co Schoo	ol District Company Name: We		West F	est Fairmont Middle School		
Stree	Street: 1516 Mary Lou R		etton Drive	Street: 110 10		0th Street		
City:	city: Fairmont			City:	Fairmo	nt		
State		WV z	tip: 26554	State:	WV	Zip:	26554	
Conta	act:	Tara Stanley		Contact:	Allen C	Canfield		
PH:					304-51	6-7955		
EMAI	IL: (cnorman@k12.wv	.us	EMAIL:	acanfie	eld@wvesc.org		
	tract Start Dat		ontract End Date:		empt Certif	ication Attached Federal	Tax ID: on file	
QTY	Part Numbe	r S/N#	Descr	iption of Services		Unit Price	Extende	ed Price
1	ULTRA-PX-38	PD1028360163	1 ' '	(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 Multi-Unit Discount		\$15,700.00 (\$1,570.00)
						PO Total		\$14,130.00
Paymo	ent Terms	Ship	ping Options	FOB Freight/S	Shipping '	* 		V. 11.0000
X Net 30 Exp Credit Card Air Fr		ort Packaging eight			ollect. Must supply Car Add. Freight charges wi			
lvanta	ge Ultra Conf	tract 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)

MA.	Alongon,
	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 sighn and forward to county office for approval. Please submit one field trip form per bus needed.
•	Northmanon 1-19-23 Oliveto your School Date Submitted Sponsor(s) Sub Needed Sub Needed
	Group Date of Trip Chaperone(s) Sub Needed
	Number to be transported Lexington KY - 369 W- Vine St. Lexington Ky Destination Destination 40587
	Purpose of activity ORSENT a Day at the Suth lasten theatre Number of School Days Lost 4 Approximate Cost 8,000 Source of Funding Tuelluise
1	Transportation Information Time bus to be loadedam / pmam / pm
ī	Type of Transportation Private Auto Commercial Carrier Driver Driver
A	Approval (granted) denied) Approval (granted) denied) Approval (granted) denied) Approval (granted) denied) Transportation Date Date Date
•	Driver's Trip Report
В	Bus Capacity Total Number Transported
D	Destination Date of Trip Day of Week
Ti	Pre-Trip am / pm

tb/2017

Sponsor/Chaperone

White - Accounting

(Verify all times)

Driver Signature

Yellow – Transportation Office

Mileage

Pink – Driver

Gold – Driver

Fuel

241. 1	wege	a,		,
Llu	se p	loses	net	
agen	do	for	0000	1
appr	real.	Suto	10	
//	11			- // ii

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 sighn and forward to county office for approval.

Please submit one field trip form	per bus needed.			
porth marbo	1-19-03	_ oliveto	<u> 4e</u>	
School	Date Submitted	Sponsor(s)	S	ub Needed
theatre	3-3-23	hatka	yes	
Group	Date of Trip	Chaperone(s)	0 s	ub Needed
_35	Lexingh K	4-369 W.	Vihe St	. Lexinger
Number to be transported		Destination	,40	507
Purpose of activity	up ton sa	wh eastern		re contino
Number of School Days Lost	Approxima	te Cost # 8,000 s	iource of Funding	- fundris
				AT THE PROPERTY OF THE PARTY OF
	Transportation	tion Information		to NMHS P.
Time bus to be loaded	3 am/pm Le	Approximate time to	return	am /em
Type of Transportation	Private Auto			
		rrier List Carrier		
Is School to pay ~r?	Yes N	0		
Approval /	Principal	2 Make Date	1-19.2	20/3
Approva	nty Office	La 2/81 Date	2-24-	2023
Approval	tion	Date		
AT EXPLANA	1 / 4			
	(7)		N. William	
	15 1	Peport		
* / /	12 /40	To	tal Number Trans	ported
	3 2 3 7 3 7 3	N OF IN	of Week	
1/5	و الو لي يو الح ال	33 / / _		
1/2/	るなうれ	2/1/		
2 2	F 2 + 3 7 3			
1/177	15 2	2 8		
	19 3.5	1 (3)		
Sponsor/Chaperone	356	10	Mileage	Fuel
tb/2017 White -	Account	ion Office	Pink – Driver	Gold - Driver

Ils. Blaught, on the agenda, overnight.

tb/2017

White - Accounting

Marion County Board of Education Field Trip Request Form

22-2325 22-2325

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 sighn and forward to county office for approval.

Please submit one field trip form per	r bus needed.	- K	and but		
NMHS	1-17-23	Jame K Kuitlyn	Knight	疆	NO
School	Date Submitted		sor(s)	Sub Ne	eded
Robotics	1128/23		A	$\mathcal{N}/$	<i>A</i>
Group	Date of Trip	Chape	rone(s)	Sub Ne	eded
9	John M.	arphall He	r		
Number to be transported			nation		
Purpose of activity Robo	Eics Qua	lifier			
Number of School Days Lost	Approxim	mate Cost	OO Source	of Funding R	botics
2:5	Transport	tation Information			09111
Time bus to be loaded	am / om	Approxim	ate time to retur	n 6:00	am /(pm
Type of Transportation	Private Auto				
		Carrier List Carrier hty School Bus Nun			
Is School to pay driver?	Yes	No			
Approval (granted) denied)	Principal	14m/.)	1/200 /	-17-201	2
Approval (granted) denied)	County Office	da Von	Date /-	19-202	3
Approval (granted / denied)	Transportation	- 2			
					34
	Drive	r's Trip Report			
Bus Number	Bus Capacity _		Total Nu	mber Transporte	d
Destination	Da	ate of Trip	Day of W	eek	
limes:	☐ Day One	☐ Day Two	f	·····	
Pre-Trip		am / pm	1		
Bus available to load Departure Time		am / pm am / pm			
Return Time		am / pm			
Completion of bus clean		am / pm			
ponsor/Chaperone (Verify a	all times) Di	river Signature	Mil	eage	Fuel

Yellow - Transportation Office

Pink - Driver

		N e	

to be ploced or the a under for overest.

tb/2017

White - Accounting

Marion County Board of Education Field Trip Request Form

22-2327 M. JAN 19 2000

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 sighn and forward to county office for approval. Please submit one field trip form per bus needed. Chaperone(s) oalfield Number to be transported Purpose of activity _ Source of Funding Robotics **Number of School Days Lost Transportation Information** 6:00 Time bus to be loaded 2:50 am / 6m Approximate time to return ___ Type of Transportation Commercial Carrier List Carrier ____ Marion County School Bus Number _____ Driver Is School to pay driver? Approval /(granted)/ denied) Principal. Approval (granted) denied) County Office Approval (granted / denied) Transportation _ **Driver's Trip Report** Bus Number _ Bus Capacity ______ Total Number Transported Destination _____ 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

Yellow - Transportation Office

Pink - Driver

agenda for bound appeared. Thompsen

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 sighn and forward to county office for approval. Please submit one field trip form per bus needed. Number to be transported 550 Source of Funding 5to **Number of School Days Lost** Approximate Cost ____ **Transportation Information** Time bus to be loaded 10: λ Approximate time to return _ Type of Transportation **Private Auto** Commercial Carrier List Carrier **Marion County School Bus** Number_ Is School to pay driver? ___ Yes Approval (granted) denied) Principal Approval ((granted) denied) County Office / Approval (granted / denied) Transportation _ **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

Les placeonthe bond approved. Overwith.

Marion County Board of Education Field Trip Request Form

22-23 28

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 sighn and forward to county office for approval. Please submit one field trip form per bus needed.

Please submit one field trip form pe	er bus needed.			
NMHS	12/13/22	BShac		Yes //
School	Date Submitted	Spon	sor(s)	Sub Needed
Genealogy	3 31 23	_ Shilat	lawkins	Yes
Group O	Date of Trip	Chape	rone(s)	Sub Needed
20	fly back-	to Yitts	ulg	
Number to be transported		Desti	nation	
Purpose of activity Ret	un back t	O NMHS:	West Vin	ginia
Number of School Days Lost	4 Approxi	imate Cost <u>550.</u>	Source of F	unding Student
	Transpor	rtation Information		
	1820		•	
Time bus to be loaded $\frac{10}{3/3/123}$	am/em	Approxin	nate time to return	12:05 am pn
Type of Transportation	Private Auto	D	1.101	
	Commercial	l Carrier List Carrier	Je+Blue	
	Marion Cou	inty School Bus Nur	nber Driver_	
Is School to pay driver?	Yes	No		
	-	11-11	,	
Approval granted denied)	Principal	7 Melak	Date <u> </u>	-2023
Approval (granted denied)	County office	ada The	_ Date <u>[-13</u>	-2023
Approval (granted / denied)	Transportation		Date	
				~
	Drive	er's Trip Report		
Bus Number	Bus Capacity		Total Numbe	er 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 clear	nup am/pm	am / pm		<u> </u>
Sponsor/Chaperone (Verify	all times)	Driver Signature	Mileag	e Fuei
, , , , , , , , , , , , , , , , , , , ,				

tb/2017

White - Accounting

Yellow - Transportation Office

Pink - Driver

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 sighn and forward to county office for approval. Please submit one field trip form per bus needed. Sub Needed **Sub Needed** Massachuse Number to be transported Approximate Cost \$ 797 per perso N Source of Funding 5 to **Number of School Days Lost**

Transportation Information

minus airline = \$550

Time bus to be loaded 5.3	30 (am) pm	Approximate time to return 2:30 (am) pr	m
Type of Transportation		rier List Carrier Jet Blue Airlines.	
	Marion County S	School Bus Number Driver	_
is School to pay driver?	Yes No		
Approval granted denied)	Principal Zando	Date 1-12-7023	
Approval (granted) denied)	County Office	1-7/8 Date 1-13-2023	200
Approval (granted / denied)	Transportation	Date	
			_

Driver's Trip Report

Bus Number	Bus Capacity _	····	Total Number Transported	
Destination	D	ate of Trip	Day of Week	
Times: Pre-Trip Bus available to load Departure Time Return Time	☐ Day One am / pm am / pm am / pm am / pm	☐ Day Two am / pm am / pm am / pm am / pm		
Completion of hus cleanup	am / pm	2m / pm		

Sponsor/Chaperone

Bus Number

(Verify all times)

Driver Signature

Mileage

Fuel

tb/2017

White - Accounting

Yellow - Transportation Office

Pink - Driver

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Pls. place on the agenor for borns	Marion County Board Field Trip Reques 1/27/2023 all must be submitted at least two weeks pri	of Education	JAN 2 7 2 2 - 2 3 2 9
apploal. OUT of S	Field Trip Reques	st Form	22-5520
All field trips requiring Board approve	1/77/2023 al must be submitted at least two weeks pri		
	impleted copies are to be submitted to the		to county office for approval
Please submit one field trip form per	bus needed. Max	nde James	, ,
Francisco El purputton	Julie 2	Howard Willis	lk z
Fairview Elementary School	Date Submitted	Sponsor(s)	Sub Needed
		•	
2nd grade	May 5, 2013 May Date of Trip	ray dames, elice Howa	W Willis No
Group	Date of Trip	Chaperone(s) 4 School Nu	-در Sub Needed
31 structs 3 adults	Laurel Coverns, PA		
Number to be transported		Destination	
Purnose of activity Europe	ent and extention of	· · · · · · · · · · · · · · · · · · ·	
			Herbitates
Number of School Days Lost	Approximate Cost	15/stratent Source of Fu	inding Students / school / DTC
A		200 200 E SE SE SE	Participation of the Participa
	- interest in the second		L.
	Transportation Info	rmation	
Time bus to be loaded 8:40	am/ pm	Approximate time to return	3:00 am (pm)
Type of Transportation	Private Auto		
		st Carrier	
	X Marion County School Bu	is Number Driver	
Is School to pay driver?	X Yes No		
	July M	· T 16	1-
Approval (granted) denied)	Principal // Colonia	Date	5/23
Approval (granted / denied) Approval (granted / denied)	County Office	Date 1/2	12003
Approvat (granted / denied)	Transportation	Date	<u> </u>
			The state of the s
	Driver's Trip Re	port	
Bus Number	Bus Capacity	Total Number	Transported
Destination	Date of Trip	Day of Week	
	vale of mp_	Day UI WEEK	
Times:	☐ Day One ☐ Day Tv		
Pre-Trip	am / pm am .	/ ma /	

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 ail times)

Driver Signature

Mileage

Fuel

tb/2017

White - Accounting

Yellow - Transportation Office

Pink – Driver

least one week prior to the trip. All com Please submit one field trip form per b	pleted copies are to be submitted to the principal will us needed. Date Submitted Date Submitted	egular Board Meeting. All other requests must be in at no will sighn and forward to county office for approval. Sub Needed
Number to be transported	Destin	action 8
	nce Trip	
Number of School Days Lost	1 Approximate Cost 3560	Source of Funding Fundrais
		Francia
	Transportation Information	
Time bus to be loaded	amy pm Approxim	ate time to returnam /6m
Type of Transportation	Private Auto	
-		nber Driver
3. 3.	Waster County School Bus Num	DITACI
Is School to pay driver?	Yes No	
Approval (granted) denied)	Principal	
Approval (granted / denied) Approval (granted / denied)	Transportation	Date //27/2023
white Reguled (delied)	mansportation	Jate
	Driver's Trip Report	2/
Bus Number	Bus Capacity	Total Number Transported
Destination	Date of Trip	Day of Week
Times:	☐ Day One ☐ Day Two	
Pre-Trip Bus available to load	am / pm am / pm am / pm	
Departure Time	am / pm am / pm	
Return Time	am / pm am / pm	

Sponsor/Chaperone (Ve

(Verify all times)

Driver Signature

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tb/2017 White - Accounting

Yellow - Transportation Office

Pink - Driver

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Marion County Board of Education Field Trip Request Form

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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 sight and forward to county office for approval. Please submit one field trip form per bus needed-Number to be transported Number of School Days Lost_ Source of Funding **Transportation Information** Time bus to be loaded Approximate time to return _ Private Auto / Type of Transportation **Commercial Carrier** Marion County School Bus Number ____ Is School to pay driver? __ Yes Approval (granted / denied) Principal _ Approval (glanted) denied) County Office 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

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tb/2017

White - Accounting

Marion County Board of Education 22 2332

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 sighn and forward to county office for approval. Please submit one field trip form per bus needed.

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Yellow - Transportation Office

Pink - Driver

7510 F1/page 1 of 3

MARION COUNTY BOARD OF EDUCATION This agreement dated the Marion County Board of Education (hereafter known as MCBOE) and the Greater Falmont 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 FAIRmord serior Auxillay Cum NOW, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the Organization agree that: ł. Organization Name Greater Fairmont Council of Churches II. Contact Name Rev. DD Meighen 111. Address 3 Park Drive, Fairmont, WV 26554 IV. Phone Number 304-366-4511 The MCBOE covenants and agrees that it shall, from Feb 5

through Feb 7, - 1:00-5:00, Anake available to the Greater Fairmont Council of Churches the use of FA Irm Mt SR Aux, Illum Cym for the purpose of £05 kthall ... The activities herein described pertain to the V. 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

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.

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

7510 F1/oace 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 Farmat Sn Autilian 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 \$ per in addition to a \$ custodial fee per	
	(Additional fees may apply depending on facility) \$ for	
X.	Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for all events during the term of this agreement.	
	Information: (minimum of \$1,000,000 liability required by MCBOE)	
	Insurance Company: South-Carpenter Agency Inc	
	Policy Number TM256045	

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.	
	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.	

1 5 5 5 7 7

XIV.	MCBOE shall inspect Fat So Author Gym	7510 F1/page 3 of 3 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 assign others. If the key is used by others or during non-scheduled til terminated.	
XVI.	The terms of this Agreement and all privileges, rights, obligations force and effect from	s, tiuties and liabilities hereunder shall remain in until the <u>FB 5,7025</u> day of days written notice to the other may, with impunity,
	terminate this agreement immediately for any reason whatsoever. existing between the parties. There are no other agreements, agreement. The AGREEMENT and all terms and provisions successors and assigns.	This agreement constitutes the entire agreement oral or otherwise, which modifies or affects this
1	Yeu De Marghan	January 2023
	esentative of Organization	Date 31/23
Admir	nistrative Assistant of Maintenance, Facilities and Alhietics	Date
Supe	rintendent	Dale
Воаго	1 President	Oate
8/26/6 2/23/		

8/12/21 11/30/21 3/3/22 07/28/22 4 - 5 3

7510 F1/page 1 of 3

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

Educat	reement dated the16thday ofJanuary,2023, by and between the Marion County Board of ion (hereafter known as MCBOE) and the _MCPARC dba K-3 Basketball League (hereafter known as zation).
	EAS, the Marion County Board of Education is the owner and manager of a certain facility known asWhitehall ntary School,
	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the zation agree that:
l.	Organization NameMarion County Parks & Recreation Commission dba K-3 Basketball League
!].	Contact NameTina Mascaro
III.	Address _PO Box 1258, Fairmont, WV 26555 1000 Cole Street Suite B, Pleasant Valley, WV 26554
IV.	Phone Number304-363-7037
V.	The MCBOE covenants and agrees that it shall, fromJanuary 16, _, _223_ through _March 4, _2023, make available to the _MCPARC dba K-3 Basketball League thegymnasium_ for the purpose ofK-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 permissibleunless such ventures would not have a community purpose.

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

VII.

		N Number55-6060152 (Include a copy of your W-9 Request for Taxpayer attification Number & Certificate)	
√III.	•	anization covenants and agrees that the scheduling of its events utilizing thegymnasium nerein shall be coordinated with and through the Organization, and said schedule will be prov	
	Admir	ninistrative Assistant of Maintenance, Facilities, and Athletics.	
Χ.	•	anization agrees to a facility use fee of \$n/a per in addition to a \$n/a	custodial fee
	(Addit	ditional fees may apply depending on facility) \$n/a for	
Χ.		anization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident vents during the term of this agreement.	insurance for
		**************************************	ity Insurance
	Insura	rance Company:Risk Management Programs	
	Policy	cy NumberWV-MA-024P-23	
	****	**************************************	
XI.	Organ losse:	anization covenants and agrees that it shall save MCBOE harmless from and indemnify it against es, claims, demands, costs, expenses, and judgments of any nature arising or alleged to risnection with the following:	
	A	Any injury, or the death of, any person or persons or loss or damage to property on or about or any adjoining property arising from or connected with the premises during the term of this	
	В,	Performance of any labor or services or the furnishing of any materials or other property in repremises or any part thereof by or at the request of the Organization. Organization shall resist any action, suit or proceeding brought against the MCBOE by reason of the occurrence of aforementioned by the MCBOE.	st and defend
XII.	-	anization covenants and agrees that it shall be responsible for the condition of the facility after the second state of the facility after the responsible for any damages or expenses resulting from Organization's use of the facility	-
XIII.	•	anization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal nicipal authorities including but not limited to all safety regulations and health department rules and	10
XIV.	МСВ	BOE shall inspectWhitehall Elementary gymnasium after Organization's usage to ensure that	no damages

occurred as a direct result of Organization's usage.

	er and assigns only, with no duplicates to be made or used by scheduled times by others, this contract will be immediately
force and effect fromJanuary 16, 2023, uparty upon thirty (30) days written notice to the other any reason whatsoever. This agreement constitutes	is, obligations, duties and liabilities hereunder shall remain in ntil the4th day of _March 2023; however, either may, with impunity, terminate this agreement immediately for the entire agreement existing between the parties. There are es or affects this agreement. The AGREEMENT and all terms on their successors and assigns.
Tina Mascaro	
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 a	greement dated the	41	, by and	l hetwee	n tha
Marior		MCE		and	the
	Girls on the Run Worth (en W (hereafter known as Org				
			-		
WHER	REAS, the Marion County Board of Education is the owner and manager of	a certa	ain facili	ty know	n as
	Layerne				
NOW,	THEREFORE, in consideration of the mutual promises and covenant herein provi	ida 46-6	45- 440	205	
Organi	ization agree that:	ide that	the MCI	BOE and	d the
ie:	Organization Name Girls on the Run				
II.	Combined Manage A				
u.	Contact Name Any Joses 928 Henry Prive	_			
111,	Address Fairmont, W/ 26554				
	SECTION AND LINES.				
IV.	Phone Number 304 - 826 - 6341	_			
	The Monor				
V.	The MCBOE covenants and agrees that it shall, from 1/21/2023 through			<u></u>	
	GOTR , ma	ke a	vailable	to	the
	Tayenne	the	purp	nee	the of
	The activities herein described pertain	to the	Organiza	ation's a	roup
	exclusively. The MCBOE reserves the right to eliminate any of the above days that the	ere is no	school a	nd/or sp	ecial
	programs occurring in said facility. The MCBOE will provide a schedule to the Orgifacility will not be available.	anization	with tho	se dates	the
	raciny will not be available.				
VI.	Is the planned activity a non-profit making venture?				
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-ma	king organ	izations.		
	July 22, 1985 St. Superintendent interpretation states in part that question: is it permissible for private org			als to utiliz	e

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

7510 F1/page 2 of 3

VII.	Organization agrees to assure that said Organization is a Not-For-Profit entity.		
	FEIN Number 47-1358242 (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 theas provided for herein shall be coordinated with and through the Organization,		
	and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.		
IX	Organization agrees to a facility use fee of \$ per		
	(Additional fees may apply depending on facility) S for 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.		
	Information: (minimum of \$1,000,000 liability required by MCBOE)		
	Insurance Company: NFP Corporate Services		
	Policy Number PHP KA511 A98		
	************************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 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		

damages occurred as a direct result of Organization's usage.	after Organization's usage to ensure that no
XV. Organization will receive one key to be used by signer and assign others. If the key is used by others or during non-scheduled tin terminated.	ns only, with no duplicates to be made or used by mes by others, this contract will be immediately
XVI. The terms of this Agreement and all privileges, rights, obligations force and effect from; however, either party upon thirty (30) d	day of ays written notice to the other may, with impunity,
terminate this agreement immediately for any reason whatsoever, existing between the parties. There are no other agreements, agreement. The AGREEMENT and all terms and provisions had successors and assigns.	This agreement constitutes the entire agreement
Representative of Organization	Date /dod 3
Principal or Designee	Date (12112023
Administrative Assistant of Maintenance, Facilities and Athletics	Date
Superintendent	Date
Board President	Date

8/26/08 2/23/15

8/12/21 11/30/21

3/3/22

07/28/22



CERTIFICATE OF LIABILITY INSURANCE

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	NAME: Alison Hernandez		
NFP Corporate Services (SE), Inc. 1901 Roxborough Road	PHONE (AC. No. Ext): 17046725144 E-MAIL ADDRESS: alison.hernandez@nfp.com	(A/C, No):	
Suite 300	ADDRESS: alison.hernandez@nfp.com		
Charlotte NC 28211	INSURER(S) AFFORDING CO	VERAGE	NAIC #
	INSURER A : Allmerica Financial Benefit Insurance Company		41840
GOTROFN-01 Girls on the Run of N. Central West Virginia	INSURER 8 : Philadelphia Indemnity Insurance Company		18058
919 Canyon Road	INSURER C :		
Morgantown WV 26508	INSURER D :		
	INSURER E :		
100 10000	INSURER F:		
COVERAGES CERTIFICATE NUMBER: 155778640	DEVIC	ON 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.

