


CF 16 & Other Required Documents



**SPONSOR APPRENTICE & TRAINEE
CERTIFICATION QUESTIONNAIRE**

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
801 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWCoordinator@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

PROJECT INFORMATION		
PROJECT NAME: Brick Ceramic & Design Studio	CITY CONTRACT #: ED-149	
CITY PREVAILING WAGE COORDINATOR: Valerie Harvey	EMAIL: vharvey@city.cleveland.oh.us	
APPLICABLE PREVAILING WAGE: <input checked="" type="checkbox"/> FEDERAL DAVIS-BACON <input type="checkbox"/> STATE (ORC 4115)		
APPRENTICE AND TRAINEE INFORMATION		
NAME: _____		
APPRENTICE ID #: OH _____ 37	LAST 4-DIGITS OF SS #: _____	
CONTRACTOR INFORMATION		
CONTRACTOR: Aberdeen Mechanical, Inc.	PHONE: 216-426-1842	
MAIN PAYROLL CONTACT: _____	EMAIL: abardeenmech@sbcglobal.net	
SPONSOR / JATC NAME		
Sponsor / JATC NAME: Sheet Metal Workers Local 33, Cleveland JATC		
Sponsor / JATC COORDINATOR: John Nesta	PHONE: 216-267-0151	
ADDRESS: 12525 Corporate Dr, Parma, OH 44130	EMAIL: jnesta@smw33jato	
SECTION 1: (TO BE COMPLETED BY APPRENTICE TRAINING COORDINATOR)		
1. TRADE / CRAFT CLASSIFICATION:	Sheet Metal	
2. CURRENT PERIOD TERM / LEVEL:	2nd Year	
3. CURRENT APPRENTICE WAGE:	Hourly Wage + Fringe Benefits = Apprentice Prevailing Wage \$ 15.69 + \$ 12.42 = \$ 34.08	
4. CURRENT PERCENTAGE OF APPRENTICE ON WAGE SCHEDULE:	45%	
5. DATE APPRENTICE ATTAINED THIS PERCENTAGE / TERM / LEVEL:	07/02/2014	
6. CURRENT APPRENTICE-TO-JOURNEYWORKER RATIO based on your Registered Standards with the OSAC:	APPRENTICE TO JOURNEYWORKER 1:1 for the 1st, then 1:2 up to 10 apprentices, then 1:3 thereafter	
SECTION 2: REQUIRED ATTACHMENTS NEEDED FOR PROCESSING APPRENTICE		
Required for	Required Attachments	
State		
Federally Assisted		
YES	YES	
YES	YES	
YES	YES	
YES	YES	
_____ John Nesta Print Apprentice Training COORDINATOR's Name	_____ John Nesta Apprentice Training COORDINATOR Signature	_____ 03/17/2015 Date

U.S. DEPARTMENT OF LABOR - OFFICE OF APPRENTICESHIP
APPRENTICESHIP CERTIFICATION


John Nesta
12525 Corporate Drive
Parma, OH 44130

The following individuals are apprentices registered with the U.S. Department of Labor, Office of Apprenticeship, under the sponsorship of Program Number OH002450005:

APPRENTICE ID	SSN	APPRENTICE NAME	OCCUPATION	DATE APPRENTICESHIP BEGAN	DATE CANCELLED (if applicable)	DATE COMPLETED (if applicable)
OH11 _____	_____	_____	SHEET METAL WORKER	07/02/2013		

SHEET METAL WORKERS JATC, CLEVELAND LU 33
12525 CORPORATE DR.
PARMA, OH 44130

CERTIFIED BY:



Signature on file
OSAC (NEO) (C) _____
Apprentice Training Representative

DATE ISSUED:
03/17/2015

*****VOICEDAYS FROM ISSUE DATE*****

U.S. Department of Job and Family Services
APPRENTICESHIP AGREEMENT

By authority of the Ohio State Apprenticeship Council in cooperation with the U.S. Department of Labor, Office of Apprenticeship, the undersigned sponsor and apprentice hereby agree to the terms stated by this form and inscribed therein, and to the terms of the standards and work process schedule of the related registered program. In accordance with the equal opportunity provisions of 29 CFR Part 30.3, Executive Order 12816, and the apprenticeship rules of the State of Ohio (OAC 5191-11), the sponsor will not discriminate in the selection and training of the apprentice. The agreement may be terminated by either party only after notice to the Registration Agency in compliance with 29 CFR Part 29.8 and OAC 5191-11.

Part A: To be completed by apprentice. (Note to Sponsor: Part A should only be filled out by the apprentice.)