ISR TR	TYPE OF INSURANCE	NSD WYD		POLICY EFF	POLICY EXP	LIM	TS
8	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		PHPK2511298	2/1/2023	2/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
	X Aubse/Molestatio			1 10		MED EXP (Any one person)	\$5,000
	X Special Events					PERSONAL & ADV INJURY	\$ 1,000,000
	GENT AGGREGATE LIMIT APPLIES PER.					GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- X LOC				1	PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:				g g		\$
В	AUTOMOBILE LIABILITY		PHPK2511298	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT [Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	S
	OWNED SCHEDULED AUTOS				1	BODILY INJURY (Per accident	5
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
					/		\$
В	X UMBRELLA LIAB X OCCUR		PHUB848960	2/1/2023	2/1/2024	EACHOCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE				0	AGGREGATE	\$ 10,000,000
-	DED X RETENTION\$ 10,000						3
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		W26D437786	1/6/2023	1/6/2024	X PER OTH-	
6	ANYPROPRIETORPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYE	\$ 500.000
- 1						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	CANCELLATION
Marion County Board of Education	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1516 Mary Lou Retton Drive Fairmont WV 26554	AUTHORIZED REPRESENTATIVE

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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 black			-			
	Girls on the Run of North Central West Virginia, Inc.	FIRST TOUTE WIS INTO DISTING						
	2 Business name/disregarded entity name, if different from above							
က် ရွှ	3 Check appropriate box for federal tax classification of the person whose name	ne is entered on line 1. Che	eck only one of the	4 Exemption	ns (codes	apply or	nty to	
ebad u	following seven boxes. Individual/sole proprietor or C Corporation S Corporation	m	certain entities, not individuals; see instructions on page 3):			366		
. 9	Individual/sole proprietor or C Corporation S Corporation single-member LLC	☐ Partnership	☐ Trust/estate	Exempt paye				
8 2	_							
2 2	Limited liability company. Enter the tax classification (C=C corporation, S= Note: Check the appropriate box in the line above for the tax classification							
Print or type. Specific Instructions on	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax puls disregarded from the owner for U.S. federal tax puls disregarded from the owner should check the appropriate box for the tax	Exemption from FATCA reporting code (if any)						
Ğ	☐ Other (see instructions) ► Non-profit corporation exem		(Apples to accour	els maintained	l outside the	USI		
8	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name	and address (o	ptional)			
88	919 Canyon Road							
	6 City, state, and ZIP code							
	Morgantown, WV 26508							
	7 List account number(s) here (optional)							
Part								
Enter y	our TIN In the appropriate box. The TIN provided must match the name	e given on line 1 to avo	oid Social sec	curity number				
resider	o withholding. For individuals, this is generally your social security num at alien, sole proprietor, or disregarded entity, see the Instructions for F	Part I later For other			7 [
entities	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to get	ta	_	-[
TIN, lat		_	or					
Note: I	f the account is in more than one name, see the instructions for line 1.	Also see What Name a	and Employer	Identification	number			
Numbe	er To Give the Requester for guidelines on whose number to enter.		4 7	4 2 5			Π.	
10.700		iii		- 1 3 5	8 2	6 2	'	
Part								
	penalties of perjury, I certify that:							
2. I am Serv	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from back ice (IRS) that I am subject to backup withholding as a result of a failure anger subject to backup withholding; and	kun withholding or (h)	I have not been a	atified by the	Internal	Revent ne that	ue I am	
	a U.S. citizen or other U.S. person (defined below); and							
	FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting	n is correct					
	ation instructions. You must cross out item 2 above if you have been no			iact to backur	n withhale	dia - 5 - 4		
you nav	re failed to report all interest and dividends on your tax return. For real esta tion or abandonment of secured property, cancellation of debt, contributio an interest and dividends, you are not required to sign the certification, bu	ate transactions, item 2 ins to an individual retire	does not apply. Fo	r mortgage in	terest pai	id,		
Sign Here	Signature of U.S. person ► WWW WWW	D	_{late} ▶ Janu	ary 24, 2	:023			
	eral Instructions	• Form 1099-DiV (div funds)	idends, including	those from s	tocks or	mutual		
Section noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (v proceeds)	various types of in	come, prizes	, awards,	, or gro	SS	
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock transactions by broke	K or mutual fund s	ales and cert	ain other	ı		
	ey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proce	eeds from real est	ate transactio	ons)			
Purp	ose of Form	• Form 1099-K (merc				actions	:)	
An indivinforma	vidual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	• Form 1098 (home m						
identific	ation number (TIN) which may be your social security number	• Form 1099-C (cance	eled debt)					
(SSN), i	ndividual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number	• Form 1099-A (acqui-	•	nent of secur	ed prope	erty)		
(EIN), to	report on an information return the amount paid to you, or other	Use Form W-9 only						
	reportable on an information return. Examples of information	alien), to provide your						

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.

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

KIT .

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

22-2336

This a	agreement dated the 23 rd day of October , 2022, by and between the
Mario	on County Board of Education (hereafter known as MCBOE) and the
	South Ridge Church (hereafter known as Organization).
	9
WHE	REAS, the Marion County Board of Education is the owner and manager of a certain facility known as
V	Natson Elementary
NOW.	THEREFORE in consideration of the mutual promises and sourced basis and it is a second of the mutual promises and sourced basis and it is a second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the mutual promises and sourced basis and the second of the se
	, THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the nization agree that:
1.	Organization Name <u>South Ridge Church</u>
	9
11.	Contact Name Jennifer Wilson
111.	Address 1659 Fairmont Ave, Fairmont, WV
111.	•
_V.	Phone Number 304-363-0190 (Office) 304-376-2681 (cell)
)	
V.	The MCBOE covenants and agrees that it shall, from Feb. 10 at 4 pm, Feb. 10 at 10 pr
	through teb. 10 at 10 pm
	South Ridge Church the
	Cafeteria, Kitchen, and two adjacent roomsfor the purpose of
	Night to Shine Caregiver Resarc 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? Ves
	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.

FEIN Number <u>20-2178215</u> (Include a copy of your W-9 Request for Taxpayer Rediffication Number & Certificate) VIII. Organization covenants and agrees that the scheduling of its events utilizing Watson Elementary as provided for herein shall be coordinated with and through the Organization said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics. IX. Organization agrees to a facility use fee of \$	
as provided for herein shall be coordinated with and through the Organization and said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics. IX. Organization agrees to a facility use fee of \$ per Wared in addition to a \$ custodial fee per // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (Additional fees may apply depending on facility) \$ Wared for // (36
(Additional fees may apply depending on facility) \$ Walved for	the tion,
X. Organization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance all events during the term of this agreement. This section must be completed Liability Insuration: (minimum of \$1,000,000 liability required by MCBOE)	
all events during the term of this agreement. This section must be completed***********************************	
Information: (minimum of \$1,000,000 liability required by MCBOE)) for
Insurance Company: Brotherhood Mutual Policy Number 47M05A457627	nce

XI. Organization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liability losses, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from 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 premior 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 premises or any part thereof by or at the request of the Organization. Organization shall resist and defining any action, suit or proceeding brought against the MCBOE by reason of the occurrence of any of aforementioned by the MCBOE.	end
Organization covenants and agrees that it shall be responsible for the condition of the facility after usage agrees to be responsible for any damages or expenses resulting from Organization's use of the facility.	nd
Organization covenants and agrees that it shall comply with all laws, orders, and regulations of Federal, State, a	

municipal authorities including but not limited to all safety regulations and health department rules and regulations.

XIV: MCBOE shall inspect Wotson Elementary	7510 F1/page 3 ot 3 after Organization's usage to ensure that no
damages occurred as a direct result of Organization's usage	
V. Organization will receive one key to be used by signer and as others. If the key is used by others or during non-schedule terminated.	•
0:	, until the <u>Felolo</u> day of 30) days written notice to the other may, with impunity, ver. This agreement constitutes the entire agreement nts, oral or otherwise, which modifies or affects this
Representative of Organization Principal or Designee dministrative Assistant of Maintenance, Facilities and Athletics	10/26/22 Date 1-9-23 Date 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

(Re_i. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

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

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 South Ride Church	•	22-233
	2 Business name/disregarded entity name, if different from above		Tu .
Print or type, Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Cl following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
pe.	single-member LLC		Exempt payee code (if any)
r ty	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne		
Print or type, fic Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of the single-member of the single-membe	owner of the LLC is gle-member LLC that	Exemption from FATCA reporting code (if any)
ēĊ.	Other (see instructions) > Church - non-postit / tax exempt		(Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. 1659 Fairmont Acc 6 City, state, and ZIP code Fairmont, WV 26554	Requester's name a	nd address (optional)
	7 List account number(s) here (optional)		
Par			
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av up withholding. For individuals, this is generally your social security number (SSN). However, t		urity number
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a	
•	If the account is in more than one name, see the instructions for line 1. Also see What Name	or Employer	identification number
	er To Give the Requester for guidelines on whose number to enter.	20 -	2178215
Par	t II Certification		
Under	penalties of perjury, I certify that:		
2. I an Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for in not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not been no	otified by the Internal Revenue
3, I an	n a U.S. citizen or other U.S. person (defined below); and		
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.	
you ha acquis	ication instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 sition or abandonment of secured property, cancellation of debt, contributions to an individual retine than interest and dividends, you are not required to sign the certification, but you must provide you	does not apply. For ement arrangement	mortgage interest paid, (IRA), and generally, payments
Sign Here		Date ► 6/21	21
Gei	neral Instructions • Form 1099-DIV (di	vidends, including t	those from stocks or mutual

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 axpayer identification number (ATIN), or employer identification number IN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information

· Form 1099-INT (interest earned or paid)

returns include, but are not limited to, the following.

- 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 allen), 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

CERTIFICATE OF LIABILITY INSURANCE

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(les) 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).

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	DDUC					SONE			<u> </u>		
401	ner-⊦ E A	lenry Insurance Agency, Inc ntietam St., Ste B				PHONE (A/C, N	o, Ext): {000} .	231-9963	FAX (A/C, No): (888)	739-1233
		town, MD 21740				E-MAIL ADDR	ss service	bitnerhen	ry.com		
Į						111	INS	BURER(S) AFFO	RDING COVERAGE		NAIC #
						INSUR			al Insurance Compa	nv	13528
IN\$	URED					INSUR					
		South Ridge Church				INSURI	ER C :				
		1659 Fairmont Ave				INSURI	ERD:			-	
		Fairmont, WV 26554				INSUR	RE:				
		<u></u>				INSURI	177.0				
CC	VER	RAGES CER	TIF	CATI	E NUMBER:				REVISION NUMBER:		
C	ERT	IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	REQU	IREM TAIN	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	ANY CONTRAI Y THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP SED. HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSF		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	DEEN	POLICY EFF	POLICY EXP	· · · · ·		
A	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	лз T	1,000,000
	<u> </u>	CLAIMS-MADE X OCCUR			47M05A457627		0/0/2022	0/0/2025	DAMAGE TO RENTED	- -\$	300,000
			X		77 100 374 37 027		9/8/2022	9/8/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		5,000
			1						MED EXP (Any one person)	\$	1,000,000
	-								PERSONAL & ADV INJURY	- \$	5,000,000
	GE	POLICY PRO LOC		l					GENERAL AGGREGATE		
	\vdash								PRODUCTS - COMP/OP AGG	\$	5,000,000
		OTHER:	-	-					COMBINED SINGLE LIMIT	\$	
	AU	TOMOSILE LIABILITY							(Ea accident)	\$	
	\vdash	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
	Н								BODILY INJURY (Per accident) \$	
	Н	AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
			-	-						\$	
	\vdash	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	ł						EACH OCCURRENCE	\$	
	\vdash		ł	i					AGGREGATE	\$	
_	WOR	DED RETENTION \$		<u> </u>	<u> </u>	-	'		DED OTH	\$	
	AND	EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	 	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes	s, describe under	ł						E.L. DISEASE - EA EMPLOYE	S	
	DÈS	CRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	
mari	on C	ION OF OPERATIONS / LOCATIONS / VEHIC ounty Schools is named as additio 4 for the Night to Shine event held	mai ir	1\$Ure	d on this policy in relation	le, may b to the	e attached if moreuse of Watson	space is required to Elementary	ed) School, 1579 Mary Lou	Retton I	Dr, Fairmont,
CFI	RTIF	ICATE HOLDER			·	CANO	ELLATION		<u> </u>		
		Marion County Schools 1516 Mary Lou Retton Dr Fairmont, WV 26554				SHO THE ACC	ULD ANY OF T	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
							244				Í

øj.			

MARION COUNTY BOARD OF EDUCATION FACILITY USE/RENTAL AGREEMENT

22-2337

This a	greement dated the <u>Gth</u> day of <u>January</u> , 2023 , by and between the
Marior	
$ \wedge$	County Young Life (hereafter known as Organization).
WHER	REAS, the Marion County Board of Education is the owner and manager of a certain facility known as
\overline{w}	ation Elementary Gym
NOW,	THEREFORE, in consideration of the mutual promises and covenant herein provide that the MCBOE and the
Organi	ization agree that:
ł.	Organization Name Marion County Young Life
	a de la constante de la consta
I I.	Contact Name <u>Laurie</u> Paterline
10.	Address 11 Augusta Pines Dr. Farment W 26554
**************************************	Address The Motorial Transfer of Access
V.	Phone Number 304-290-220
V.	The MCBOE covenants and agrees that it shall, from <u>January</u> , <u>20213</u>
	through June, 2023 , make available to the
	Marian County Young Life the
	for the purpose of
	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?
	Criteria: 490P Attorney Gen 114 (1961) Board not authorized to rent or lease school property to profit-making organizations.
	Cincilia. 1991 Amonto, Gen 114 (1991) board not authorized to rent of rease 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.

22-2337

		Number 84 - 0385934 (Include a copy of your W-9 Request for Taxpayer Identification ober & Certificate)
VIII.	Mo	inization covenants and agrees that the scheduling of its events utilizing the Elementary as provided for herein shall be coordinated with and through the Organization, said schedule will be provided to THE Administrative Assistant of Maintenance, Facilities, and Athletics.
IX.	custo	per Waived in addition to a \$
X		nization covenants and agrees they shall provide a minimum of \$1,000,000 liability and accident insurance for vents during the term of this agreement.
	Infor Insur Polic	Example to the policy to the application************************************
XI.	losse	nization covenants and agrees that it shall save MCBOE harmless from and indemnify it against all liabilities, es, claims, demands, costs, expenses, and judgments of any nature arising or alleged to rise from or in ection 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

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.

aforementioned by the MCBOE.

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.

7510 F1/page 3 of 3

XIV.	MCBOE shall inspect Water Elementer Gym	after Organization's usage to ensure t	
7	damages occurred as a direct result of Organization's usage.	22-8	233
XV.	Organization will receive one key to be used by signer and assign others. If the key is used by others or during non-scheduled the terminated.	·	•
XVI.		s, duties and liabilities hereunder shall rem	ay of
	terminate this agreement immediately for any reason whatsoever.	This agreement constitutes the entire agree	ement
	existing between the parties. There are no other agreements,	oral or otherwise, which modifies or affect	ts this
	agreement. The AGREEMENT and all terms and provisions I	nerein shall extend to and be binding or	their
	successors and assigns.		
Repres	sentative of Organization	<u> </u>	
1	an M Docker	1-9-13	
Princip	of Designee	Date	
(2 DL	1-25-23	
dmini	istrative Assistant of Maintenance, Facilities and Athletics	Date	
Superir	ntendent	Date	
Board I	President	Date	

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



CERTIFICATE OF LIABILITY INSURANCE

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(les) 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). CONTACT NAME: PRODUCER Lockton Insurance Brokers, LLC PHONE (A/C, No. Ext): E-MAIL CA License #OF15767 Three Embarcadero Center, Suite 600 ADDRESS: San Francisco CA 94111 INSURER(S) AFFORDING COVERAGE (415) 568-4000 NAIC # INSURER A: ACE American Insurance Company 22667 INSURER B : Young Life, Et Al Attn: Insurance Department INSURER C : 420 N. Cascade Ave. INSURER D :

INSURED 1045687 P.O. Box 520 INSURER E : Colorado Springs CO 80901 INSURER F COVERAGES YOULI01 **CERTIFICATE NUMBER:** 19196382 **REVISION NUMBER:** XXXXXXX 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. ADDL SUBP POLICY EXP POLICY EFF (MM/QD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY X A Y CGO G27631150 5/1/2022 5/1/2023 EACH OCCURRENCE DAMAGE TO RENTED s 2,000,000 CLAIMS-MADE X OCCUR \$ 1,000,000 PREMISES (Ea occurrence) \$ 5,000 MED EXP (Any one person) s 2,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$ 4,000,000 GENERAL AGGREGATE PRO-JECT X LOC POLICY | \$ 2,000,000 PRODUCTS - COMPIOP AGG OTHER COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** NOT APPLICABLE * XXXXXXX (Ea accident) ANY AUTO BODILY INJURY (Per person) * XXXXXXX OWNED SCHEDULED BODILY INJURY (Per accident) * XXXXXXX AUTOS NON-OWNED AUTOS ONLY **AUTOS ONLY** HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) **\$ XXXXXXX** s XXXXXXX UMBRELLA LIAB NOT APPLICABLE OCCUR **EACH OCCURRENCE** s XXXXXXX EXCESS LIAB CLAIMS-MADE **AGGREGATE** s XXXXXXX RETENTION \$ DED \$ XXXXXXX WORKERS COMPENSATION NOT APPLICABLE STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT s XXXXXXX N/A OFFICER/MEMBER EXCLUDED: (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ XXXXXXX If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ XXXXXXX 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** CANCELLATION

19196382

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

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 REPR BENTATIVE

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Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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.										
	Young Life											
	2 Business name/disregarded entity name, if different from above											
65												
page	3 Check appropriate box for federal tax classification of the person whose nam following seven boxes.	e is entered on line 1. Che	ck only on	e of	the	certa	in e	ntitie		indi	vidue	only to ds; see
. S	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Partnership	Trust	/esta	ate				code			
\$\$	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation. P=Partners	ship).►									
Print or type. See Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded fro another LLC that is not disregarded from the owner for U.S. federal tax put is disregarded from the owner should check the appropriate box for the tax.	n of the single-member ow orn the owner unless the ov proses. Otherwise, a single	ner. Do no wner of the e-member	LLC	Cis	Exem			m FA	TCA	repo	rting
2	Other (see instructions) ► Chui	rch				(Аррбы	to m	ocouni	s mainta	draed c	u(zith	the U.S.)
क्र	5 Address (number, street, and apt. or suite no.) See instructions.		Requester	'a na	ame ar	nd ad	dres	s (op	otiona)		
88	420 N. Cascade Ave											
*	6 City, state, and ZiP code											
	Colorado Springs, CO 80903											
	7 List account number(s) here (optional)											
Part												
	rour TIN in the appropriate box. The TIN provided must match the nam o withholding. For individuals, this is generally your social security num		-	oct	al secu	irity i	חשו	ber	1 (
	nt alien, sole proprietor, or disregarded entity, see the instructions for P		"			_			_			
entities	s, it is your employer identification number (EIN). If you do not have a n			_]	<u> </u>	_	J			
TIN, la		A1	or [E		oyer i	da a dê	-	Han I				
	If the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	Also see vynat name a	no 🖺	in ba	Oper a	U-GETTU	PC-B	T	THE STATE OF THE S	91		_
	and the state of t		8	1 4	4 -	0	3	8	5	9	3	4
Part	II Certification				-			1			!	
· · · · · · · · · · · · · · · · · · ·	penalties of perjury, I certify that:											
	number shown on this form is my correct taxpayer identification numb	er (or I am waiting for a	number t	lo b	e issu	ed to	o m	e): a	nd			
2. I am Serv	not subject to backup withholding because: (a) I am exempt from bacice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kup withholding, or (b)	have not	be	en no	tified	by	the	Inter			
	a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) Indicating that I am exemp	t from EATCA reporting	is correc	t.								
	cation instructions. You must cross out item 2 above if you have been no				subje	ct to	bad	ckup	with	old	ina b	ecause
you hav	re failed to report all interest and dividends on your tax return. For real esta- tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 d ons to an individual retire	does not a ment arrar	ipph ngei	y. For ment (mort IRA),	gag	e ini d ge	erest nerall	paid y, pa	d, ayme	ents
Sign Here	Signature of U.S. person >	D	ate >		2	/.	>		>	2		
Gen	eral Instructions	• Form 1099-DIV (divi	idends, in	clu	ding t	nose	fro	m st	ocks	or r	nutu	al
Section noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (v. proceeds)	arious typ	es :	of inc	ome,	pri	izes,	awa	rds,	or g	ross
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock transactions by broke		al fu	nd sa	les a	nd	certa	ain ot	her		
	ey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proce	eds from	rea	ıl esta	te tra	ınsı	actic	ns)			
Purp	ose of Form	• Form 1099-K (merci	hant card	and	d thirc	par	ly n	etwe	ork tn	ansi	actio	ns)
informa		• Form 1098 (home m 1098-T (tuition)	iortgage i	nte	rest),	1098	-E (stuc	lent k	oan	inte	rest),
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 Use Form W-9 only if you are a U.S. person (including a res												
		• •										
(EIN), to	o report on an information return the amount paid to you, or other t reportable on an information return. Examples of information	Use Form W-9 only alien), to provide your				erso	n (ii	nclu	ding a	a res	sider	nt
returns	include, but are not limited to, the following.	If you do not return	Form W-	9 to	the r	BOWA	ste	r wit	h a T	INE i	MI I	nioht

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.