1. Apprentice Identification (please print clearly)		4. Equal Opportunity Information		5. Veteran status (91556-0270)	
Name of apprentice (first, middle, last)		a. Race (mark one)		<input type="checkbox"/> Vietnam era veteran (91556-0270) <input type="checkbox"/> other veteran <input type="checkbox"/> non-veteran <input type="checkbox"/> CF	
Home address (street, town, state, zip code)		<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White		6. Highest education level attained	
E-mail address		b. Ethnic Group		<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th through 11th grade <input type="checkbox"/> GED <input checked="" type="checkbox"/> High school graduation	
2. Date of birth (month/year)		c. Sex		7. Was apprentice advanced under a school-to-apprenticeship agreement?	
Date: _____		<input checked="" type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Signature of apprentice		Date: 12-2-13		8. Signature of parent or guardian (if applicable)	
Date: _____				Date: _____	

Part B: To be completed by sponsor (Note to Sponsor: When Parts A & B are complete, please return this form to your area ASP or ATC.)

10. Occupation		11. Date apprenticeship begins (indicate date)	
a. Occupation title (Sheet Metal Worker)		Date: _____	
b. RARS/RAPIDS code # (5610)			
13. Technical steps of program - specific number of hours		12. Probationary period - specific number of hours	
a. on-the-job training (OJT) 8,000 hrs		1 year / 1,800 - 2,000 OJT hrs	
b. related technical instruction (RTI) 220 hrs			
14. Prior training (OJT) for this apprentice - specific number of hours		15. Time remaining in program for this apprentice - specific number of hours	
CUT: _____		RTI: _____	
16. Related technical instruction (RTI) - a. Provider name (SMWIA #33, Cleveland JATC)		b. Provider type	
		<input type="checkbox"/> WVE <input checked="" type="checkbox"/> other	
17. Apprentice wages: in sections a, through c, please list the standard schedule of pay, showing wage levels at each period of training.		c. RTI method	
a. Length of period (specify # of hours)		<input checked="" type="checkbox"/> step <input type="checkbox"/> correspondence	
1. 1,000		<input checked="" type="checkbox"/> will be paid <input type="checkbox"/> will not be paid	
2. 2,000			
3. 3,000			
4. 4,000			
5. 5,000			
6. 6,000			
7. 7,000			
8. 8,000			
9. 9,000			
10. 10,000			
b. Apprentice wage: dollars or % of journey wage		d. During RTI, wages	
40% 40% 50% 60% 70%		<input type="checkbox"/> will be paid <input checked="" type="checkbox"/> will not be paid	
c. The standard journey-person wage for the work location(s) involved is \$ 33.92 per hour, as of this date: May 1, 2013.		18. This apprentice's starting wage in the program (based on advancement period in which he/she starts, if credit is awarded) is \$ 13.59 per hour.	
		19. This apprentice's wage (if known, was \$ _____ per hour.	

Part C: To be completed by Registration Agency

20. Sponsor Identification		21. Contact information for sponsor's designee to receive complaints	
Name of organization (SMWIA #33, Cleveland JATC)		Name (John M. Nesta)	
Address (street address, street, state, zip code) (12525 Corporate Dr, Parma, OH 44130)		Title (Training Coordinator)	
Program ID # (OH002450005)		Phone # (216) 267-0151	
22. Signature of Joint Apprenticeship Comm. representative (if any)		23. Signature of authorized sponsor representative	
Date: _____		Date: _____	

Confirmation of approval by the Ohio State Apprenticeship Council:
New Apprentice Number: _____

JFS 01455 (Rev. 202011)

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See Next Page

CF 16

Ohio State Apprenticeship Council
 4020 East 5th Avenue
 Columbus, Ohio 43219



Apprenticeship Standards - Revisions

Sponsor Name:	Northeast Ohio Carpenters	Sponsor #:	OH002450006		
Occupation(s):	Carpenter, Floor Layer, Millwright, Carpenter Piledriver, Residential				
Sponsor Address:	4100 Maple Dr.				
City:	Richfield, Ohio	State:	OH	Zip:	44286
Phone#:	330-659-9495	Fax :	330-659-4278		
E-Mail:					
Local # (if applicable):	UBC				
RTI provided by:	Sponsor				
Revision(s):	Full Standards				

Approved by:

A. Maciejewski
 Andrew Maciejewski, Executive Administrator
 Ohio State Apprenticeship Council

3/22/10
 Date

APPROVED

Technical Assistance provided by:

MAR 22 2010

Latoya Snead
 Latoya Snead

OHIO STATE APPRENTICESHIP COUNCIL
A. Maciejewski, DIRECTOR

Sponsor signature: _____

Registered Apprenticeship...The Other 4-Year Degree

Updated 5/09

SECTION 19

NUMBER OF APPRENTICES: THE RATIO

- A. The sponsor shall not indenture a number of apprentices that exceeds a ratio of **(1)** apprentice/s to **(3)** Journeyworkers (ratio spelled out in the collective bargaining agreement in local program's jurisdiction) normally employed in the jurisdictional area, consistent with proper supervision, training, safety, and continuity of employment.