• Form 1099-INT (interest earned or paid)



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 Adminstrator. 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

Form (Rev. December 2014)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

Titorria	tetalina cersioa	<u></u> ,									
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	ζ.									
	2 Business name/dieregarded entity name, if different from above										
ge 2.											
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or	☐ Tru:	st/es	tate	CE	ortai		s, not	les appl		
ons	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	_			- 1				ie <i>sj.</i> i (if any)		
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box is		abov	e for	. E	œm	ption fr	om FA	TCA re	orting	1
int o	the tax classification of the single-member owner.				Q		(if any)				
a S	Under (see instructions) ▶	1-							ained outsi	de the U.	.s.)
Specif	5 Address (number, street, and apt. or suite no.) 935 / Veivry Dr.	Request	er's	nam	e and	ado	dress (c	ptiona	I)		
See	6 City, state, and ZIP code WV 26554										
	7 List account number(s) here (optional)										
Par			0	alai a							
	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to av by withholding. For individuals, this is generally your social security number (SSN). However, t		300	अक्षा ह	recun	ty n	umber	_			
reside	nt allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other	er	2	3	2	_	79	t _	3 3	7	0
	s, it is your employer identification number (EIN). If you do not have a number, see How to ge page 3.	_	or			1			Щ		L
	If the account is in more than one name, see the instructions for line 1 and the chart on page	Г		płoy	er ide	ntif	lcation	numb	er	\neg	1
	nes on whose number to enter.	10,			Γ	T	Т			T	ĺ
					-						
Part	II Certification										
Under	penalties of perjury, I certify that:										
	number shown on this form is my correct taxpayer identification number (or I am waiting for						,,				
Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (t vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	(b) I have i t or divide	not I ends	beer , or	n noti (c) th	ified e IF	d by th RS has	e Inte notifi	rnal Re ied me	that I	e am
3. I ar	n a U.S. citizen or other U.S. person (defined below); and										
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	-									
interes genera	cation instructions. You must cross out item 2 above if you have been notified by the IRS to se you have failed to report all interest and dividends on your tax return. For real estate trans at paid, acquisition or abandonment of secured property, cancellation of debt, contributions to ally, payments other than interest and dividends, you are not required to sign the certification ations on page 3.	sactions, i to an indi	item ividu	i 2 d ial re	loes i etiren	not nen	appiy. t arran	For n	nortga ent (IR/	ge \), and	1
Sign Here	Signature of U.S. person ► W.L. Jeng Mow D.)ate ▶ _	2/	1)	1	23					
Gen	eral Instructions • Form 1098 (home mo	ortgage int	eres	t), 10	98-E	(stu	dent lo	an inte	rest), 1	098-T	
	(tuition)	• •									

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 (TIN), 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 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:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. 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
- 4. 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.

The Thrasher Group, Inc.

THRASHER

Letter of Transmittal

thrashereng.com

O: Marion County	Board of Educa	ation	_	DATE	1/16/	2023	_PROJECT#	_	T60-11005
1516 Mary Lou	Retton Drive		_	ATTN:	Mr. Andy	Neptun	ne		- 1
Fairmont, WV	26554			RE:	North Ma	rion Hig	gh School		
			_		HVAC Upg		<u></u>		
PH # 304-367-2100			_			,			
			-	_			 		
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WE ARE SENDING		Х	_ATTACH			ENCLO	DSED		
			_UNDER S	SEPARA	TE COVER	VIA			
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SHOP DRAW	INGS		PRINTS		PLANS		SAMPLES		SPECIFICATIONS
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c	OPY OF LETTER	I .		CHAN	GE ORDER	<u> </u>	TESTING REPO	RTS	
COPIES	DATI	F	NO	2	Γ		DESCRI	TION	<u> </u>
	- DATE		144	J.	1			TION	 _
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	93								
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HESE ARE TRANSA	NITTED AS CHI	ECKED BEL	ow:						
For Approval			Approved				Resubmit		Coples for Approval
X For Your Use As Requested			Approved Returned (Submit		Copies for Approval
For Signature and	Processing		- Keturnea 1	or Correc	tions		_ Revise		Corrected Prints
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phone in the second		·							
		-			600 White O		PO 80X 940		Bridgeport, WV 26330
					TEL: 304.62	4 4109	FAX:304.624.7831		EMAIL: thrasher@thrashereng



1.0	Scalise Industries			P.O. Box 611 Lewrence, PA 15055 724.748.5400 • Fax: 724.748.5410 www.scallasindustries.com
834	LETT	ER OF TRAN	SMITTAL	
TO:	Mairon 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 Perella Accounts Receivable Specialist	II A	Scalise Industries Project	#\$221255
WE ARE SENDI	NG THE FOLLOWING DATA:			
1 Original	Application for Payment No. 4 fo	r December		
SUBMITTED BY:	Michael Talkington/WV Divisio	n Manager		
SUBMITTED BY: These are transi	Michael Talkington/WV Divisio	n Manager		

EMCOR Services

PECT BAS MINISTER NA 19055 NOME TRACTOR SECTOR THE TRACTOR SAGE

Remit To: Scalise Industries

Jawrence PA 15055 SS Park Dr

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

Project: NMHS HVAC Upgrades

Contract For: Marion County Board of Education

Application No: S221255-04 Application Date 12/13/22

Job No.: \$221255 Period To: 12/31/22

Contract Date: 08/12/22 Customer No: 1030248

Contract No:

Via Architect: Architect's Project No:

Distribution to:

APPLICATION FOR PAYMENT

CONTRACTOR ARCHITECT OWNER

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection

with the Contract. Schedule of Values is attached.

4,520,000.00 4,520,000.00 **3** 3. CONTRACT SUM TO DATE (line 1+2) 2, NET CHANGE BY CHANGE ORDERS 1. ORIGINAL CONTRACT SUM

8

,239,550.00

4. TOTAL COMPLETED AND STORED TO DATE (Column G of Schedule of Values)

6. RETAINAGE:

0.0 80 123,965.00 (Column D + E of Schedule of Values) (Column F of Schedule of Values) a. 10.00 % of Completed Work % of Stored Materia ئە

123,955.00 (Line 5s + 5b or Total of Column I of Schedule of Values) Total Retainage

1,115,595.00 921,870.00 193,725.00 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT 6. TOTAL EARNED LESS RETAINAGE (Line 6 from prior Application) (Line 4 less Line 5 Total)

3,404,405.00 9. BALANCE TO FINISH, INCLUDING RETAINAGE 8. CURRENT PAYMENT DUE (Line 3 less Line 6)

0.00 DEDUCTIONS **ADDITIONS** Total changes approved in previous CHANGE ORDER SUMMARY

0.00 90.0 NET CHANGES by Change Order Total approved this Month months by Owner

Scallse Industries Contract For:

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

and thet content payment shown barein is now due. CONTRACTOR

Date: Jenuary 13, 2023

County of: Washington

December 16, 2024 My Commission expires:

Notary Public: State of: PA

ARCHITECT'S CERTIFICATE FOR PAYMENT

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

\$193,725.00 AMOUNT CERTIFIED.....

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

1/16/2023 Date: James B. Orcher

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

27.42 \$3,280,450.00 \$123,955.00

\$0.00 \$1,239,550.00

\$4,520,000.00 \$1,024,300.00

Job Totals:

Page 1 of 1

APPLICATION FOR PAYMENT - SCHEDULE OF VALUES

Application No.: 8221255-04 Application Date: 12/13/22 Period To: 12/31/22

Architect's Project No.:

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

ġ.	DESCRIPTION OF WORK	SCHEDULED -	(E) WORK COMPLETED PREVIOUS THIS P APPLIC. (D+E)	(E) PLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN	(G) TOTAL COMPLETED AND STORED TO DATE	% (D/B)	(F) BALANCE TO FINISH (C-G)	(I) RETENTION
	Bonds/Permits	44,500.00	44,500.00	000	0.00	44.500.00	100.00	00.0	4 450 00
	General Overhead	95,000.00	28,500.00	9,500.00	0.00	38,000,00	40.00	57.000.00	3.800.00
	Submittels HVAC	10,000.00	8,000.00	1,000.00	0.00	10,000.00	100.00	0.00	1,000,00
	Submittals Electrical	6,000.00	6,000.00	0.00	0.00	6,000.00	100.00	0.00	900.00
	Project Management/Engineering	145,000.00	43,500.00	14,500.00	0.00	68,000.00	40.00	87,000.00	5,800,00
	Coordination/CAD Drawings	45,000.00	0.00	11,250.00	0.00	11,250.00	25.00	33,750.00	1,125.00
	Mobilization	30,000.00	30,000.00	0.00	0.00	30,000.00	100.00	0.00	3,000.00
	HVAC RTU'S	410,000.00	000	000	0.00	00'0	0.00	410,000.00	0.00
	HVAC UVS	432,000.00	00'0	0.00	0.00	0.00	00.0	432,000.00	0.00
	HVAC MER Equipment	599,000.00	450,000.00	00:00	00.00	450,000.00	75.13	149,000.00	45,000.00
	Electrical Material/Labor	155,000.00	000	0.00	0.00	0.00	0.00	155,000.00	0.00
	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
	Demolition	33,000.00	0000	000	0.00	0.00	0.00	33,000.00	00'0
	Sheetmetal Material	40,000.00	000	000	0.00	0.00	0.00	40,000.00	00'0
	Sheetmetal Labor	195,000.00	0.00	000	0.00	00'0	00'0	195,000.00	00.0
	Piping Material	485,000.00	320,000.00	000	0.00	320,000.00	65.98	165,000.00	32,000.00
	Ploing Labor	796,000.00	79,800.00	120,000.00	000	199,800.00	25.10	596,200.00	19,980,00
	Insufation - HVAC	370,000.00	0.00	0.00	0.00	0.00	0.00	370,000.00	000
	Roofing	3,500.00	00'0	00.0	00'0	0.00	00'0	3,500.00	0.00
	Automatic Temperature Controls	410,000.00	0.00	41,000.00	000	41,000.00	10.00	369,000.00	4,100.00
	(ATC)								
	Cranes/Rentals	30,000,00	00'0	10,000.00	00.0	10,000.00	33,33	20,000.00	1,000.00
	Start/Test/Balance	14,000.00	0.00	00'0	00.00	00'0	0.00	14,000.00	0.00
	Closecuts/O&M's	12,000.00	0.00	0.00	000	0.00	000	12.000.00	000

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.

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

OMB No.:1235-0008 Expires: 07/31/2024 NET WAGES PAID FOR WEEK 8 Thrasher Project No. T60-11005 DEDUCTIONS TOTAL PROJECT OR CONTRACT NO. SEE SEE (8) DEDUCTIONS AUDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055 WITH-HOLDING TAX PROJECT AND LOCATION North Marion High School HVAC Upgrades 1 N. Marion Drive, Fermington, WV 26571 ష GROSS AMOUNT EARNED E RATE OF PAY € HOURS WORKED EACH DAY HOURS 6 ŧ (4) DAY AND DATE n 'n Scalise Industries Corporation dba EMCOR Services Scalise Industries A N 3 % 14/20/ 0 o 0 0 o 0 03 0 0 60 60 FOR WEEK ENDANG WORK CLASSIFICATION œ EXEMPTIONS WITHHOLDING NO. OF OR SUBCONTRACTOR 8 NAME AND INDIVIDIAL IDENTIFYING NUMBER (4.6. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORVER 1 NAME OF CONTRACTOR [2] € See Attached PAYROLL NO.

28 C.F.R. § 5.5(a)(3)(ii) require contractors to extentit weekly a copy of all payruls to the Federal agency contracting for of financing the construction project, accompanied by a signed "Statement of Compliance" technicity that the payruls are correct and compliance and that each laborar or machanic has been paid not less than the proper Devis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies received this information review the information to determine that employees have received logarly required veges and fringe benefits. Whise comparison of Form WH-347 is optional, it is mendatory for covered contractors performing work on Federally financed or assistand construction contractors from the process of the preceding week." U.S. Department of Labor (DOL) managed to the wages paid sech employee claring the preceding week." U.S. Department of Labor (DOL) managed to the wages paid sech employee claring the preceding week." U.S. Department of Labor (DOL) managed to

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, swarching extenting data sources, gathering and maintaining the data needed, and completing and reviewing the collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

THE WILFIL FALSFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUB-CONTRACTOR TO CAPL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF THE 18 AND SECTION 3729 OF THE UNITED STATES CODE.	THE WILLIA FALSIFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CIVAL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE.	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payrell, 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) halow.
SIGNATURE	NAME AND TITLE	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
		(3) That any apprentices employed in the above period are duly registered in a bone 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.
		(2) That any payrols 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.
•	REMARKS	The second secon
		3 (29 C.F.R. Subtitle A), issued by the Secretary of Lebor under the Copeland Act, as amended (48 Stat. 948, 83 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:
		weeldy 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
		Scallise Industries Corporation dba EMCOR Services Scallise Industries from the full (Contractor or Subcontractor)
		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
		23.42 day of 1001, 2022 and ending the 29 day of 1001, 2022
EXPLANATION	EXCEPTION (CRAFT)	North Marton High School HVAC Upgrades : that during the payroll period commercing on the
	(c) EXCEPTIONS	(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the
-autient of inscripting isset in the above reletericed payout has been post indicated on the payout, an amount not less than the sum of the applicables in hourly wage rate plus the amount of the required fringe benefits as list in the contract, except as noted in section 4(c) below.	as indicated on the payor basic hourly wage rate plin the contract, except as	(Name of Signatory Party) (Title) do hereby state:
		Mark E. Maiencia President
D IN CASH	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH	Date 12/29/22

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

		Name:	103247			Namec	103061	Employee Names	State: Zip Code: Description:	Collett Address:
	82 Feet Lane Independence WV 26374	Stephen B Wagner	Single Male		56 Ruth S2 Greton WV 25354	Eric P Sigley	Single Male	ge Washal Gereker States	Farmington WV 28571	485 8221255 NMHS NVAC Upgrades 1 NL Marion Drive
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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

		Name:	103462				Name	103314		Santar Mantar	State: Zip Code: Description:	Colibit: Address:
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Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22 Scalise



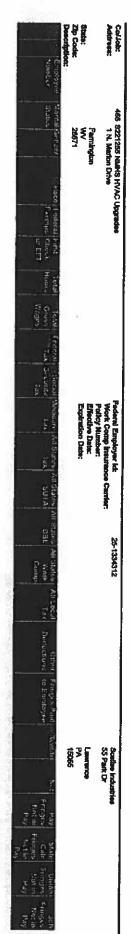
Combined Certified Hours and Federal Statement of Compliance Date: 12/08/22

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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





Scalise 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

I, MARIAH CARPENTER , (NAME OF SIGNATORY PARTY)	PROJECT: NIMHS MVAC Upgrades	
EXECUTIVE ASSISTANT (TITLE)	ADDRESS: , 1 N. Marian Dive, , Farmington, WV, 26571	
(4) THAT:		

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES
ON THE ASOVE DESCRISED PROJECT; THAT DURING THE PAYROLL PERSON CHAMENCING ON THE 23TH DAY OF
NOVEMBER 2022 AND BROWN ON THE 23TH DAY OF NOVEMBER 2022. ALL PERSONS EMPLOYED ON SAID PROJECT HAVE
BEEN PAID THE FULL WEEKLY WAGES EVANED, THAT NO RESAITS HAVE BEEN OR WILL BE MADE ETHER DIRECTLY OR
NOVERCITLY TO OR ON BEHALF OF SAID SCALISE INDUSTRIES FROM THE FULL WEEKLY.
WAGES EVANED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE ETHER DIRECTLY OR INDURECTLY FROM
THE FULL WAGES SAVINED BY ANY PERSON, OTHER THAN PERMASSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,
PART 2 (29 OFT SUBTILE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED
(48 STAT. 948, 68 STAT. 106, 72 STAT. 967, 78 STAT. 367, 40 U.S.C 3745), AND DESCRIBED BELOW: FICA, FEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

DO HERCERY STATE:

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CORRECT AND COMPLETS: THAT THE WAGE PAITS FOR LABORERS OR MECHANICS CONTAINED THERBIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION INCORPORATED INTO THE CONTRACT; THAT THE CLASSIFICATIONS SET FORTH THEREN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

(9) 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 TRANING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY EXISTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRANING, UNITED STATES DEPARTMENT OF LABOR.

(A) WHERE FRANCE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PRO

IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FRIVADE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE RADE TO A PROPRIOTRATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(8) WHERE FRINGE BENEFITS ARE PAID IN CASH

_ EACH LABORER OR MECHANIC LISTED IN THE ABOVE REPERBINGED PAYROLL HAS BEEN PAID AS NODICATED ON THE PAYROLL, AN ANOUNT NOT LESS THAN THE SIAM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE HANQUINT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	
I NAME AND TITLE I Marian Carpenter I Executive Assistant	HUMIN WONDING

THE WILPUL FALSIPICATION OF ANY OF THE ABOVE STATEMENTS WE SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CAVIL OR CRUMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 13 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL NO.

NAME OF CONTRACTOR

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)

PROJECT OR CONTRACT NO. Thrasher Project No. TRO-11005	PROJECT AND LOCATION NORTH Mearlon High School HVAC Upgrades 1 N. Marton Drive, Farmington, WV. 26571	FOR WEEK BADING	7
Expires: 07/31/2024		Scalise Industries Corporation disa EMCOR Services Scalise Industries	Scalise Industries Co
OMB No. 1235-0008	ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055	ON RECICE L	OK SUBCONTRUCTOR
Rev. Dec. 2008	Persons are not required to respond to the collection of information unless it displays a currently valid ONB control number.		

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White competition of Form WH-547 is optional, it is imministary for contractors and subcontractors performing work on Federally financial construction contracts to support to the property of the Company for contractors performing work on Federally financial construction contracts to support to the support to the support of the support

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any commonts regarding these estimates or any other expect of this collection, including suggestions for reducing this banden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Average, N.W. Washington, D.C. 20210

(Over

Date 13/29/22 Mark E. Malencia President (Name of Signatory Party) do hereby state: (1) That I pay or supervise the payment of the persons employed by Scallise Industries Corporation dba EMCOR Services Scallise Industries	President (Title) employed by Services Scalise Industries on the
(Contractor or Subcontractor) North Marion High School HVAC Upgrades ; that during the payroll period commending on the (Building or Work) (Buil	the payroll period commencing day of
(Contractor or Subcontractor) (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 Copelard Act, as amended (48 Stat. 948, 83 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below.	stor) i have been made either directly or indirectly sible deductions as defined in Regulations, Part der the Copeland Act, as amended (48 Stat. 948, 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.	aired to be submitted for the above period are scharics contained therein are not less than the nonporated into the contract; that the classifications he work he performed.
(3) That any apprentices employed in the above period are duly registered in a bons 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.	are duly registared in a bona fide apprenticeship gnizad by the Bureau of Apprenticeship and scognized agency exists in a State, are registered so Department of Labor.
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	PPROVED PLANS, FUNDS, OR PROGRAMS
 in addition to the basic hourly wage rether above referenced payroll, payroll have been or will be made to approprion except as noted in section 4(c) below. 	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(c) EXCEPTIONS

Mariah Carpenter, Payroll Specialist Mariah Carpenter, Payroll Specialist MMMMMMM THE WILLFL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRUMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.					EXCEPTION (CRAFT)
ESECTION 1001 OF TITLE 18 AND SECTION 3729 OF					EXPLANATION

Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.06.22 Scalise "A I United Advisory Statement of Compliance

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

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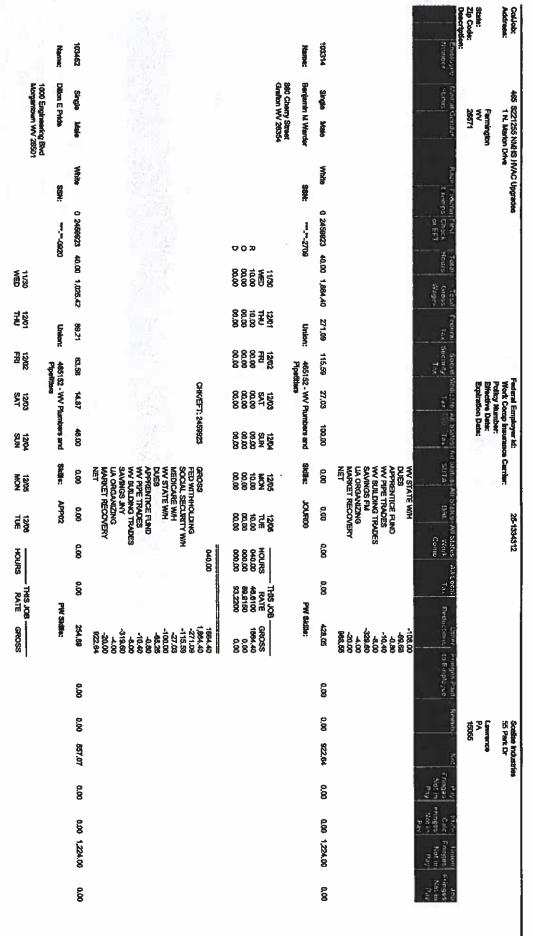
Payroli - Combined Certifled WH-347 Report and Compliance Statement PE 12.06.22



Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 12/06/2022 Year: 2022





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

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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

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

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 12/06/2022 Year: 2022

PROJECT: NMHS HVAC Upgrades	
ADDRESS: , 1 N. Marion Drive, , Fermington, WV, 2857	

(NAME OF SIGNATORY PARTY)

EXECUTIVE ASSISTANT
(TITLE)

DO MERCENY STATE:

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE ABOVE DISCIBILED PROJECT, THAT DURING THE PAYROLL PERSON SAMPLOYED ON THE SOTH DAY OF MOYEMBER 2022 AND ENGING ON THE BIT DAY OF DISCIBILET 2022, ALL PERSONS EMPLOYED ON SAMD PROJECT HAVE BEEN PAID THE PULL WEERLY WAGES EARNED, THAT NO REBATES HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR MONRECTLY OR ON BEHALF OF SAID SCALISE INDUSTRIES FROM THE FULL WEERLY WAGES EARNED BY ANY PERSON, OTHER THAT NO DEDUCTIONS HAVE BEEN MADE EITHER DIRECTLY OR NOD/BETTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEBUCKTIONS AS DEFINED IN REGULATIONS, PART 2 (29 CFR SUBTILE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPPLAND ACT, AS AMENDED (48 STAT: 108, 72 STAT: 967, 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 WAGE RATES FOR LABORERS OR MECHANICS CONTRINED THEREIN ARE NOT LESS THAN THE APPLICABLE WAGE RATES FOR LABORERS OR MECHANIC CONFORM WITH THE WORK HE THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY BOOGNAZED BY THE BLIEZALI OF APPRENTICESHIP AND TRANNING, LIMITED STATES DEPARTIMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY BOSTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRANNING, UNITED STATES DEPARTIMENT OF LABOR, R

(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 CONTRACT HAVE BEBUILD PAYROLL, PAYMENTS OF FORMER BRUIDTS AS LISTED IN THE CONTRACT HAVE BEBUILD NO WILL BE MAJE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(B) WHERE FRINCE BENEFITS ARE PAID IN CASH

EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS NEDCATED ON THE PAYROLL. AN AMOUNT HOT LESS THAN THE SIML OF THE PAID AS NEDCATED ON THE PAYROLL. AN AMOUNT HOT LESS THAN THE SIML OF THE APPLICABLE BUSIC HOURLY WAGE RATE FLUSTIE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN BECTTON 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
REMARKS	
Nantah Carpenter Executive Assistant	HIMEND JUNIOUS

THE WILFIL FALSFFICATION OF ANY OF THE ABOVE STATEMENTS WAY 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.doi.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division

																See Attached	(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER 2 3 0		(1)	Arroul No.	Scalise Industries Corporation dba EMCOR Services Scalise Industries	NAME OF CONTRACTOR OR SUBCONTRACTOR	
						P									f.:		WORK		(3)	FOR WEEK ENDING	Iba EMCOR Services Sc	ã	
	us .	0	8	0	40	0	7	0	G	0	60	0	¢s .	0	· ce	0	6 44 14's 24914612614261424 TOTAL	NST. W - S - S - S - Z - Z	(4) DAY AND DATE	13/22	alise Industries		rensons are non required to respond to the conection of information unless it dispense a cometally
																	HOURS OF PAY		(3) (6)	North Marion High School HVAC 1 N. Marion Drive, Farmington, W		ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055	manned areas a dispe
	_	\				\									_	\	AMOUNT FICA		Ø	chool HVAC Upg armington, WV		ve, PO Box 611, l	ayo a carrenny vanu
																	HOLDING WILH-			Upgrades W 26571		awrence, PA 15055	VADA CIMID CONTO NUMBER.
																	OTHER DELL	DEDUCTIONS		Thrasher Project No. T60-11005	П	2	7
-																	TOTAL PAID DEDUCTIONS FOR WEEK	<u> </u>	9	0-11005	Spires. Utto tizuza	OMB No.:1235-0008	Kev. Dec. 2008

While completion of Form WH-347 is optional. It is mendatory for covered curriculors and subcontractors performing work on Federally financed or assistand construction contracts to respect to the improvement of calculations of LSe). The Cooperind Act (40 U.S.C.; § 3146) contractors and subcontractions performing work on Federally financed or assistance or respect to the ways paid each implicit or implicit or financed or subcontractions performed with a support to the ways paid each implicit or financed or subcontraction for the performance with respect to the ways paid each implicit or financed for the performance with respect to the ways paid each implicit or financed for the performance with a support of the federal approach and financed for or financed for construction project, accomparated by a signed "Sustement of Compliance" indicating that the payrolis are correct and complete and finite each laborar or mechanic has been paid not less than the proper Darks-Bacon prevailing wage rath for the work performance. DOL and federal contracting apendes receiving this information review the information to determine that employees here received legatly required wages and finings benefits.

Public Burden Statement

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

QVed.

Mark E. Malencia

(Name of Signatory Party)

President

do hereby state:

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

(Title)

Scalise Industries Corporation dba EMCOR Services Scalise Industries

(Contractor or Subcontractor)

North Marion High School HVAC Upgrades : that during the payroll period commercing on the THE DESCRIPTION OF THE PARTY OF (Building or Work) 2022 and ending the 1311 day of Dec-2022

persons employed on said project have been paid the full weekly wages earned, that no rebates have Į

been or will be made either directly or indirectly to or on behalf of said

Scallse Industries Corporation dba EMCOR Services Scallse Industries

from the full

(Contractor or Subcontractor)

weekly wages samed 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:

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- 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 taborer or mechanic conform with the work he performed. (2) That any payrols otherwise under this contract required to be submitted for the above period are
- 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. (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

(4) That:

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

the above referenced payroll, payments of firinge benefits as listed in the contract in addition to the basic hourly wage rates paid to each laborer or mechanic listed in except as noted in section 4(c) below. have been or will be made to appropriate programs for the benefit of such employees

THE WILLPU, FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CHAIL OR CRUMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF TITLE 19 AND SECTION 3729 OF

Name AND TITLE
Mariah Carpenter, Payroll Specialist

SIGNATURE

(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

on the

		11
REMARKS:		EXCEPTION (CRAFT)
		EGLANATION

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



Combined Certified Hours and Federal Statement of Compliance Date: 12/15/22

Period Date: 12/13/2022 Year: 2022

									State: Zip Code: Description:	Collob: Address:
		Name:	103247			No.	100061	Employee Number	R	20 U
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Payroll - Combined Certified WH-347 Report and Compilance 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

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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

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CPayroll - Combined Certified WH-347 Report and Compliance Statement PE 12.13.22 50 **Ascalise**

Combined Certified Hours and Federal Statement of Compliance

Reriod Date: 12/13/2022 Year: 2022

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Scalise 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

PROJECT: NIAHS HVAC Upgrades	ADDRESS: , 1 N. Marion Drive, , Farmington, WV, 28671	
L MARIAH CARPENTER, (NAME OF SIGNATORY PARTY)	EXECUTIVE ASSISTANT (TITLE)	(4) THAT: (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
(1) THAT I PAY OR SUPERVISE THE PAYMENT OF SUPERVISE THE PAYMENT OF ON THE ABOVE DESCRIBED PROJECT, THAT DU	OT THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE 7TH DAY OF	IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO EACH LABORER OR LISTED IN THE ABOVE REFERENCED PAYROLL, PAYRILENTS OF FRINGE BENEFT USTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PR
DECEMBER 2022 AND BADNIG ON THE 13TH DAY OF DECEMBER 2022, ALL PERSONS BAIL NOTIFIESTLY TO OR ON BEHALF OF BAID SCALISE INDUSTRIES FROM THE FULL WEBQLY NOTIFIESTLY TO OR ON BEHALF OF BAID SCALISE INDUSTRIES FROM THE FULL WEBQLY	DECIDADER 2022 AND ENDING ON THE 13TH DAY OF DECIDADER 2022. ALL PERSONS BUPLOYED ON SAID PROJECT HAVE BEEN PAID THE PAIL WEEGY WAGES EXPANDED HAVE BEEN DAY MALE BE MADE ETHER DIRECTLY OR SAID PROJECT HAVE	FOR THE BENEFIT OF SUCH EAPLOYEES, EXCEPT AS NOTED IN SECTION 4(g). (B) WHERE FRINGE BENEFITS ARE PAID IN CASH
WAGES EARNED BY ANY PERSON AND THAT NO THE FULL WAGES EARNED BY ANY PERSON, OI	WAGES EARNED BY ANY PERSON AND THAT NO DEDUCTIONS NAVE BEEN MADE EITHER DIRECTLY OR NORRECTLY FROM THE FULL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS,	EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL
PART 2 (29 CFR SUBTITLE A), ISSUED BY THE SE	PART 2 (29 CFR SUBTILE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT, AS AMENDED	PAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF
(48 STAT. 948, 63 STAT. 108, 72 STAT. 987, 78 STAT. 367; 40 U.S.C 3145), AND DESCRIBED BELOW:	IT. 367; 40 U.S.C 3146), AND DESCRIBED BELOW:	APPLICABLE BASIC HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRE

(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 LABORERS OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

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

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BOMA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BURSHI OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY BUSTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR

R MECHANIC IT'S AS ROGRAMS BELOW.

APPLICABLE BASIC HOURLY WASE RATE PLUS THE AMOUNT NOT LESS THAN THE SUM OF THE BENEFITS AS USTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

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(C) EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
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REMARKS	
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THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION SEE SECTION 1001 OF TITLE 16 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division **U.S. Department of Labor**

3 2

PAYROLL NO.

PAYROLL

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

NAME OF CONTR

Thrasher Project No. Transfer	PROJECT AND UCCATION North Matton High School HVAC Upgrades 1 N. Merion Drive Earmington WV 29571	FOR WEEK BIDING	
Expires: 07/31/2024		Scalise Industries Corporation dba EMCOR Services Scalise Industries	se Industries Corporation dba EN
OMB No -1225-0008	ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055		ACTOR OR SUBCONTRACTOR
Rev. Dec. 2008	Parsons are not required to respond to the collection of information unless it displays a currently valid OMB control number.	Persons are not required to respond to the collection or	

22 /4		12/1	20/22	1 N. M.	arion Drive	1 N. Marion Drive, Farmington, WV 26571	M 2657	-4		Thrasher Project No. T60-11005	. T60-11005	
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While completion of Form WH-347 is optional, it is mendatory for covered contractors performing work on Federally financed or assistand construction contracts to respond to the information contractors contractors performing work on Federally financed or assistand construction contracts to "surrier weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 26 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all periods to the Federal agency contracting for or financing the construction project, accompanied by a signed "Selement of Compliance" indicating that the poynties are contract and complete and that each laborar 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 to determine that employees have received legally required wages and hinge benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, Including time for reviewing instructions, assembly activity data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments requiring 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 \$3502, 200 Constitution Avenue, N.W. Weshington, D.C. 20210

Desto 12/29/22	Ţ.
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	s employed by R Services Scalise Industries
ontractor or Subcon	during the payroli period commencing
8	and ending the 2014 day of TAL 2027
oject have bo xly or indirec	ages earned, that no rebate
Scalise Industries Corporation dba EMCOR Services Scalise Industries	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 1979. Substitute 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:	as have been made either directly or indirectly isselbe deductions as defined in Regulations, Part index the Copeland Act, as amended (48 Stat. 948, and described below:
(2) That any payrolis 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 thoroin are not loss than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborar or mechanic conform with the work he performed.	quired to be submitted for the above period are nechanics contained thoroin are not loss than the nechanicated into the contract; that the classifications the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bone 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.	dare duly registered in a bone fide apprenticeship cognized by the Bureau of Apprenticeship and recognized agency exists in a State, are registered stes Department of Labor.
(4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	APPROVED PLANS, FUNDS, OR PROGRAMS
in addition to the basic hourly wage retherenced payrol, payme have been or will be made to appropriexcept as noted in section 4(c) below.	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
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Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51 Scallse



Combined Certified Hours and Federal Statement of Compliance

Date: 12/21/22

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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

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Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20,22 51 Scallse



Combined Certified Hours and Federal Statement of Compliance Date: 12/21/22

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



Combined Certified Hours and Federal Statement of Compliance

Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

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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

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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

(2) THAY ANY PAYROLLS OTHERWISE UNIDER 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 YANGE DETERMINATION MICCORPORATED INTO THE CONTRACT: THAT THE CASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED. (3) THAY ANY APPRENTICES BAPLOYED IN THE ABOVE PERIOD ARE DILLY REGISTERED IN A BOAR FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY BOSSIESHIP AND TRANSMIC, UNITED STATES DEPARTMENT OF LABOR, OR HE NO SUCH RECOGNIZED BY THE BUREAU OF APPRENTICESHIP AND TRANSMIC, UNITED STATES DEPARTMENT OF LABOR. ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.	L. MARIAN CARPENTER, (NAME OF SIGNATORY PARTY) DO HEREBY STATE: (1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALLSE INDUSTRIES (2) THE JADOVE DESCRIBED PROLECT; THAT TO KRING THE PAYRACT DESCRIBER 2022. ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE PAIL WEEKLY WAGES EVARED, THAT NO REDACTES HAVE BEEN OR WILL BE MADE ETHER DIRECTLY OR NO SHAPLOY OR WAGES EVARED BY ANY PERSON AD THAT NO DECCRIBER 2022. ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE PAIL WEEKLY WAGES EVARED, THAT NO REDACTES HAVE BEEN OR WILL BE MADE ETHER DIRECTLY OR NODECTLY OR WAGES EVARED BY ANY PERSON, AD THAT NO DEDUCTIONS HAVE BEEN WAS EITHED DIRECTLY OR NODECTLY FROM THE FALL WAGES EVARED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 2 (29 CPR SUBTILE A), SISLED BY THE SECRETARY OF LASOR HAVE BEEN MODE ETHER DIRECTLY OR NODECTLY FROM THE FALL WAGES EVARED BY ANY PERSON, AND THE SECRETARY OF LASOR HAVE BEEN MADE ETHER DIRECTLY AS AMENDED (48 STAT. 108, 72 STAT. 867, 78 STAT. 867, 40 U.S.C 3145), AND DESCRIBED BELOW: FRAIL FEDERAL WITHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS FRAIL FEDERAL WITHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS
REMARKS REMARKS I NAME AND TITLE I Mariah Carpantar I Executive Assistant THE WILPD, FALSIFICATION OF ANY OF THE ABOVE STATES CODE. SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	(4) THAT: (A) WHERE FRENGE BENEFITS ARE PAID TO APPR (A) WHERE FRENGE BENEFITS ARE PAID TO APPR (B) ADDITION TO THE BASIC HOURLY WA LISTED IN THE CONTRACT HAVE BENEFIT OF SUCH EMPLOYEES (B) WHERE FRENGE BENEFIT OF SUCH EMPLOYEES (B) WHERE FRENGE BENEFITS ARE PAID IN CASH PAID AS INDICATED ON THE PAYROLL, APPLICABLE BASIC HOURLY WAGE ENTINE BENEFITS AS LISTED IN THE CONTRACT (C) EXCEPTIONS (C) EXCEPTIONS
REMARKS I SIGNATURE I SIGNATURE Marish Carpentar Executive Assistant THE WILPJL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBSCENTRACTOR TO CIVIL OR CRAMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	AT: (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 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 APPLICABLE BASIC HOURLY WAGE RATE PLUS THE MADINT OF THE REQUIRED PRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW. (C) EXCEPTIONS (C) EXCEPTIONS (C) EXCEPTIONS (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVE HAS BEEN APPLICABLE BASIC HOURLY WAGE RATE PLUS THE MADINT OF THE REQUIRED PRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW. (C) EXCEPTIONS (C) EXCEPTIONS (C) EXCEPTIONS

Wage and Hour Division U.S. Department of Labor

PAYROLL

NAME OF CONTRACTOR PAYROLL NO. Scales Industries Corporation dba EMCOR Services Scalese Industries OR SUBCONTRACTOR (For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm) FOR WEEK ENDING Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. PROJECT AND LOCATION

STATE HAND LOCATION

STATE HAND LOCATION ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055 PROJECT OR CONTRACT NO. U.S. Whose and Hour Division OMB No.:1235-0008 Expires: 07/31/2024 Rev. Dec. 2008

where completes in contraction that the propert law operation of supported and support

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching actsing data sources, gathering and markstnining the data needed, and completing and reviewing time 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 \$3502, 200 Constitution Avenue, N.W. Weshington, D.C. 20210

Date 1x/74/22	
Mark E. Malencia	President
(Name of Signatory Party)	(Тійе)
do hereby state:	
(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries	xxs employed by)R Services Scalise Industries on the
(Contractor or Subcontractor) North Marion High School HVAC Upgrades : that	during the payroll period commencing
(Building or Work) 2022 and endir	and ending the 27th day of Dat 2025
roject have b	ages eamed, that no reba
Scalise Industries Corporation dba EMCOR Services Scalise Industries	Services Scalise Industries from the full
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	ions have been made either directly or indirectly missible deductions as defined in Regulations, Part runder the Copeland Act, as amended (48 Stat. 948, 5), 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.	required to be submitted for the above period are mechanics contained therein are not less than the on incorporated into the contract; that the classifications 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.	od ere duly registered in a bona fide apprenticeship acognized by the Bureau of Apprenticeship and th recognized agency exists in a State, are registered tates Department of Labor.
(4) That (a) WHERE FRINGE BENEFIT'S ARE PAID TO	Nat (a) WHERE FRINGE BENEFIT'S ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
in addition to the basic hourly want the above referenced payroll, par have been or will be made to appropriate to the control of the control	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroli, 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

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Ti a	
REMARKS:	
NAME AND TITLE Mariah Carpenter, Payroll Specialist (SIGNATURE) (Mariah Carpenter, Payroll Specialist)	Mayah Calbyth
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA SUBCONTRACTOR TO CYM, OR CRIMINAL PROSECUTION, S TITLE 31 OF THE UNITED STATES CODE.	TEMENTS MAY SUBJECT THE CONTRACTOR OR SECTION 1001 OF TITLE 18 AND SECTION 3728 OF

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

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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



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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

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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

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

Combined Certified Hours and Federal Statement of Compliance Date: 12/29/22

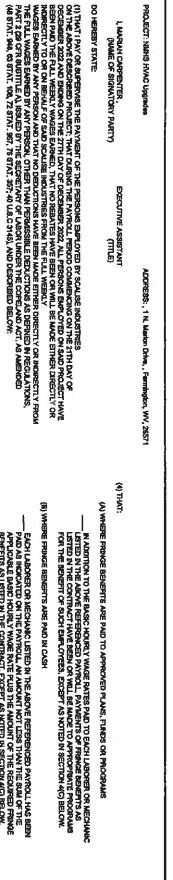
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Payroll - Combined Certified WH-347 Report and Compliance Statement 12.27.22

Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022



(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 THEREM FOR BACH LABORER OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

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

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BOWN FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP PAD TRAINING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED ACENCY POSTS IN A STATE ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, HAS BEEN PAID AS INDICATED ON THE PAYROLL, AN AUCUNT NOT LESS THAN THE SUAM 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

I NAME AND TITLE I Meriah Carpenter I Executive Assistant	REMARKS	 EXCEPTIONS (CRAFT)
Upparian Organist		 EXPLANATION

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

neger (Michael TalkingtonWVV Division Ma	SUBMITTED BY:
эшрөх	Application for Payment No. 4 for Dece	IsnighO t
	THE FOLLOWING DATA:	ME VIJE SENDING
Scalise Industries Project #5221255	Sheron Perella Accounts Receivable Specialist	FROM:
RE: North Marion County High School HVAC Upgrades		
	enuiqeli ybriA	АТТЕИТІОИ:
	Educetion 1516 Mary Lou Retton Drive Felrmont, WV 26554	
DATE: 1/12/2023	Mairon County Board of	ют
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Scallse industries Corporation	. 0,00	7