CF 25 - Contractor's Fringe Benefits Statement Form A



**CONTRACTOR
FRINGE BENEFITS STATEMENT**

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION	
PROJECT NAME:	
CONTRACTOR:	
FEDERAL WAGE DECISION & MODIFICATION #:	
PAYROLL CONTACT:	EMAIL:

QUESTIONS

1. Do you have Union employees working on this project? Yes No

2. Are there any "Apprentices" working on this project? Yes No

3. Are "Fringe Benefits" paid to your employees in "CASH"? Yes No

Please complete the following tables in order for the proper Fringe Benefits rates can be verified when checking payrolls on the above contract, please include the HOURLY RATES for fringe benefits, subsistence and/or travel allowance payment made for employees on the various classes of work listed below:

Classification (1):	Effective Date:	Subsistence or Travel Pay: \$ _____
FRINGE BENEFITS Hourly Rates	Health & Welfare \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Pension \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Vacation/Holiday \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Training and/or Other \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
Classification (2):	Effective Date:	Subsistence or Travel Pay: \$ _____
FRINGE BENEFITS Hourly Rates	Health & Welfare \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Pension \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Vacation/Holiday \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Training and/or Other \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
Classification (3):	Effective Date:	Subsistence or Travel Pay: \$ _____
FRINGE BENEFITS Hourly Rates	Health & Welfare \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Pension \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Vacation/Holiday \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____
	Training and/or Other \$ _____	Paid to: Name: _____ Address: _____ Phone: _____ Email: _____

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CITY OF CLEVELAND

**CONTRACTOR'S
EMPLOYEE CONSENT FOR
WAGE DEDUCTIONS**

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION				
PROJECT NAME:				
CONTRACTOR INFORMATION				
CONTRACTOR:			PHONE:	
PAYROLL CONTACT:			EMAIL:	
AREA TO BE COMPLETED BY EMPLOYEE				
EMPLOYEE NAME:			TITLE / CLASSIFICATION:	
I authorize the following deductions(s) as listed below to be withheld from my paycheck:				
Purpose of Deduction <i>(Description)</i>	Amount	Frequency <i>(Enter one-time, weekly, bi-weekly, monthly, other)</i>	Starting on <i>(Date)</i>	Ending on <i>(Date)</i>
	\$			
	\$			
	\$			
	\$			
EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATION				
_____		_____		_____
Print Employee Name		Signature		Date
CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION				
_____		_____		_____
Print Company Official		Title		Signature
				Date

DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.



CITY OF CLEVELAND

**OWNER / OPERATOR
AFFIDAVIT**

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION

PROJECT NAME: _____

CONTRACTOR INFORMATION

COMPANY: _____

PHONE: _____

PAYROLL CONTACT: _____

EMAIL: _____

STATEMENT OF WORK PERFORMED

I, _____, hereby certify that I am the
(Insert Name of Signatory Party)

_____ of _____
(Insert Owner, Partner, President, etc.) (Insert Name of Company submitting statement)

and perform the following work _____ and
(Insert type of work or list the specific classes of work)

certify that the work is being and/or was done by me personally.

REQUIRED PROOF & DOCUMENTATION

Enclose a copy of any of the following documentation proving the individual's ownership of the business. More than one form may be required. If the supplied documentation does not prove ownership, you will not be considered an Owner/Operator and will have to pay and report prevailing wages for yourself.

- Trade Name Registration
- Vehicle Registration (Only Required for Trucking Company)
- Articles of Incorporation
- Certificate of Auto Insurance (Only Required for Trucking Company)
- Form 1040 Schedule C (most recent)

Hours worked on this job must be submitted on the weekly certified payroll form; W-9 form is not acceptable. Federal ID # is not acceptable. Falsification of any of the above may subject the contractor to civil or criminal prosecution.