Approved as noted
Release for fabrication

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Release for manufacturing

Resubrat Return

corrected prints

copies for approval or distribution

For coordination

For payment

Are requested

Por review and comments

These are transmitted as checked below:

EMCOR Services

2794,746,5400 fbc 724,746,5430

Remit To: Scalise industries 55 Park Dr

Lawrence PA 15055

1516 Mary Lou Retton Drive Marion County Board of Education

討

Application No: S221255-04 Contract For: Marion County Board of Education Project: NMHS HVAC Upgrades

APPLICATION FOR PAYMENT

Distribution to:

Application Date 12/13/22 Period To: 12/31/22 Job No.: \$221255

Customer No: 1030248 Via Architect: Contract No:

Contract Date: 08/12/22

Architect's Project No:

OWNER CONTRACTOR ARCHITECT

Fairmont WV 26554

CONTRACTOR'S APPLICATION FOR PAYMENT

3. CONTRACT SUM TO DATE (line 1 + 2) 2. NET CHANGE BY CHANGE ORDERS 1. ORIGINAL CONTRACT SUM with the Contract. Schedule of Values is attached. 5. RETAINAGE: 4. TOTAL COMPLETED AND STORED TO DATE Application is made for Payment, as shown below, in connection (Column G of Schedule of Values) 4,520,000.00 1,239,550.00 4,520,000.00 0.00

a. 10.00 % of Completed Work Total Retainage (Column D + E of Schedule of Values) (Line 5a + 5b or Total of Column I of Schedule of Values) (Cotumn F of Schedule of Values) % of Stored Material 123,855.00 0.0 80 123,955.00

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT **6. TOTAL EARNED LESS RETAINAGE** (Line 6 from prior Application) (Line 4 less Line 5 Total) 1,115,595.00 921,870.00

8. BALANCE TO FINISH, INCLUDING RETAINAGE 8. CURRENT PAYMENT DUE (Lime 3 less Line 6) 3,404,405.00 193,725.00

months by Owner **NET CHANGES by Change Order** Total approved this Month CHANGE ORDER SUMMARY Total changes approved in previous ADDITIONS 0.00 DEDUCTIONS 99 8 0.00

Contract For:

Scaline industries

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

CONTRAG

County of: Washington Date: Jenuary 13, 2023

State of: PA

My Commission expires:

Notary Public:

December 16, 2024

ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED..... \$193,725.00

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

ARCHITECT:

Came a Orchi

Date: 1/16/2023

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

233

S

2 2 E

Architect's Project No.:

Period To: 12/31/22

Application No.: 8221255-04 Application Date: 12/13/22

APPLICATION FOR PAYMENT - SCHEDULE OF VALUES

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

(B)
DESCRIPTION OF WORK

SCHEDULED 3 VALUE **PREVIOUS** 9

-WORK COMPLETED APPLIC. Î

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THIS PERIOD

3

PRESENTLY MATERIALS STORED NOT E

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TOTAL

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(H) BALANCE TO FINESH (C.4)

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155,000.00 149,000.00 432,000.00

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HVAC MER Equipment

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Electrical Material/Labor

HVAC UV's HVAC RTUS Coordination/CAD Drawings Project Management/Engineering

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Mobilization

Submittals Electrical Submittals HVAC

General Construction/Cleaning

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Demolition

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General Overhead Bonds/Permits

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27.42 \$3,280,450.00

00 \$123,955.00 Page 1 of 1

U.S. Department of Labor

Wage and Hour Division

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

U.S. Wage and Hour Division

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

	Persons are not n	Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.	mation unless it displays	a currently valid OMB control number.	Rev. Dec. 2008	0
NAME OF CONTRACTOR OR SUBCONTRACTOR			DRESS 55 Park Drive,	ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055	OMB No.:1235-0008	8000
Scalise industries Corporation and EMCCH Services Scalise industries	EMCCH Services o					
PAYROLL NO.	FOR WEEK ENDING	8/27	PROJECT AND LOCATION North Marion High School HVAC Upgrades 1 N. Marion Drive, Farmington, WV 26571	ool HVAC Upgrades Bington, WV 26571	Thrasher Project No. T60-11005	
(1) (2)	(3)	(4) DAY AND DATE	(6) (9)	3	:	3
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While completion of Form WH-347 is optional. It is mandatory for covered contractors and subcontractors on Federally shanced or assistand construction contracts to respond to the information contractors contractors performing work on Federally shanced or assistand construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 20 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolis to the Federal agency contracting for or financing the construction project, accompanied by a signed "Satement of Conplaints" his the periods are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Becon prevailing wage rate for the work performed. DOL and isoderal 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 is will take an everage of 55 minutes to complete this collection, including time for reviewing that reviewing the status sources, patheting and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

QVECT)

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS In addition to the basic bushs were rates neid to each behavior or mechanic listed.	(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.	(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.	(Contractor or Subcontractor) weeldy verges 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 Copetand Act, se amended (48 Stat. 948, 83 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.	Scalise Industries Corporation dba EMCOR Services Scalise Industries	(Building or Work) 2022 and ending the 29 day of 2001. 2013 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	North Marion High School HVAC Upgrades: that do	(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries	do hereby state:	(Name of Streeton Dark)	Dette 12/29/22
OVED FLANS, FUNDS, OR PROGRAMS	uly registered in a bona fide apprenticeship of by the Bureau of Apprenticeship and trad agency exists in a State, are registered spathment of Labor.	to be submitted for the above period are nics contained therein are not less than the portised into the contract; that the classifications on the performed.	we been made either directly or indirectly se deductions as defined in Regulations, Part the Copeland Act, as amended (48 Stat. 948, described below:	ices Scalise industries from the full	29 day of 1201 2072 sky wages earned, that no rebates have is said	ractor); that during the payroll period commencing on the	Nices Scalise Industries on the	(1140)	rresidem	

in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroli, 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

Mariah Carpenter, Payroll Specialist Mariah Carpenter, Payroll Specia	REDMARKS	EXCEPTION (CRAFT)
MOUNTAIN COMPACTOR OR U. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF		ESPLANATION

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

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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

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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

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

Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22





Payroll - Combined Certified WH-347 Report and Compliance Statement PE 11.29.22 Scallse Combined Certified Hours and Federal Statement of Compliance Date: 12/08/22



THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS WIF SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRUMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	THE WILFUL FALSIFICATION O OR SUBCONTRACTION TO CIVI SECTION 231 OF TITLE 31 OF	
Unbrian College	I NAME AND TITLE I MATSH Carpenter I Executive Assistant	
) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERSOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP ROCRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BUREAU OF APPRENTICESHIP ROCRAMEN GENEROWED STATES DEPARTMENT OF LOBOR, OR IN OUTUNED STATES DEPARTMENT OF LOBOR, OR IN OUTUNED STATES DEPARTMENT OF LOBOR. RE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LOBOR.
	IREMARKS	MAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE ENFORMED.
		1) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE ORRECT AND COMPLETE, THAT THE WAGE RATES FOR LABORERS OR MECHANICS CONTAINED THEREIN ARE NOT LESS MAN THE APPLICABLE WAGE RATES CONTAINED IN ANY WAGE DETERMINATION BYCORPORATED INTO THE CONTRACT;
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EACH LABORER OR MECHANIC USTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS NURCATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAVE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.	PAID AS INDICATED ON THE APPLICABLE BASIC HOUR BENEFITS AS LISTED IN THE	HE FULL WAGES EAVED BY ANY PERSON, OTHER THAN PERMASSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, ART 2 (29 O'RE SMBITTLE A), ISSUED BY THE SECRETIARY OF LABORS INDER THE COPELAND ACT, AS AMENDED IS STAT. 946, RS STAT. 106, 72 STAT. 967, 75 STAT. 367, 40 U.S.C 3140), AND DESCRIBED BELOW: FOR PERPENAL WITHHAM DIMG. CITY OR STATE WITHHAM DIMG. INSABILITY SAMBLES.
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(A) WHENE FRINGE BENEH IS ARE PAULTO APPROVED PLANS, FUNDS OR PROGRAMS	(A) WHERE FRONCE BENEFITS ARE	O HEREBY STATE:
	(4) THAT:	I, MARSAH CARPENTER. EXECUTIVE ASSISTANT (NAME OF SIGNATORY PARTY) (TITLE)
		ROJECT: NI#4S HVAC Upgrades ADDRESS: , 1 N. Marion Drive, , Farmington, WV, 26571

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)

Wage and Hour Division

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

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Write completion of Form WFI-347 is optional, it is mendatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contractors to respond to the information contractors performing work on Federally financed or assisted construction contractors by respect to the respec

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gethering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these settmens or any other espect of this collection, including suggestions for reducing this burden, send thorn to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3802, 200 Constitution Avenue, N.W. Washington, D.C. 20210

 in addition to the basic hounly wage rates the above referenced payroll, payments have been or will be made to appropriate except as noted in section 4(c) below. 	(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	(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.	(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 detarmination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		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, 83 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.	(Contractor or Subcontractor)	all persons emproyed on said proyed have been paid the full weekly wages earned, that no reduces have been or will be made either directly or indirectly to or on behalf of said	3074 day of 130V., 2022, and ending the 1774 day of	VAC Upgrades	Scallse industries Corporation dba EMCOR Services Scallse industries (Contractor or Subcontractor)	(1) That I pay or supervise the payment of the persons employed by	do hereby state:	(Name of Signatory Party)	Mark E. Malencia	Date 12/29/20
in addition to the basic hounly 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.	OVED PLANS, FUNDS, OR PROGRAMS	uly registered in a bona fide apprenticeship of by the Bureau of Apprenticeship and alzed agency exists in a State, are registered partment of Labor.	to be submitted for the showe period are like contained therein are not less than the porated into the contract; that the classifications ork he performed.		e been made either directly or indirectly decluctions as defined in Regulations, Part he Copeland Act, as amended (48 Stat. 948, lescribed below:	as ocalise incusaires from the full	said	TH day of Der Zori	; that during the payroll period commending on the	rices Scallse Industries on the	loyed by		(Title)	President	

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

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Mariah Carpenter, Payroll Specialist Mariah Carpenter, Payroll Specialist THE WILLFUL FALSHFICATION OF ANY OF THE ABOVE S SUBCONTRACTOR TO CAVIL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE.	PKS:					EXCEPTION (CRAFT)
Mariah Carpenter, Payroll Specialist Mariah Carpenter, Payroll Specialist MMMM MMMM THE WILLPLL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE SOMTRACTOR OR SUBJECTION 1001 OF TITLE 18 AND SECTION 1729 OF TITLE 31 OF THE UNITED STATES CODE.						EXPLANATION

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

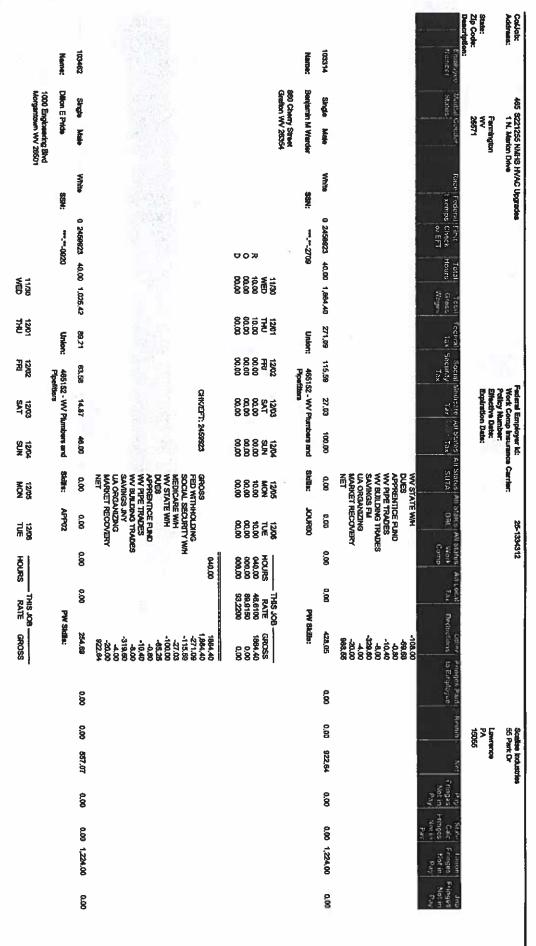
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Payroll - Combined Certifled WH-347 Report and Compliance Statement PE 12.06.22



Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22



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

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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

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Combined Certified Hours and Federal Statement of Compliance

Date: 12/08/22

Period Date: 12/06/2022 Year: 2022

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PROJECT: NUMES HVAC Upgrades

ADDRESS: , 1 N. Marton Drive, , Fermington, WV, 28571

L MARUAH CARPENTER ,

(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 ASOND DESCRIBED PROJECT; THAT DARING THE PRYBOL PERSONS EMPLOYED ON THE SITH DAY OF DECEMBER 2022, ALL PERSONS EMPLOYED ON SALD PROJECT HAVE BEEN PAID THE FAIL WEERLY WAGES EMPLOY IN THE FIT DAY OF DECEMBER 2022, ALL PERSONS EMPLOYED ON SALD BE FINED ETHER DIRECTLY OR ROWBECTLY OR ON BEPALT OF SAND SCALISE INDUSTRIES FROM THE FAIL WEERLY DIRECTLY OR WAGES EMPLOYED BY ANY PERSON AND THAT NO DEDUCTRONS HAVE BEEN MADE ETHER DIRECTLY FROM THE FAIL WAGES EMPLOYED BY ANY PERSON AND THAT NO DEDUCTRONS HAVE BEEN MADE ETHER DIRECTLY FROM THE FAIL WAGES EMPLOYED BY ANY PERSON OFFER THAN PERMISSIBLE DEPUCTRONS AS DEFINED IN REGULATIONS, PART 2 GOTH SUSTEIN BY THE SECRETARY OF LABOR UNDER THE COPPLAND ACT, AS AMENDED PART 2 GOTH SUSTEIN AS 3TAT. 887, 78 STAT. 887, 78 STAT. 40 LS.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 WAKE RATES FOR LABORERS OR MECHANICS CONTAINED THEREN 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 BAPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGENCY RECOGNIZED BY THE BLREAU OF APPRENTICESHIP AND TRANNING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED MOCHATY DESIGNS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRANNING, UNITED STATES DEPARTMENT OF LABOR.

:TAHE(#)

(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 LIECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL, PAYMENTS OF FROME 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 LABORGE OR NECHANG: LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAUD AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SLIM OF THE APPLICABLE BASIC HOURLY WAGE RATE FILES THE AMOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

I REMARKS

I NAME AND TITLE
I Merian Carpentar
I Executive Assistant

I CRANTING

I SIGNATURE
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THE WILFUL FALSFFICATION OF ANY OF THE ABOVE STATEMENTS WAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CAVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division U.S. Department of Labor

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347Instr.htm)

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

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

							zi								See Attached	NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER		(1)	PAYROLL NO. 13	Scalise incustries Corporation and EMCCH Services Scalise incusries	NAME OF CONTRACTOR OR SUBCONTRACTOR
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				!												WORK		(3)	FOR WEEK ENDING	EMCOH Services S	
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The state of the same of the same of																WITH- HOLDING FICA TAX			Upgrades V 26571		1, Lawrence, PA 15055
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While completion of Form WH-S47 is optional, it is mendatory for covered contractors performing work on Federally financed or assistance construction contracts to the Priorination confection contracts of the Priorination and subconfinations performing work on Federally financed or assistance construction contracts or the Priorination and subconfinations performed while the performed or assistance or assis

We estimate that is will take an everage 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 expect 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. Wagshington, D.C. 20210

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in addition to the basic hourly wage needs the shore referenced payroli, payrone have been or will be made to approprise except as noted in section 4(c) below.	(4) That (a) WHERE FRINGE BENEFITS ARE PAID TO	(3) That any apprentices employed in the above period are duly registered in a bone 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.	(2) That any payrols 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.	(Contractor or Subcontractor) weekly wages samed by any person and that no deductions have been made either directly or indirectly from the full wages samed 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:	Scalise Industries Corporation dba EMCOR Services Scalise Industries	employed on said project libe made either directly or	hool HV Work)	(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries	do hereby state:	(Name of Signatory Party)	Noate 12/29/22 Mark E. Malencia	339	
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroli, payments of fitnge 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.	NATE OF THE PRINCE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	od are duly registered in a bone fide apprenticeship scognized by the Bureau of Apprenticeship and h recognized agency exists in a State, are registered takes Department of Labor.	required to be submitted for the above period are mechanics contained therein are not less than the on incorporated into the contract; that the classifications to the work he performed.	titractor) Sons have been made either directly or indirectly sons have been made either directly or indirectly missible deductions as defined in Regulations, Part runder the Copeland Act, as amended (48 Stat. 948, 5), and described below:	Services Scalise Industries from the full	have been paid the full weekly wages earned, that no rebates have indirectly to or on behalf of said	: that during the payroll period commencing on the	ons employed by OR Services Scalise Industries on the		(Title)	President		

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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.	- Each laborer or mechanic listed in the above referenced payroil has been paid as indicated on the payroil. an amount not less than the sum of the payroil.
refits as listed	vas been paid

(c) EXCEPTIONS

NAME AND TITLE Mariah Carpenter, Payroll Spacialist Mariah Carpenter, Payroll Spacialist MANUALLY CONTROL OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CIVILIBRE PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 9729 OF TITLE 31 OF THE UNITED STATES COOK.	N.C. MARIANA.		EXCEPTION (CRAFT)
MOUNT OF THE 18 AND SECTION 3729 OF			EPLANATION

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

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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

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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

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

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



Date: 12/15/22 Combined Certified Hours and Federal Statement of Compliance

Period Date: 12/13/2022 Year: 2022

(A) WHERE FRINGS BENEFITS ARE PAID TO APPROVED PLAN		
	(IITLE)	(NAME OF SIGNATORY PARTY)
(4) THAT:	EXECUTIVE ASSISTANT	L MARIAH CARPENTER,
	•	
	ADDRESS: , 1 N. Marton Drive, , Farmington, WV, 28571	PROJECT: NMHS HVAC Upgrades

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALUSE NOUSTRIES ON THE ABOVE DESCRIBED PROJECT; THAT DURING THE PAYROLL PERSON COMMENCING ON THE THI DAY OF DECEMBER 2022, AND ENDING ON THE THI DAY OF DECEMBER 2022, AND ENDING ON THE THIN DAY OF DECEMBER 2022, AND ENDING ON THE THE NAME BEEN OR WILL BE MADE ETHER DIRECTLY OR BEEN FAID THE FULL WIGGES EMPLIED, THAT NO REBATES HAVE BEEN OR WILL BE MADE ETHER DIRECTLY OR NUMBERCITY OR ON ON BEHALF OF SUB SCALUSE ONDUSTRIES FROM THE FULL WIELDY.

WAGES EMPLIED BY ANY PERSON AND THAT NO DEDUCTIONS HAVE BEEN MADE ETHER DIRECTLY OR NUMBERCITY FROM THE FULL WIELDY.

PART 2 (25) CFR SUSTILLE AL, ISSUED BY THE SCREEN OF THAN PERMISSUED DEDUCTIONS AS DETINED IN REGULATIONS, PART 2 (25) CFR SUSTILLE AL, ISSUED BY THE SCREEN OF THAN PERSON UNDER THE COPELAND ACT, AS AMENDED AND THE FULL WIELDY.

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 THERRIM 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 LABORERS OR MECHANIC CONFORM WITH THE WORK HE PERFORMED.

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IS, FUNDS OR PROGRAMS

_IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO EACH LABORER OR MECHANIC LISTED IN THE ABOVE REPERSACED PARTOLL PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE REEN OR WILL BE MADE TO A PPROPRIATE PROCRAMS FOR THE BENEFIT OF SUCH BAPLOYEES, 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 PATROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL. AN AMOUNT NOT LESS THAN THE SUM OF THE APPLICABLE BASIC HOURLY WAGE RATE PLUS THE ANOUNT OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

EXCEPTIONS (CRAFT)	EXPLANATION
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I MAME AND TITLE I Mariah Carpeniar I Executive Austramt	FUNDINOPHONOPHIN

THE WILFUL FALSHICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CAVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 16 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

22-2339

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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NAME OF CONTRACTOR (7) OR SHECKHIRATOR	2000		Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.	murbon unless #	displays a current	y valid On	B control number.		Rev. Dec. 2008
ndus	ation dba	EMCOR Services		buress 55 Pan	Unive, PO Box	611, Lav	Address 55 Park Drive, PO Box 611, Lawrence, PA 15055		OMB No.:1235-0008 Expires: 07/31/2024
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Write completion of Form WH-347 is optionel, it is mendatory for covered contractors performing work on Federally fluenced or assisted construction contracts to respond to the information contractors contraction performing work on Federally fluenced or assisted construction to fluence

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching sources, gathering and markshing the data needed, and completing and reviewing the collection including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(DVal)

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.	ERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	(3) That any apprentices employed in the above period are duty 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.	(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 thoroin are not loss 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.				wheely weges earned by any person, and that no deductions have been made enter unequy 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. 987, 76 Stat. 357, 40 U.S.C. § 3145), and described below:	(Contractor or Subcontractor)	Scalise Industries Corporation dba EMCOR Services Scalise Industries from the full	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	HTH any of Delt 2022, and ending the 2018 day of The 2022.	North Marion High School HVAC Upgrades ; that during the payroll period commencing on the	(Contractor or Subcontractor)	(1) That I pay or supervise the payment of the persons employed by Scalise Industries Corporation dba EMCOR Services Scalise Industries on the	do hereby state:	(Name of Signatory Party) (Title)	Mark E. Malencia President	Date 12/29/22
THE WILLFUL FALSI SUBCONTRACTION TO TITLE 31 OF THE UNIT	NAME AND TITLE Mariah Carpenter,			REMARKS:		ı							EXC	(c) EXCEPTIO			;]	(b) WHERE F

ERE FRINGE BENEFITS ARE PAID IN CASH

EPTIONS

Meriah Carpenter, Payroll Specialist WILLPIL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRUMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.	REMAKS:				EXCEPTION (CRAFT)
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Payroll - Combined Certified WH-347 Report and Compliance Statement PE 12.20.22 51 Scallse



Combined Certified Hours and Federal Statement of Compliance Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

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



Combined Certified Hours and Federal Statement of Compliance Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

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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

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

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Combined Certified Hours and Federal Statement of Compliance Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

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Combined Certified Hours and Federal Statement of Compliance

Date: 12/21/22

Period Date: 12/20/2022 Year: 2022

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES ON THE JACKY EXECUTED BY SCALISE INDUSTRIES ON THE JACKY EXECUTED BY SECTION OF THE PAYROLL PERSON SHAPLOYED ON SAID PROJECT HAVE DECIDENCE AND ENDING ON THE ZOTH DAY OF DECIDENER 2022. ALL PERSONS EMPLOYED ON SAID PROJECT HAVE BEEN PAID THE FILL WEEKLY WAGES EARNED, THAT NO REDACTIONS HAVE BEEN OR WILL BE MADE STHER DIRECTLY OR MUSICALISE WIDDETTHES FROM THE FILL WEEKLY FOR SAID SCALISE WIDDETTHES FROM THE FILL WEEKLY OR INDIRECTLY FROM THE FILL WAGES EARNED BY ANY PERSON, OTHER THAN PERMISSIBLE DEDUCTIONS AS DEFINED IN REGULATIONS, PART 2 (29 CFR SUSTILE A), ISSUED BY THE SECRETARY OF LABOR UNDER THE COPELAND ACT. AS AMENDED (48 STAT. 108, 72 STAT. 867, 78 STAT. 577, 40 U.S.C 3146), AND DESCREED BELOW: PROJECT: NNJHS HVAC Upgrades DO HERGEBY STATE: I, MARIAH CARPENTER, (NAME OF SIGNATORY PARTY) EXECUTIVE ASSISTANT ADDRESS: , 1 N. Markon Drive, , Farmington, WV, 28571 (A) THAT: (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

(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 THAT THE CLASSIFICATIONS SET FORTH THEREIN FOR EACH LABORER OR MECHANIC CONFORM WITH THE WORK HE

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

(3) THAT ANY APPRENTICES EMPLOYED IN THE ABOVE PERIOD ARE DULY REGISTERED IN A BONA FIDE APPRENTICESHIP PROGRAM REGISTERED WITH A STATE APPRENTICESHIP AGDICATED BY THE BUREAU OF APPRENTICESHIP AND TRANNING, UNITED STATES DEPARTMENT OF LABOR, OR IF NO SUCH RECOGNIZED AGENCY POSTS IN A STATE, ARE REGISTERED WITH THE BUREAU OF APPRENTICESHIP AND TRAINING, UNITED STATES DEPARTMENT OF LABOR.

IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO EACH LABORER OR MECHANIC LISTED IN THE ABOVE REPERSIVED PAYROLL PAYMENTS OF FRINGE BENEFITS AS LISTED IN THE CONTRACT HAVE BEEN ON WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE BENEFIT OF SUCH BAPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

_EACH LABORER OR MECHANIC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN FAID AS INDICATED ON THE PAYROLL, AN AMOUNT NOT LESS THAN THE SUAL OF THE APPLICABLE BESIG HOURLY WAGE RATE PLUS THE AMOUNT OF THE REQUIRED FRINGE BENIFFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

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I NAME AND TITLE I Marish Carpenter I Executive Assistant	REMARKS	 EXCEPTIONS (CRAFT)
JMONON CONDOCATE		 EXPLANATION

THE WILPUL PALSIFICATION 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.

Wage and Hour Division U.S. Department of Labor

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PAYROLL

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

U.S. Wage and Hour Division

22 23 NAME OF CONTRACTOR PAYROLL NO. See Attached (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER Scalise Industries Corporation dba EMCOR Services Scalise Industries 3 OR SUBCONTRACTOR NO, OF WITHHOLDING EXEMPTIONS B CLASSIFICATION FOR WEEK ENDING Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. 9 0 60 Ö œ 0 69 Ó 0 69 0 w 0 60 0 OT. OR ST. HOURS WORKED EACH DAY HOURS WTFSSM STAD ONA YAD (4) ADDRESS 55 Park Drive, PO Box 611, Lawrence, PA 15055 PROJECT AND LOCATION
North Marion High School HVAC Upgrades
1 N. Marion Drive, Farmington, WV 26571 G OF PAY 3 GROSS AMDUNT EARNED 3 ₽ CA XY1 SNUCTOH HLIM (8) DEDUCTIONS Thrasher Project No. T60-11005 PROJECT OR CONTRACT NO. OTHER DEDUCTION OMB No.:1235-0008 Expires: 07/31/2024 Rev. Dec. 2008 WAGES PAID FOR WEEK 3

While completion of Form WH-S47 is optional, it is mendatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information contention contractor and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 20 C.F.R. § 5.8(a)(3)(ii) require contractors to subtrink weekly a copy of all payrolls to the Federal agency contracting the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborar or mechanic has been paid not less than the proper Devis-Boson prevailing wage rate for the work performed. DOL and faderal contracting agencies receiving this information to determine that employees have received legally required wages and things benefits.

Public Burden Statement

We estimate that is will take an avarage of 55 minutes to complete the collection, including time for reviewing instructions, searching extents; data sources, gethering and maintaining the data needed, and completing and reviewing the collection including suggestions for reducing this burden, searching extents; Wisserington, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 1x/29/22	
	President
(Name of Signatory Party)	(True)
do hereby state: (1) That I pay or supervise the payment of the persons employed by	earniaved by
Scalise Industries Corporation dba EMCOR Services Scalise Industries	Services Scalise Industries on the
(Contractor or Subcontractor) North Marion High School HVAC Upgrades ; that	during the payroll period commencing
(Building or Work) 2022 and ending	and ending the 27th day of Dec Zozz
yed on said project have bee ade either directly or indirectly	I weekly wages eamed, that no rebates have laif of said
Scalise Industries Corporation dba EMCOR Services Scalise Industries	Services Scalise Industries from the full
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 83 Stat. 108, 72 Stat. 987; 78 Stat. 357; 40 U.S.C. § 3145), and described below:	is trave been made either directly or indirectly satible deductions as defined in Regulations, Part inder the Copeland Act, as amended (48 Stat. 948, and described below:
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(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.	uired to be submitted for the above period are echanics contained therein are not less than the incorporated into the contract; that the classifications the work he performed.
(3) That any apprentices employed in the above period are duly registered in a bone 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.	are duly registered in a bona fide apprenticeship ignized by the Bureau of Apprenticeship and recognized agency exists in a State, are registered izes Department of Labor.
(4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	LPPROVED PLANS, FUNDS, OR PROGRAMS
in addition to the basic hourly wage the above referenced nevroll navr	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the shows referenced newroll, newments of frince benefits as listed in the contract
have been or will be made to appropria except as noted in section 4(c) below.	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

in the contract, except as noted in section 4(c) below.	as indicated on the payroll, an amount not less than the sum of the applicable	Each laborer or mechanic listed in the above referenced payroll has been paid,

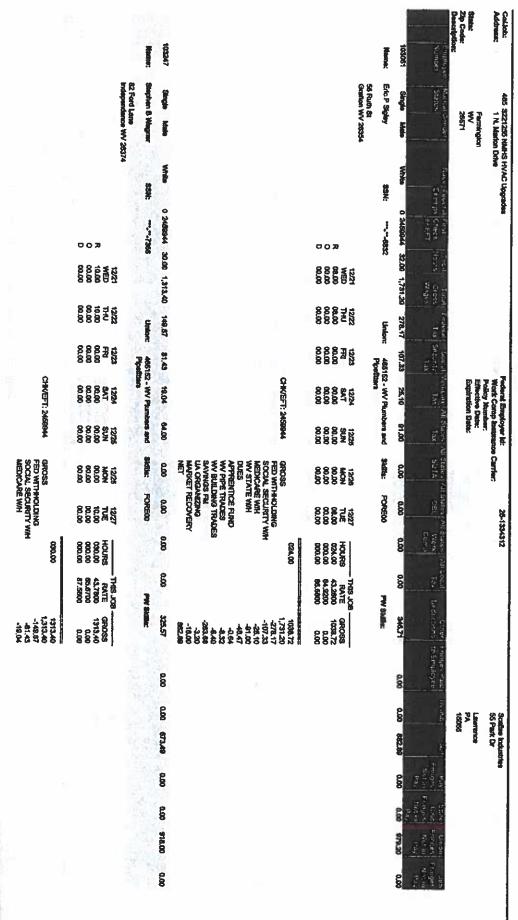
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
אטאוב טאס יחדב Mariah Carpenter, Payroll Specialist	Mayon Called Approved
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.	'ATEMENTS MAY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF

Scalise Payroll - Combined Certified WH-347 Report 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



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



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Combined Certified Hours and Federal Statement of Compliance Date: 12/29/22

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

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Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022

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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

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

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

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

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Combined Certified Hours and Federal Statement of Compliance

Date: 12/29/22

Period Date: 12/27/2022 Year: 2022

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DO HEREBY STATE:

QUECT: NIMHS HVAC Upprades	ADDRESS: , 1 N. Marion Orive, , Fermington, WV, 26571	
I, MARIAH CARPENTER,	EXECUTIVE ASSISTANT	(4) THAT:
franchis distriction of the second		(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROCRAMS

(1) THAT I PAY OR SUPERVISE THE PAYMENT OF THE PERSONS EMPLOYED BY SCALISE INDUSTRIES
ON THE ABOYE DESCRIBED PROJECT; THAT DURBING THE PAYROLL PREVID COMMERCIANG ON THE 21TH DAY OF
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BEEN PAID THE PLIL, WEERLY WHASES EARNED, THAT NO REBAITS HAVE BEEN OR WILL BE MADE EITHER DIRECTLY OR
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THE FILL WIAGES EARNED BY ANY PERSON, DTHER THAN PERMISSIBLE DEDUCTIONS AS DETINED IN RECILLATIONS,
PART 2 (39 CERR SUSTRIALA) KSALID BY THE SECRETIARY OF LABOR UNDER THE CAPELAND ACT, AS AMENDED
(48 STAT. 948, 63 STAT. 108, 72 STAT. 987, 78 STAT. 357; 40 U.S.C 9145), AND DESCRIBED BELOW:

PICA, PEDERAL WITHHOLDING, CITY OR STATE WITHHOLDING, DISABILITY, SAVINGS

(2) THAT ANY PAYROLLS OTHERWISE UNDER THIS CONTRACT REQUIRED TO BE SUBMITTED FOR THE ABOVE PERIOD ARE CONTRECT AND COMPLETE. THAT THE WAGE RATES FOR LABOREDS 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 SOWN FIDE APPRENTICESHIP PROCESMAN REGISTERED WITH A STATE APPRENTICESHIP PROCESMAN REGISTERED WITH A STATE APPRENTICESHIP PROCESSAN REGISTERED WITH A STATES DEPARTMENT OF ASPECTATION OF A STATE AND STATES DEPARTMENT OF LABOR, OR BY AND TRANSMIC, UNITED STATES DEPARTMENT OF LABOR.

IN ADDITION TO THE BASIC HOURLY WAGE RATES PAID TO EACH LABORER OR NECHANC LISTED IN THE ABOVE REPERSICED PAYRDLY, PAYMENTS OF PRINGE BOMENTS AS LISTED IN THE CONTRACT HAVE BEEN OR WILL BE MADE TO APPROPRIATE PROGRAMS FOR THE SENERTI OF SUCH EMPLOYEES, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(8) WHERE FRINGE BENEFITS ARE PAID IN CASH

EACH LABORER OR MECHANAC LISTED IN THE ABOVE REFERENCED PAYROLL HAS BEEN PAID AS INDICATED ON THE PAYROLL. AMADURIT HOTI LESS THAN THE SIM OF THE PAYD AS INDICATED BY THE PAYROLL. AT MANOURIT HOTI LESS THAN THE SIM OF THE REQUIRED FRINGE BENEFITS AS LISTED IN THE CONTRACT, EXCEPT AS NOTED IN SECTION 4(C) BELOW.

(C) EXCEPTIONS

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THE WILFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SÉBLECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 201 OF TITLE 31 OF THE UNITED STATES CODE.

453 Van Voorhis Rd - Morgantown, WV 26505 (304)598-5100 www.morichd.org

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/FinalODPPManualDHHRApproved.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/Mobile AndPortableApplication.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 Authory L. De Falice	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

Risk Management Programs, Inc. RODUCER: 1819 Electric Road, Sulte C Roanoke, VA 24018		CONTACT NAME:	Stephanie Brown	
		PHONE:	(844) 988-2705	
		EMAIL:	abrown@riskprograms.com	
Monongalla County Commission MEMBER: 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.

ÇO LTR	TYPE OF COVERAGE	CONTRACT NUMBER	CONTRACT EFFECTIVE DATE	CONTRACT EXPIRATION DATE	LIMITS / DEDUCTI	BLES
					Each Occurrence	Lim. \$1,000,000
					Fire Damage (Any one fire)	Lim. \$100,000
A	GENERAL LIABILITY	WV-MO-	07/01/2022	07/01/2023	General Aggregate	Lim, NONE
n	☑ Occurrence	031CC-23	07/01/2022	07/01/2023	Personal & ADV Injury	Lim. \$1,000,000
15					Products - Comp/OP	Lim. \$1,000,000
					General Liability	Ded. \$0
A	AUTOMOBILE LIABILITY ☑ All Owned Autos ☐ Hired Autos ☐ Scheduled Autos ☐ Non-Owned Autos	WV-MO- 031CC-23	07/01/2022	07/01/2023	Combined Single Limit	Llm. \$1,000,000
	AUTOMOBILE PHYSICAL	WV-MO-	0710410000	07/04/0000	Collision (ACV)	Ded. \$1,000
A	DAMAGE	031CC-23	07/01/2022	07/01/2023	Comprehensive (ACV)	Ded. \$1,000
A	CRIME	WV-MO-	07/01/2022	07/01/2023	Blanket	Lim. \$250,000
^	Crime	031CC-23	07/01/2022	U11U112U23	Per Occurrence	Ded. \$250
	. 1501044 54-400 9				Excess Automobile Liability - Aggregate	Lim. NONE
	EXCESS LIABILITY				Excess Automobile Liability - Each Occurrence	Lim. \$1,000,000
	Excess General Liability Excess Automobile Liability				Excess General Liability - Aggregate	Lim. NONE
A	Excess Law Enforcement Liability	WV-MO-	07/01/2022	07/01/2023	Excess General Liability - Each Occurrence	Lim. \$1,000,000
	⊠ Excess Public Officials Liability	031CC-23	0110112022	0.10 112020	Excess Law Enforcement Liability - Aggregate	Lim. NONE
	☐ Excess Educators Legal Liability ☑ Other than Umbrella			34	Excess Law Enforcement Liability - Each Occurrence	Lim. \$1,000,000
	Form	ä			Excess Public Officials Liability - Aggregate	Lim. \$1,000,000
					Excess Public Officials Liability - Each Occurrence	Lim. \$1,000,000
		WV-MO-				

		WV-MO-			Blanket per Schedule on File.		•									
A	PROPERTY	031CC-23	07/01/2022	07/01/2023	Building & Contents	Dec	d. :	\$5,000								
	PUBLIC OFFICIALS				Aggregate	Lim.	\$1,0	00,000								
A	LIABILITY	WV-MO- 031CC-23	07/01/2022	07/01/2023	Each Wrongful Act	Lim.	\$1,0	00,000								
	⊠ Occurrence	00.00-20			Per Occurrence	Ded.	\$	10,000								
				·	EL Disease - Each Emp.	Lim.	\$1,0	00,000								
	WORKERS	1		EL Disease - Policy Limit	Lim.	\$1,0	00,000									
A	WORKERS'	WV-MO-	07/01/2022	07/01 <i>/</i> 2022	07/01/2022	07/01/2022	07/01/2022	07/01/2022	07/01/2022	07/01/2022	07/01/2022	2022 07/01/2023	EL Each Accident	Lim.	\$1,0	00,000
	EMPLOYERS' LIABILITY	031CC-23												₩C Statutory Limits	WC Statutory Limits	
!					WC Deductible	Ded.		\$0								
					Aggregate	∐m.		NONE								
Α	LAW ENFORCEMENT	WV-MO- 031CC-23	07/01/2022	07/01/2023	Each Wrongful Act	Lim,	\$1,0	00,000								
		00,00-20			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 Haught, Superintendent's Office 1516 Mary Lou Retton Drive Fairmont, WV 26554	Supranu y Brown

APPLICATION AND CERTIFICATE FOR PAYMENT	LN	AIA G702	Page one of 1 pages 2
OWNER:	PROJECT: East Do	PROJECT: East Dale Elementary School Addition	APPLICATION NUMBER: 21039-18
Marion County Schools 1516 Mary Lou Retton Drive Fairmont, WV 26554			PURCHASE ORDER NUMBER: Contract
CONTRACTOR:	ARCHITECT:	ARCHITECT: Omni Assoicates-Architects, Inc	PERIOD FROM: 01/13/2023 - 01/25/202
Veritas Contracting LLC		207 Jefferson Street	
246 Business Drive		Fairmont, WV 26554	
CONTRACT FOR: General Construction Contract			CONTRACT DATE: 6/22/2021
TINDANYAQ QOQ MOITAQI IQQA QIQOTOAQTINOO		The undersigned Contractor ce	The undersigned Contractor certifies that to the best of the contractor's knowledge infor-
Application is made for covered as shown below in connection		mation and belief the Work cov	mation and belief the Work covered by this Application for Payment has been completed
with the Contract Continuation Sheet. Form G703 is attached.		for Work for which Previous Co	in occasional wile Contract Documents, that an amounts trave been pain by the Contractor for Work for which Previous Cartificates for Boumant were lesued and and and anyments constituted
1 Original Contract Sum	\$ 3,576,689.00	from the Owner and that curren	from the Owner and that current payment shown herein is now due.
2. Net change by Change Orders	\$ 550,660.04	CONTRACTOR	Vertias Contracting LLC
4. Total completed stored to date	S 4 053 062 54	7 0330	1/30/23
(Column G on G703)		State of West Virginio	
5 Retainage		County of Marido	
a_5_ % of work completed \$ 202,653.13		Subscribed and swom to before me	
		this 20 day of JORYON	24 COC
b. 5 % of stored material S		けってい	A CONTRACTOR OF THE PARTY OF TH
(column F on G703) Total Retainage (Line 5a + 5b)	\$ 202,653.13	My Commession evines	14-710
6. Total Earned Less Retainage	\$ 3,850,409.41	ARCHITECT'S CERTIFICATE FOR PAYMENT	ATE FOR PAYMENT
Line 4 less line 5)		In accordance with the Contract	in accordance with the Contract Documents, based on on-site observations and the data
7. Less Previous Certificates for Payment	\$ 3,751,599.45	comprising this application. The	comprising this application. The Architect certifies to the Owner that to the best of the Architect's
(Line 6 from prior Certificate)		knowledge, information and beli	knowledge, information and better the Work has progressed as indicated. The mustive of the Work
8. Current Payment Due	\$ 98,809.96	is in accordance with the Contra	is in accordance with the Contract Documents and the Contractor is entitled to patment of the
9. Balance to finish, including retainage (Line 3 less line 6) 276,939,63		Amount Certified. AMOUNT CERTIFIED	96.608,868
		Attach explaination if amount or	Attach explaination if amount certified differs from the amount applied for Initial all figures on
Change order summary Additions	Defeations	Appression and on the Continuin ARCHITECT	Apprearon and on the Continuation Sheet that are changed to conform to the amount certified.) ARCHITECT
-		*	

Appreador and on the Continuation sheet mat are changed to conform to the amount certified.) ARCHITECT	By: Date: 1/31/23 This Certificate is not negotable. 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.
Deteations	S 57,108.98	2	S 57,108.98
Additions	\$ 512,810.07	\$ 94,958.95	\$ 607,769.02
Change order summary	Total changes approved previous by owner	Total approved this month	TOTALS

22-2341

21039-18

APPLICATION NUMBER:

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

Contractor's signed Certification is attached.