OWNER / OPERATOR / CONTRACTOR ACKNOWLEDGEMENT & AUTHORIZATION

OWNER / OPERATOR / CONTRACTOR TITLE SIGNATURE DATE

NOTICE: YOUR SIGNATURE ABOVE CONSTITUTES AN OATH, AND A MATERIALLY FALSE STATEMENT TO INDUCE PAYMENT BY THE CITY MAY SUBJECT YOU TO CRIMINAL PROSECUTION FOR PERJURY.

DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.

CF 40 - OWNER OPERATOR AFFIDAVIT (Rev. 3/16/22)

CF 40

CF 45 - Contractor's Project Contacts



CITY OF CLEVELAND

PROJECT CONTACTS

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@clevelandohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION			
PROJECT:			
PROJECT CONTACTS			
PRIME / GENERAL CONTRACTOR:		CONSULTING ENGINEER:	
COMPANY:		COMPANY:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:	FAX:	PHONE:	FAX:
MAIN CONTACT:		MAIN CONTACT:	
CELL:		CELL:	
EMAIL:		EMAIL:	
DESC. OF PROJECT WORK:		DESC. OF PROJECT WORK:	
SUBCONTRACTOR (1):		SUBCONTRACTOR (2):	
COMPANY:		COMPANY:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:	FAX:	PHONE:	FAX:
MAIN CONTACT:		MAIN CONTACT:	
CELL:		CELL:	
EMAIL:		EMAIL:	
DESC. OF PROJECT WORK:		DESC. OF PROJECT WORK:	
SUBCONTRACTOR (3):		SUBCONTRACTOR (4):	
COMPANY:		COMPANY:	
ADDRESS:		ADDRESS:	
CITY, STATE, ZIP:		CITY, STATE, ZIP:	
PHONE:	FAX:	PHONE:	FAX:
MAIN CONTACT:		MAIN CONTACT:	
CELL:		CELL:	
EMAIL:		EMAIL:	
DESC. OF PROJECT WORK:		DESC. OF PROJECT WORK:	
CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION			
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Company Official Title Signature Date </div>			

DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.

CF 45 - PROJECT CONTACTS (Rev. 3/16/22)

CF 45

CF 50 - Contractor's Wage Rate Worksheet



CITY OF CLEVELAND

**PROJECT WAGE RATES
PREVAILING WAGE LAW REQUIRES
INFORMATION TO BE POSTED**

City of Cleveland
Office of Equal Opportunity
Prevailing Wage Compliance
601 Lakeside Avenue, Room 335
Cleveland, Ohio 44114

Phone: 216.664.4151 • Fax: 216.664.3870 • Email: PWcoordinator@cleland.ohio.gov • Hours: 8 am to 6 pm Weekdays

PROJECT INFORMATION							
PROJECT:							
FEDERAL WAGE DECISION & MODIFICATION #:							
PROJECT WAGE RATES							
WORK CLASSIFICATION	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE	LABORERS			
				GROUP	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(01)	\$	\$	\$				
(02)	\$	\$	\$	(17)	\$	\$	\$
(03)	\$	\$	\$	(18)	\$	\$	\$
(04)	\$	\$	\$	(18)	\$	\$	\$
(05)	\$	\$	\$	(20)	\$	\$	\$
(06)	\$	\$	\$	(21)	\$	\$	\$
(07)	\$	\$	\$				
(08)	\$	\$	\$				
OPERATORS							
	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE	LABORERS			
				GROUP	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(09)	\$	\$	\$	(22)	\$	\$	\$
(10)	\$	\$	\$	(23)	\$	\$	\$
(11)	\$	\$	\$	(24)	\$	\$	\$
(12)	\$	\$	\$				
TRUCK DRIVERS							
	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE	LABORERS			
				GROUP	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(13)	\$	\$	\$				
(14)	\$	\$	\$	(25)	\$	\$	\$
(15)	\$	\$	\$	(26)	\$	\$	\$
(16)	\$	\$	\$	(27)	\$	\$	\$
ADDITIONAL CLASSIFICATIONS (DOL FORM 1444)							
WORK CLASSIFICATION	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE	DATE OF FORM 1444 SUBMISSION TO DOL	DATE OF DOL APPROVAL		
(28)	\$	\$	\$				
(29)	\$	\$	\$				
(30)	\$	\$	\$				
CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION							
_____ Print Company Official Title Signature Date							

PAGE ____ OF ____

DIRECTIONS FOR COMPLETED FORM:

1. Please email completed form to general contractor. Keep a copy in the project file.

CF 50 - PROJECT WAGE RATES (Rev. 3/16/22)

CF 50