RETAINAGE 01/13/2023 - 01/25/2023 2% BALANCE TO FINISH (0-0) I PERIOD TO: ARCHITECTS' PROJECT NO: % (O/O) COMPLETED AND STORED TO DATE (D+E+F) TOTAL တ MATERIALS PRESENTLY STORED NOT IN DOR E) THIS PERIOD w WORK COMPLETED FROM PREVIOUS APPLICATIONS (D+E) Use Column I on Contracts where variable retainage for line items may apply. SCHEDULED In tabulations below, amounts are stated to the nearest dollar. VALUE O DESCRIPTION OF WORK NO ⋖

1 Mobilization and Layout	S	39,680.00	\$39,680.00	80.00	\$0.00	\$39,680,00	100.00%	\$0.00	\$1,984,00
2 Insurance and Bonding	S	76,845,00	\$76,845.00	\$0.00	80,00	\$76,845,00	100.00%	80.00	\$3,842.25
3 Site Supervision Working Formen General Requirement:	ent: S	207, 209, 00	\$204,409.00	\$1,000.00	80.00	\$205,409.00	99.13%	\$1,800.00	\$10,270.45
4 Construction Aid, Equipment and Storage	v	150,893.00	\$150.893.00	80.00	\$0.00	\$150,893.00	100.00%	\$0.00	\$7,544.65
5 Temporary Construction & Safety Fencing	S	3,892.00	\$3,892.00	20.00	80.00	\$3,892.00	100.00%	80.00	\$194.60
6 Demolition	S	13,654.00	\$13,654.00	20 00	80.00	\$13,654.00	100.00%	80.00	\$682.70
7 E&S Controls/Survey/Site Demolition	Ŋ	39,425.00	\$39,425,00	20.00	80.00	\$39,425.00	100.00%	\$0.00	\$1,971.25
8 Earthwork	w	68,600.00	\$68,600.00	\$0.00	\$0.00	\$68,600.00	100.00%	\$0.00	\$3,430.00
9 Fencing	W	26,600,00	\$26,600.00	80.00	\$0.00	\$26,600.00	100.00%	80.00	\$1,330.00
10 Utilities/Sanitary Sewer and Stormwater	S	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	W	36,871,00	\$36,871.00	20.00	80.00	\$36,871.00	100.00%	20.00	\$1,843.55
12 Form and Pour Trench Box	S	4,080,00	\$4,080.00	80.00	\$0.00	\$4,080.00	100.00%	\$0.00	\$204.00
13 Landscape - Material	S	7,000.00	\$6,800,00	80.00	80.00	\$6,800.00	97,14%	\$200.00	\$340,00
14 Landscape - Labor	ν	2,000.00	\$2,000,00	80.00	20.00	\$2,000.00	100.00%	\$0.00	\$100,00
15 Asphalt Pavement and Striping	s	101,000.00	\$101,000.00	\$0.00	20.00	\$101,000.00	100.00%	80.00	\$5,050.00
16 Concrete Curbs - Material	S	18,602.00	\$18,602.00	\$0.00	\$0.00	\$18,602.00	100.00%	\$0.00	\$930,10
17 Concrete Curbs - Labor	s	41,472.00	\$41,472.00	80.00	\$0.00	\$41,472.00	100.00%	\$0.00	\$2,073.60
18 Concrete Sidewalks - Material	Ø	27,922.00	\$27,922.00	80.00	20 00	\$27,922.00	100.00%	80.00	\$1,396.10
19 Concrete Sidewalks - Labor	S	20,346.00	\$20,046.00	20.00	\$0.00	\$20,046.00	98.53%	\$300.00	\$1,002.30
20 Flag & Light Pole Foundations	v	2,410.00	\$2,410.00	20.00	20.00	\$2,410.00	100.00%	80.00	\$120.50
21 Building Foundation & Piers - Material	w	22,596.00	\$22,596.00	80.00	80.00	\$22,596.00	100.00%	\$0.00	\$1,129.80
22 Building Foundation & Piers - Labor	s	21,242.00	\$21,242.00	80.00	20.00	\$21,242.00	100,00%	\$0.00	\$1,062,10
23 Slab on Grade - Material	S	44,600.00	\$44,600.00	80.00	\$0.00	\$44,600,00	100.00%	80.00	\$2,230,00
24 Slab on Grade - Labor	S	25,063.00	\$25,063,00	\$0.00	\$0.00	\$25,063.00	100.00%	\$0.00	\$1,253,15
25 ICF Walls - Material	Ø	93,718.00	\$93,718.00	80.00	20.00	593,718,00	100.00%	20.00	\$4,685.90
26 ICF Walls - Labor	Ø	65,608.00	\$65,608.00	20,00	80.00	\$65,608.00	100.00%	20.00	\$3,280,40
27 Damproofing & Backfill - Material	S	19,009.00	\$19,009.00	\$0.00	\$0.00	\$19,009.00	100.00%	80.00	\$950.45
28 Damproofing & Backfill - Labor	W	13,740.00	\$13,740.00	\$0.00	80.00	\$13,740.00	100.00%	80.00	\$687.00
29 Masonry - Matenal	w	79,100.00	\$79,100.00	20.00	\$0.00	\$79,100.00	100.00%	80.00	\$3,955,00
30 Masonry - Labor	S	77.171.00	\$77,171.00	80.00	80.00	\$77,171,00	100.00%	20 00	\$3 858 55

Payment Requisition	TO 202 ADDITION AND PROTIEIVATE FOR DAYMENT
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Veritas Contracting	3
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AlA Docum	Veritas Contracting Par AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT,	VERTIFIE	eritas Contra CATE FOR P/	Veritas Contracting Payment Requisition FICATE FOR PAYMENT,	quisition	Ā	APPLICATION NUMBER:	UMBER:	21039-18	
Contractor's	Contractor's signed Certification is attached.	0					ָ נ נ	Ċ		,
Use Column	in tabulations below, amounts are stated to the nearest dollar. Use Column I on Contracts where variable retainage for line it	e near tainage	est dollar. e for line items	oolar. line items may apply.		ARCHIT	PEKIOD 10: ARCHITECTS' PROJECT NO:	CT NO:	01/13/2023 - 01/25/2023	1/25/2023
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ITEM	DESCRIPTION OF WORK		SCHEDULED	WORK COMPLETED	ETED	MATERIALS	TOTAL	%	BALANCE	RETAINAGE
O _N			VALUE			PRESENTLY	COMPLETED	(O/O)	TO FINISH	5%
				FROM PREVIOUS	THIS PERIOD	STORED	AND STORED		(50)	
				APPLICATIONS		NOT IN	TO DATE			
				(D+E)		D OR E)	(D+E+F)			
31 Structure	31 Structural Steel - Material	w	144,450.00	\$144,450.00	80.00	20.00	\$144,450,00	100.00%	\$0.00	\$7,222.50
32 Structura	Structural Steel - Labor	S	71,989.00	\$71,989.00	20.00	20.00	\$71,989.00	100.00%	80.00	\$3,599,45
33 Ext. Mtl.	33 Ext. Mtl. Studding & Sheathing - Material	S	13,247,00	\$13,247.00	20.00	80,00	\$13,247,00	100.00%	80.00	\$662.35
34 Ext. Mtl.	Ext. Mtl. Studding & Sheathing - Labor	(A	13,848,00	\$13,848,00	20.00	\$0.00	\$13,848.00	100.00%	80.00	\$692.40
35 Rough C	35 Rough Carpentry - Material	S	4.787.00	\$4,787,00	80.00	80.00	S4 787 00	100.00%	80.00	\$239,35
36 Rough C	36 Rough Carpentry - Labor	S	2,366.00	\$2,366.00	\$0.00	80.00	\$2,366.00	100.00%	\$0.00	\$118.30
37 Framing	37 Framing and Drywall Systems - Material	ທ	55,287.00	\$55,287,00	20,00	80.00	\$55,287.00	100.00%	80.00	52.764.35
39 Framing	39 Framing and Drywall Systems - Labor	មា	101,034,00	\$100,234.00	80.00	80.00	\$100,234,00	99.21%	\$800.00	\$5,011.70
40 Roofing.	40 Roofing, Flashing and Coping - Material	Ø	163,445,00	\$163,445.00	\$0.00	80.00	\$163,445.00	100.00%	\$0.00	\$8,172.25
41 Canopy,	41 Canopy, Flashing and Coping - Veritas	Ø	7,922.00	\$7,922.00	20.00	\$0.00	\$7,922,00	100.00%	\$0.00	\$396.10
42 Metal Sic	42 Metal Siding and Trim - Matenal	S	3,360,00	\$3,360,00	\$0.00	20.00	\$3,360,00	100,00%	80.00	\$168.00
43 Metal Sid	Metal Siding and Tnm - Labor	w	2,549.00	\$2,549,00	80.00	20.00	\$2,549.00	100 00%	80.00	\$127.45
44 Ext Door	44 Ext Door Canopy - Material	S	8,025.00	\$8,025.00	20.00	20.00	\$8,025.00	100.00%	80.00	\$401.25
45 Ext Door	Ext Door Canopy - Labor	S	2,510.00	\$2,510.00	\$0.00	\$0.00	\$2,510.00	100.00%	\$0.00	\$125.50
46 HM Fran	46 HM Frames and Doors - Material	S	53,488.00	\$53,488.00	\$0.00	80.00	\$53,488.00	100.00%	\$0.00	\$2,674.40
47 HM Fram	47 HM Frames and Doors - Labor	S	7,593.00	\$5,593.00	80.00	80.00	\$5,593.00	73.66%	\$2,000.00	\$279.65
48 Door Har	48 Door Hardware - Material	Ø	296.00	\$296.00	20.00	80.00	\$296.00	100.00%	\$0.00	\$14.80
49 Door Har	49 Door Hardware - Labor	w	12,062.00	\$2,962.00	80.00	20.00	52,962.00	24.56%	\$9,100.00	\$148.10
50 Alum. Do	50 Alum. Doors and Windows	S	00'000'66	299,000.00	\$0.00	80.00	\$89,000.00	100.00%	80.00	\$4,950.00
51 Casewor	51 Casework, Tops and Window Sills - Matenal	en.	58.443.00	\$58,443.00	80.00	80.00	\$58,443.00	100.00%	80.00	\$2,922.15
52 Casework	Casework, Tops and Window Sills - Labor	S	22.691.00	\$22.691.00	80.00	80.00	\$22,691.00	100.00%	80.00	\$1,134.55
53 Painting	Painting and Fire Caulking	S	28.762.00	\$22,762.00	\$3,000.00	20.00	\$25,762.00	89.57%	\$3,000,00	\$1,288,10
54 Acoustics	54 Acoustical Gnd & Tile - Material	S	31,227,00	\$31,227.00	80.00	\$0.00	531,227.00	100.00%	80.00	\$1,561.35
55 Acoustica	Acoustical Gnd & Tile - Labor	W	18,373,00	\$16.373.00	80.00	20.00	\$16,373.00	89.11%	\$2,000 00	5818.65
56 Flooring Covenings	Sovenigs	W	125,000,00	\$116,226,50	20.00	\$0.00	\$116,226.50	92.98%	\$8,773,50	\$5,811,33
57 Toilet Act	57 Toilet Accessories and Partitions - Material	S	3,868.00	\$3,868.00	80.00	20.00	\$3,868,00	100.00%	\$0.00	\$193.40
58 Toilet Acc	58 Toilet Accessones and Partitions - Labor	Ø	4,123.00	\$2,700.00	20.00	80.00	\$2,700.00	65.49%	\$1,423.00	\$135.00
59 Classrool	59 Classroom Furnishings - Material	s)	67,515.00	\$67,515.00	20.00	\$0.00	\$67,515.00	100.00%	80.00	53,375.75
60 Classroot	60 Classroom Furnishings - Labor	S	7,868.00	\$750.00	20.00	00 OS	\$750.00	9.53%	\$7,118.00	\$37,50

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 A B C Column I on Contracts where variable retainage for line items may apply A C C Column I on Contracts where variable retainage for line items may apply A C C C C Sprinkler System. Baterial 61 Door Signage and Fire Ext. 61 Door Signage and Fire Ext. 62 Sprinkler System. Labor 63 Electrical - Mobilization/Demo 63 Electrical - Mobilization/Demo 64 Electrical - Mobilization/Demo 65 Electrical - Mobilization/Demo 66 Electrical - Power Distribution Material 67 Electrical - Power Distribution Labor 68 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 70 Electrical - Moring Dewices Materials 71 Electrical - Mobilization/Deces Materials 72 Electrical - Mobilization 73 Electrical - Security/Access Labor 74 Electrical - Security/Access Labor 75 Electrical - Security/Access Labor 76 Electrical - Security/Access Labor 77 Electrical - Security/Access Labor 78 Electrical - Security/Access Labor 79 Electrical - Security/Access Labor 70 Electrical - Security/Access Labor 71 Electrical - Security/Access Labor 72 Electrical - Security/Access Labor 73 Electrical - Security/Access Labor 74 Electrical - Security/Access Labor 75 Electrical - Security/Access Labor 76 Electrical - Security/Access Labor 77 Electrical - Security/Access Labor 78 Electrical - Security/Access Labor 79 Electrical - Security/Access Labor 80 Plumbing - Interior Sanitary UG 81 Plumbing - Interior Sanitary UG 82 Plumbing - Interior Sanitary AG 83 Plumbing - Interior Sanitary AG 84 Plumbing - Interior Sanitary AG 85 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG 87 Plumbing - Interior Sanitary AG 88 Plumbing - Interior Sanitary AG 89 Plumbing - Interior Sanitary AG 80 Plumbing - Interior Sanitary AG 80 Plumbing - Interior Sanitary AG 81 Plumbing - Interior Sanitary AG 81 Plumbin	e nearest ainage for		AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT,		¥	APPLICATION NUMBER:	UMBER	21039-18	
Door Signage a Sprinkler Syste Sprinkler Syste Electrical - Ligh Electrical - Ligh Electrical - Pow Electrical - Pow Electrical - Pow Electrical - Data Electrical - Data Electrical - Data Electrical - Data Electrical - Sect Electrical - Sect Electrical - Sect Electrical - Sect Electrical - Sect Electrical - Fire Electrical - Fire		dollar. Iine items	may apply.		ARCHIT	PERIOD TO: ARCHITECTS' PROJECT NO:	O TO: CT NO:	01/13/2023 - 01/25/2023	25/2023
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- 4 4 4 4 4 4 5 5 5 6 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7		VALUE			PRESENTLY	COMPLETED	(G/C)	TO FINISH	2%
61 Door Signage and Fire Ext. 62 Spnnkler System- Material 63 Spnnkler System- Labor 64 Electrical - Mobilization/Demo 65 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Power Distribution Material 68 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 60 Electrical - Power Distribution Labor 71 Electrical - Data Materials 72 Electrical - Data Labor 73 Electrical - Security/Access Materials 74 Electrical - Security/Access Materials 75 Electrical - Fire Alarm Labor 77 Electrical - Fire Alarm Labor 81 Plumbing - General Conditions 82 Plumbing - Exterior Sanitary UG 83 Plumbing - Interior Wager AG 86 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG			FROM PREVIOUS	THIS PERIOD	STORED	AND STORED		(0-0)	
61 Door Signage and Fire Ext. 62 Sprinkler System- Material 63 Sprinkler System- Labor 64 Electrical - Mobilization/Demo 65 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Power Distribution Material 68 Electrical - Power Distribution Labor 69 Electrical - Wiring Devices Material 70 Electrical - Wiring Devices Material 71 Electrical - Materials 72 Electrical - Data Materials 73 Electrical - Data Materials 74 Electrical - Security/Access Materials 75 Electrical - Security/Access Labor 77 Electrical - Security/Access Labor 77 Electrical - Fire Alarm Materials 78 Electrical - Eric Alarm Labor 81 Plumbing - Mobilization 82 Plumbing - Exterior Sanitary UG 84 Plumbing - Interior Wager AG 86 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG			APPLICATIONS		NI TON)	TO DATE			
61 Door Signage and Fire Ext. 62 Sprinkler System- Material 63 Sprinkler System- Labor 64 Electrical - Mobilization/Demo 65 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Power Distribution Material 68 Electrical - Power Distribution Material 68 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 69 Electrical - Wiring Devices Material 70 Electrical - Maring Devices Labor 71 Electrical - Data Materials 72 Electrical - Data Materials 73 Electrical - Data Labor 75 Electrical - Security/Access Materials 76 Electrical - Fire Alarm Labor 81 Plumbing - General Conditions 82 Plumbing - General Conditions 83 Plumbing - Exterior Sanitary UG 84 Plumbing - Interior Wager AG 85 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG			(D+E)		D OR E)	(D+E+F)			
62 Spnnkler System- Material 63 Sprinkler System- Labor 64 Electrical - Mobilization/Demo 65 Electrical - Mobilization/Demo 66 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Power Distribution Material 68 Electrical - Power Distribution Material 70 Electrical - Wiring Devices Material 71 Electrical - Wiring Devices Labor 71 Electrical - Data Materials 72 Electrical - Data Materials 73 Electrical - Data Materials 74 Electrical - Data Materials 75 Electrical - Security/Access Labor 77 Electrical - Fire Alarm Labor 81 Plumbing - Mobilization 82 Plumbing - General Conditions 83 Plumbing - Exterior Sanitary UG 84 Plumbing - Interior Wager AG 85 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG	S	3,888.00	\$3,558.00	20.00	\$0.00	\$3,558.00	91.51%	8330,00	\$177.90
63 Sprinkler System- Labor 64 Electrical - Mobilization/Demo 65 Electrical - Mobilization/Demo 66 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Power Distribution Material 68 Electrical - Power Distribution Material 69 Electrical - Power Distribution Labor 69 Electrical - Wiring Devices Labor 71 Electrical - Wiring Devices Labor 72 Electrical - Data Materials 73 Electrical - Data Materials 74 Electrical - Data Labor 75 Electrical - Security/Access Materials 76 Electrical - Security/Access Labor 77 Electrical - Fire Alarm Labor 81 Plumbing - General Conditions 82 Plumbing - General Conditions 83 Plumbing - Interior Sanitary UG 84 Plumbing - Interior Sanitary AG 85 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG	S	18,392.00	\$18,392.00	20 00	80.00	\$18,392,00	100.00%	80,00	\$919.60
64 Electrical - Mobilization/Demo 65 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Lighting Labor 68 Electrical - Power Distribution Material 68 Electrical - Power Distribution Labor 69 Electrical - Wiring Devices Material 70 Electrical - Wiring Devices Labor 71 Electrical - Wiring Devices Labor 72 Electrical - Data Materials 73 Electrical - Data Materials 74 Electrical - Data Materials 75 Electrical - Security/Access Materials 76 Electrical - Security/Access Labor 77 Electrical - Fire Alarm Labor 81 Prumbing - Mobilization 82 Plumbing - General Conditions 83 Plumbing - Exterior Sanitary UG 84 Plumbing - Interior Wager AG 85 Plumbing - Interior Sanitary AG 86 Plumbing - Interior Sanitary AG	v	17,308.00	\$17,308.00	80 00	80.00	\$17,308.00	100.00%	80.00	\$865.40
65 Electrical - Lighting Material 66 Electrical - Lighting Labor 67 Electrical - Lighting Labor 68 Electrical - Power Distribution Material 68 Electrical - Power Distribution Labor 69 Electrical - Wiring Devices Material 70 Electrical - Wiring Devices Labor 71 Electrical - Wiring Devices Labor 72 Electrical - Materials 74 Electrical - Data Materials 75 Electrical - Data Materials 76 Electrical - Security/Access Materials 77 Electrical - Security/Access Labor 77 Electrical - Security/Access Labor 77 Electrical - Fire Alarm Materials 78 Electrical - Fire Alarm Labor 81 Prumbing - Mobilization 82 Prumbing - General Conditions 83 Prumbing - Exterior Sanitary UG 84 Prumbing - Interior Wager AG 85 Plumbing - Interior Wager AG	s	12,500,00	\$12,500,00	20.00	80,00	\$12,500,00	100 00%	80,00	\$625.00
66 Electrical - Lighting Labor 67 Electrical - Power Distribution Material 68 Electrical - Power Distribution Labor 69 Electrical - Power Distribution Labor 69 Electrical - Wiring Devices Material 70 Electrical - Wiring Devices Labor 71 Electrical - Data Materials 72 Electrical - Data Materials 73 Electrical - Data Materials 74 Electrical - Data Materials 75 Electrical - Data Materials 76 Electrical - Security/Access Labor 77 Electrical - Security/Access Labor 77 Electrical - Fire Alarm Materials 78 Electrical - Fire Alarm Labor 81 Plumbing - Mobilization 82 Plumbing - General Conditions 83 Plumbing - Exterior Sanitary UG 84 Plumbing - Interior Wager AG 86 Plumbing - Interior Sanitary AG 87 Plumbing - Interior Sanitary AG	S	67,500,00	\$67,500,00	80.00	20.00	\$67,500,00	100,00%	80.00	\$3,375,00
67 Electrical- Power Distribution Material 68 Electrical- Power Distribution Labor 69 Electrical- Wiring Devices Material 70 Electrical- Wiring Devices Labor 71 Electrical- Wiring Devices Labor 72 Electrical- Data Materials 74 Electrical- Data Materials 75 Electrical- Data Materials 76 Electrical- Security/Access Materials 77 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobitzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG	ψ	18,500,00	\$18,500.00	\$0.00	80.00	\$18,500.00	100 00%	80.00	\$925.00
68 Electrical- Power Distribution Labor 69 Electrical- Wiring Devices Material 70 Electrical- Wiring Devices Labor 71 Electrical- HVAC Materials 72 Electrical- Data Materials 74 Electrical- Data Materials 75 Electrical- Data Materials 76 Electrical- Security/Access Materials 77 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Materials 79 Electrical- General Conditions 81 Plumbing- Mobitzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Interior Sanitary AG	v	94,500,00	566,150,00	20 00	\$0.00	\$66,150.00	70.00%	\$28,350.00	\$3,307,50
69 Electrical- Wiring Devices Material 70 Electrical- Wiring Devices Labor 71 Electrical- HVAC Materials 72 Electrical- Data Materials 74 Electrical- Data Materials 74 Electrical- Data Materials 75 Electrical- Security/Access Materials 76 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobilization 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Interior Sanitary AG	W	18,000,00	\$10,800.00	20 00	\$0.00	\$10,800.00	80.00%	\$7,200.00	\$540,00
70 Electrical- Wiring Devices Labor 71 Electrical-HVAC Materials 72 Electrical- Data Materials 74 Electrical- Data Labor 75 Electrical- Data Labor 76 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobiltzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	ιγ	13,000.00	\$13,000.00	00 08	80.00	\$13,000.00	100.00%	\$0.00	\$650.00
71 Electrical-HVAC Materials 72 Electrical- Data Materials 73 Electrical- Data Materials 74 Electrical- Data Labor 75 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobilization 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Interior Sanitary AG	s	25,000,00	\$25,000.00	20 00	80.00	\$25,000.00	100.00%	80.00	\$1,250.00
72 Electrical-HVAC Labor 73 Electrical- Data Materials 74 Electrical- Data Labor 75 Electrical- Security/Access Materials 76 Electrical- Fire Alarm Materials 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobilization 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	so	12,000,00	\$12,000,00	20 00	80.00	\$12,000.00	100.00%	80.00	\$600,00
73 Electrical- Data Materials 74 Electrical- Data Labor 75 Electrical- Security/Access Materials 76 Electrical- Fire Alarm Materials 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobilization 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	S	12,000,00	\$11,500.00	\$500.00	\$0.00	\$12,000,00	100.00%	80.00	\$600.00
74 Electrical- Data Labor 75 Electrical- Security/Access Materials 76 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobitzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	ഗ	29,500.00	\$29,500.00	80.00	80.00	\$29,500,00	100,00%	80.00	\$1,475.00
75 Electrical- Security/Access Materials 76 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrical- Fire Alarm Labor 81 Plumbing- Mobitzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	S	5.000.00	\$5,000.00	\$0.00	80.00	\$5,000.00	100.00%	80.00	\$250.00
76 Electrical- Security/Access Labor 77 Electrical- Fire Alarm Materials 78 Electrocai- Fire Atarm Labor 81 Plumbing- Mobitzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Sanitary AG 85 Plumbing- Interior Sanitary AG 86 Plumbing- Oas Line	S	23,000.00	\$23,000.00	80.00	80.00	\$23,000,00	100,00%	20.00	\$1,150.00
77 Electrical- Fire Alarm Materials 78 Electrical- Fire Atarm Labor 81 Plumbing- Mobilization 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	s	2,500.00	\$2,500.00	20.00	\$0.00	\$2,500,00	100.00%	\$0.00	\$125.00
78 Electincal- Fire Atarm Labor 81 Plumbing- Mobitzation 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG	s	8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	100.00%	\$0.00	\$400.00
81 Plumbing- Mobilization 82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Wager AG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	S	2,000.00	\$2,000.00	80.00	80.00	\$2,000.00	100.00%	\$0.00	\$100.00
82 Plumbing- General Conditions 83 Plumbing- Exterior Sanitary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	S	2,400.00	\$2,400.00	20.00	80.00	\$2,400.00	100.00%	20.00	\$120.00
83 Plumbing- Exterior Sanıtary UG 84 Plumbing- Interior Sanitary UG 85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	s	2,400 00	\$2,400.00	20.00	\$0.00	\$2,400.00	100.00%	80.00	\$120.00
84 Ptumbing- Interior Sanitary UG 85 Ptumbing- Interior Wager AG 86 Ptumbing- Interior Sanitary AG 87 Ptumbing- Gas Line	ın	5,000.00	\$5,000.00	\$0.00	\$0.00	\$5,000,00	100,00%	\$0.00	\$250,00
85 Plumbing- Interior Wager AG 86 Plumbing- Interior Sanitary AG 87 Plumbing- Gas Line	S	42,000.00	\$42,000.00	\$0.00	80.00	\$42,000.00	100,00%	80.00	\$2,100.00
86 Ptumbing- Interior Sanitary AG 87 Ptumbing- Gas Line	S	54,000.00	\$54,000.00	20.00	80.00	\$54,000,00	100.00%	80.00	\$2,700,00
87 Plumbing- Gas Line	S	35,000.00	\$35,000.00	\$0.00	80.00	\$35,000,00	100.00%	80.00	\$1,750.00
	W	12,000.00	\$12,000.00	80.00	80,00	\$12,000.00	100,00%	20.00	\$600.00
88 Plumbing- Fixtures	w	30,000.00	\$29,003.00	2997.00	20,00	\$30,000.00	100.00%	20.00	\$1,500.00
89 Plumbing- Rain Water	S	22,625.00	\$22,625.00	80.00	80.00	\$22,625,00	100.00%	20.00	\$1,131.25
90 HVAC-RTU-1 Roofcurb, Crane	v	168,900.00	\$168,900.00	\$0.00	80.00	\$168,900.00	100.00%	80.00	\$8,445,00

Veritas Contracting Payment Requisition

AIA Document G.703 APPLICATION AND CERTIFICATE FOR PAYMENT,	CATE FOR PAYMENT,
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Use Column I on Contracts where variable retainage for line items may apply in tabulations below, amounts are stated to the nearest dollar. Contractor's signed Certification is attached.

01/13/2023 - 01/25/2023

ARCHITECTS' PROJECT NO:

PERIOD TO:

21039-18

APPLICATION NUMBER:

\$75.00 \$2,915,00 \$1,000.00 \$342.50 \$400.00 \$125.00 \$2,250,00 51,950,00 \$528.45 \$517,50 52,500,00 \$2,101,70 \$4,968.20 (\$2,149.45) \$0.00 80.00 51,791.41 52,171,07 51,020,98 \$363.40 \$706.00 (\$706.00)\$425.12 56.668.68 51,448.14 5650,17 \$230,20 \$565.88 54 747 95 RETAINAGE ŝ \$0.00 80.00 \$0.00 \$0.00 20,00 \$0.00 SO.00 50.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$591 00 SO 00 \$0,00 50.00 \$0.00 \$0.00 20.00 \$0.00 \$1,300.00 \$0.00 SO.00 80,00 BALANCE TO FINISH 100.00% 100.00% %00.001 88,84% %00.00 100.00% 00.00% 00.001 %00.00 100.00% 100.00% 0.00% %00.00 100.00% 100.00% 100.00% 90.00 200.00% 100.00% 99.41% 100.00% 00.00% 100.00% 00.00% 100.00% 00.00% 00.00 100.00% 00.00 800.001 % (O/O) 59,000.00 \$45,000.00 S0.00 (\$14,119.94) 558,300.00 \$5,000.00 \$20,000.00 \$6,850,00 \$8,000.00 \$2,500.00 \$39,000.00 \$10,569.00 \$1,500,00 \$10,350.00 \$50,000,00 \$42,034,00 \$99,364,00 \$35,828,20 (\$42,989.04) 543,421,40 \$8,502.40 520,419.65 \$7,267.95 \$13,003.43 \$133,373,67 \$14,119,94 \$4,603.97 \$11,317.58 594,958,95 528,962.88 AND STORED COMPLETED TO DATE \$0.00 S0.00 S0.00 SO 00 80.00 \$0.00 50.00 \$0.00 \$0.00 50.00 50.00 80.00 S0.00 \$0.00 \$0.00 20.00 80.00 80.00 \$0.00 \$0.00 \$0.00 \$0.00 50.00 SG.00 \$0.00 \$0.00 \$0.00 S0.00 PRESENTLY MATERIALS STORED D OR E) NOT IN 50.00 \$0.00 \$0.00 \$0.00 50.00 80.00 \$0.00 \$0.00 \$0.00 50.00 \$0.00 \$0.00 \$0.00 \$0.00 50.00 \$0.00 \$0.00 \$0.00 80.00 \$0.00 80.00 80,00 \$0.00 50.00 S0.00 50.00 53.554.54 \$0.00 594,958,95 THIS PERIOD Ш WORK COMPLETED \$42,989.04 SO 00 20.00 59,000,00 510,569.00 80,00 FROM PREVIOUS 558,300,00 \$5,000.00 \$20,000,00 56,850.00 58,000.00 \$2,500.00 \$45,000.00 539,000.00 \$1,500.00 \$10,350.00 546 445 46 \$42,034,00 599,364,00 535,828,20 543,421,40 \$8,502.40 \$133,373.67 \$20,419.65 \$7,267,95 513,003.43 \$14,119,94 \$14, 119.94 54.603.97 \$11,317.58 APPLICATIONS 99,955,00 (42,989.04) 7,267,95 58,300.00 5,000.00 20,000,00 6,850.00 8,000.00 2,500.00 45,000.00 39,000.00 10,569.00 1,500.00 11,650.00 50,000.00 42,034,00 35,828,20 43.421.40 9.000.00 8,502,40 133,373,67 20,419,65 14,119.94) 13,003,43 14,119.94 4,603.97 11,317,58 28,962,88 94,958,95 SCHEDULED VALUE O 110 Change Order 8 - Apron, Storm, Gas Line & Toilet Partit \$ 119 Change Order 18 - Elevation Correction, Light Base Crea 113 Change Order 11 - Breakers in Existing Switchgear 116 Change Order 13 - Metal Siding Panels Deleted 112 Change Order 10 - Fence, Over-X, Roof Drains 118 Change Order 16 - AWR 19, AWR 29, AWR 33 105 Change Order 4 - Addition Paving & Concrete 117 Change Order 14 - Purchase of New Flagpoie 104 Change Order 2 - Temp Parking & Gas Line 94 HVAC- Registers, Grills and Exhaust Fans 108 Change Order 6 - Contract Time Increased DESCRIPTION OF WORK 93 HVAC. Elect VAV's Electric Heater. Labor 103 Change Order 1 - Contingency Allowance 95 HVAC- Reg. Gnils. Exhaust Fans- Labor 107 Change Order 5 - HVAC Control Credit 115 Change Order 13 - Metal Siding Panels 109 Change Order 7 - Water Line Addition 91 HVAC-RTU-1 Roofcurb, Crane-Labor 92 HVAC-Electric VAVs, Electric Heater 120 Change Order 1A - Pnce Escalation 111 Change Order 9 - Design Change 101 Certified Test and Balance-Labor 102 Progressive and Final Cleaning 99 Duct Work, Insulation-Labor 114 Change Order 12 - Multiple 100 Certified Test and Balance 105 Change Order 3 - Canopy 97 SFC-1 Mini Split- Labor 98 Duct Work, Insulation 96 SFC-1 Mini Split TEM ⋖

STATEMENT OF NON-PERFORMANCE

74 Payroll Number:

1/16/2023

Date:

Veritas Contracting, LLC Contractor: 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) Low & Your I

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:

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

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

PAYROLL

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

NAME OF CONTRACTOR OR SUI	OR SUBCONTRACTOR	Į.							ğ.	ADDRESS	3	ADDRESS					OMB No		
Verites Contracting, LLC									2 . T	246 Business Park University 26554	6554 6554						Expires		
PAYROLL NO 76		FOR WEEK ENDING 1/28/2023 12 00:00 AM	12 00	0.00 AM					FRC 57 E	PROJECT AND LOCA East Date Etementary 57 East Date Rd Fermont WV 26554	PROJECT AND LOCATION East Dale Elementary 57 East Dale Rd Fairmont WV 26554	7				PROJECT OR CONTRACT NO	R CONTRA	TNO.	
(c)	(2)	(3)	20	2,595.4	2000	(4) DAY	AND DATE	H.	STATE	(5)	(0)	ω		STATE SERVICE	(8) DEDI	(8) DEDUCTIONS	NEWSTREET, ST.	SASSESSIED .	(8)
				Se	Mon	31	Med	2	Fri Sat	w		GROSS		-	The same			BEAT SEALS	
NAME AND MONDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF	NO ON		200	8	8	2	83	92	27 28	605		AMOUNT EARNED		STATE OF	WITH				WAGES
SOCAL SECURITY NUMBER!) OF WORKER	TIONS	CLASSIFICATION	ST	September 1	HOU	HOURS WOR	KED EACH DAY	CH DAY	高温器	HOURS	S OF PAY		FICA	TAX		MEDICARE	OTHER	DEDUCTIONS FOR WEEK	FOR WEEK
Mr Jason A Harvey	-	1000	0	_								566.19							
515 Tyrone Avery Rd	S	Skillabo	s				10.00	10.00		20.00	28.31		44 47	55.29	24.53	10.40	122,31	257,00	493.00
Morgantown WV 26508				_									 						
XXX-XX-9343									_	_									
Mr Taylor 3 Mack	0	0001	0									436.80		•					
1076 Stewart Run Road	C,	Skillabo	Ś			-	10.00	0.00		20.00	21.84	1 840 00	50.17	75.72	30.20	11,73	74.78	242.60	597 40
Morgantown WV 26501																			
XXX-XX-3989									_										
Totals for Protect East Dale Elementary				_	_		20.00	20.00		40.00	8	1,002,99							
			_	_	_		_	_	_		_	1.590.00	 3	131.01	\$4.73	22,13	197.09	499.60	1,090.40

While completion of Form WH-34f a potional in it is mandatory for cavorad contractors and subcontractors performing work on Federally innanced or assisted constitution contracts to respond to the wages paid ascharged and subcontractors performing work on federally innanced or assisted constitution contracts to submit weekly a statement with respect to the wages paid ascharged and the preceding work on federally financed or assisted constitution contracts to submit weekly a copy of all payods to the federally financed or assisted constitution contracts to submit weekly a signed "Statement of Completions" indicating that the payods to submit weekly a copy of all payods to the Federal agency contracting the contracting payods. Accompanied by a signed "Statement of Completions" indicating that the payods the indicating the indicating agencies received this enriphyses have received to and federal contracting agencies and finingo benefits.

Public Burden Statement

We assimate that a will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and manifesting and reviewing the collection of information of instructions and formation and instructions are completed and sources as imates or any other aspect of this collection, including suggestions for reducing this burden send them to the Administrator, Wege and How Deviation, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20216.

- I, <u>Jesse L. Avers II</u> (Name of Signatory Party) <u>Accountant</u> (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 Date 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

3	<u> </u>			.			
NAME AND TITLE	REWARKS						EXCEPTION (CRAFT)
Sig			Ш				
SIGNATURE						ä	EXPLAN
		æ	F=	#0 }			EXPLANATION
3 8	3						

NAME AND TITLE

JESSE L. AYETS II

ACCOUNTANT

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

8-834

Attachment: Detail for "Other" Deductions

		ADDRESS 245 Business Park Dine Fairmord VAV 28554	OR SUBCONTRACTOR	NAME OF CONTRACTOR OR SUBC
PROJECT OR CONTRACT NO		PROJECT AND LOCATION East Date Elementary 57 East Date Rd Fairmont WV 26554	FOR WEEK ENDING 1/28/2023 12 00 00 AM	PAYROLL NO
ANCONA	DEDUCTION		DENTS-YING NUMBER	NAME OF WORKER
Plan	401K Retirement Plan		XXX-XX-9341	Mr Jason A Harvey
	Child Support - WV			
NGLE	VRTSDENTAL SINGLE			
A SINGLE	VRTSHLTH PLN A SINGLE			
GLE	VRTSVISION SINGLE			
TOTAL 122 31				
Plan	401K Retirement Plan		XXX-XX-3988	Mr Taylor J Mack
NGLE	VRTSDENTAL SINGLE			
LOCAL	LIT - FAIRMONT LOCAL			
SINGLE	VRTSHLTH PLN A SINGLE			
TOTAL				

APPLICATION NUMBER:

21039-18

01/13/2023 - 01/25/2023

Veritas Contracting Payment Requisition 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: ARCHITECTS' PROJECT NO:

				NO	METT	➤	
					DESCRIPTION OF WORK	ຫ	
S 4,127,348,04 S				VALUE	SCHEDULED	O	
S 3.949.052.05	(D+E)	APPLICATIONS	FROM PREVIOUS		WORK COMPLETED	O	Cold de
\$104.010.49			THIS PERIOD		ETED	FFI	
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\$202,653,13				5%	RETAINAGE	_	

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

DATE (MM 00) 12 2 3 4 1

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN NEEN WEATHER INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTAVT. If the certificate holder is an ADDITIONAL INSURED, the policy, certain policies may require an endorsement A statement on this certificate note confer rights to the certificate holder in lieu of such endorsement(s).

ASATS: Olivering ID: 321436	Maurer C:	
	MSURER B:	
PS265 VW , from is	INSURER A: NATIONWIDE INSURANCE COMPANY	787ES
изияер Эгеадег Fairmont Council of Churches 824 Fairmont Ave	INSURER(S) AFFORDING COVERAGE	# OFFICE
COLUMBIA, SOUTH CAROLINA 29250-5866	PRODUCER CUSTOMER IDA:	
	E- MAIL ADDRESS: amaisur@sadersport.com	
	PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017	
RODUCER	CONTACT NAME: Sports Oapt	
ADLER & COMPANY, INC. O. BOX 5866	PHONE (A. C., No. Ext): 800-622-7370 FAX (A. C., No): 803-256-4017	-

:O ABAUÈM A Member of the Sports, Leisure & Entertainment RPG

THE IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEEN BEEN ISSUED TO THE THERED REDUCED BY PAID CLAMS.

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(Mandatory in NH)

If yea, describe under DESCRIPTION OF
OPERATIONS below EXCLUDED? ET: EVCH VCCIDENT WAY PROPRIETOR / язнто [AND EMPLOYERS' LIABILITY STIMIL YROTUTATS OW [MORKERS COMPENSATION NOITWETER [] EXCESS FIVE CEVIMS- MADE EACH OCCURRENCE NWBRELLALIAB ☐ OCCUR (iisweH ni elinw bebivorq (Inebixes ref) 30AMAG YTR390R DON- OWNED AUTOS (not (Per accident) (fiswell ni eliriv 12/12/2023 12/12/2022 BODILY (NUURY (Per person) 0032877000000099A Debivory ion) sorua darit N 12:01AM ET 03:10PM ET 89 000'000'19 COMBINED SINGLE LIMIT (E) □ SCHEDULED AUTOS YTIJIBAIJ EJIBOMOTUA \$1,000,000 LEGAL LIAS TO PARTICIPANTS 000'000'1\$ DDA 90 (9MDD -8TDUOOR9 DPOLICY DPROJECT LLOC roducts- completed Operations) 000'000'99 DENERAL AGGREGATE (other than 000,000,1 PERSONAL & ADV INJURY SEN'L AGGREGATE LIMIT APPLIES 12/12/2023 12/12/2022 00928TT000000099A 000'99 T3 MAIO:SI 03:10PM ET г 89 MEDICAL EXPENSES (other than \Box 000'000'55 YTHER LIABILITY CENTAL WADE SOCCUR DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability) COMMERCIAL GENERAL LIABILITY \$1,000,000 ЕУСН ОССЛВВЕИСЕ A GENERAL LIABILITY (MM) DDI AAAA) (MM) DDI XXXX) OSM) ATJ POLICY NUMBER TYPE OF INSURANCE

KE: COVERED SPORTS Basketball 12 & Under, Basketball 13-15, Basketball 16-19, DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more spi

The certificate holder is additional insured, but only with respect to the librility existing out of the operations of the insured shows.

Librility Stords - For Deck! Floor Feed Stords (198 of 198 to under). Robbal Hockey (quad.), Cheensading (age 198 and with the process of 198 to under). Water Hockey (age 198 and and the process of 198 to under). Where the process of 198 to under), Water Hockey (age 198 and and the process of 198 to under), Water Hockey (age 198 and and the process of 198 to under), Water Hockey (age 198 and the process of 198 and the process of 198 and 19

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89

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

12/12/2023

12:01AM ET

Marion County Board of Education

MEDICAL PAYMENTS TO PARTICIPANTS

1516 Mary Lou Retton Drive Fairmont, WV 26554

Property Owner/ Lessor RELATIONSHIP: **CERTIFICATE HOLDER**

12/12/2022

03:10PM ET

AVITATIVE REPRESENTATIVE

ЭТВИЗПОВО

EXCESS MEDICAL FIT DISEVSE - BOTICA FIMIL

T' DISEVSE - EV EOMBLOASE

001\$

000'921

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

20-0342

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





Standard Status Report

Job Name:

EAST DALE ELEMENTARY SCHOOL RENOVAT

GO Num: SCR1201665

Cust: STATE ELECTRIC SUP CO CLARKSBUI P.O. Num: 1860176

> Proj Engineer: **Proj Coordinator:**

Karrie Uttech (828-651-0809) Holly Hughes (828-651-0784)

Report Run Date:

02/01/2023

LEGEND

Status: H = Hold, 1 = Invoiced, X = Canceled, O = Open (release for mfg.), S = Shipped, B= Backorder/Built to Order

		T	1			Manul	acturing and	Manufacturing and Shipping Information	mation				
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0031	SUP		_	P21A225BT42CH01	1AL1	06/27/22	11/15/22				11/15/22	11/15/22 FED EX GROUND	
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