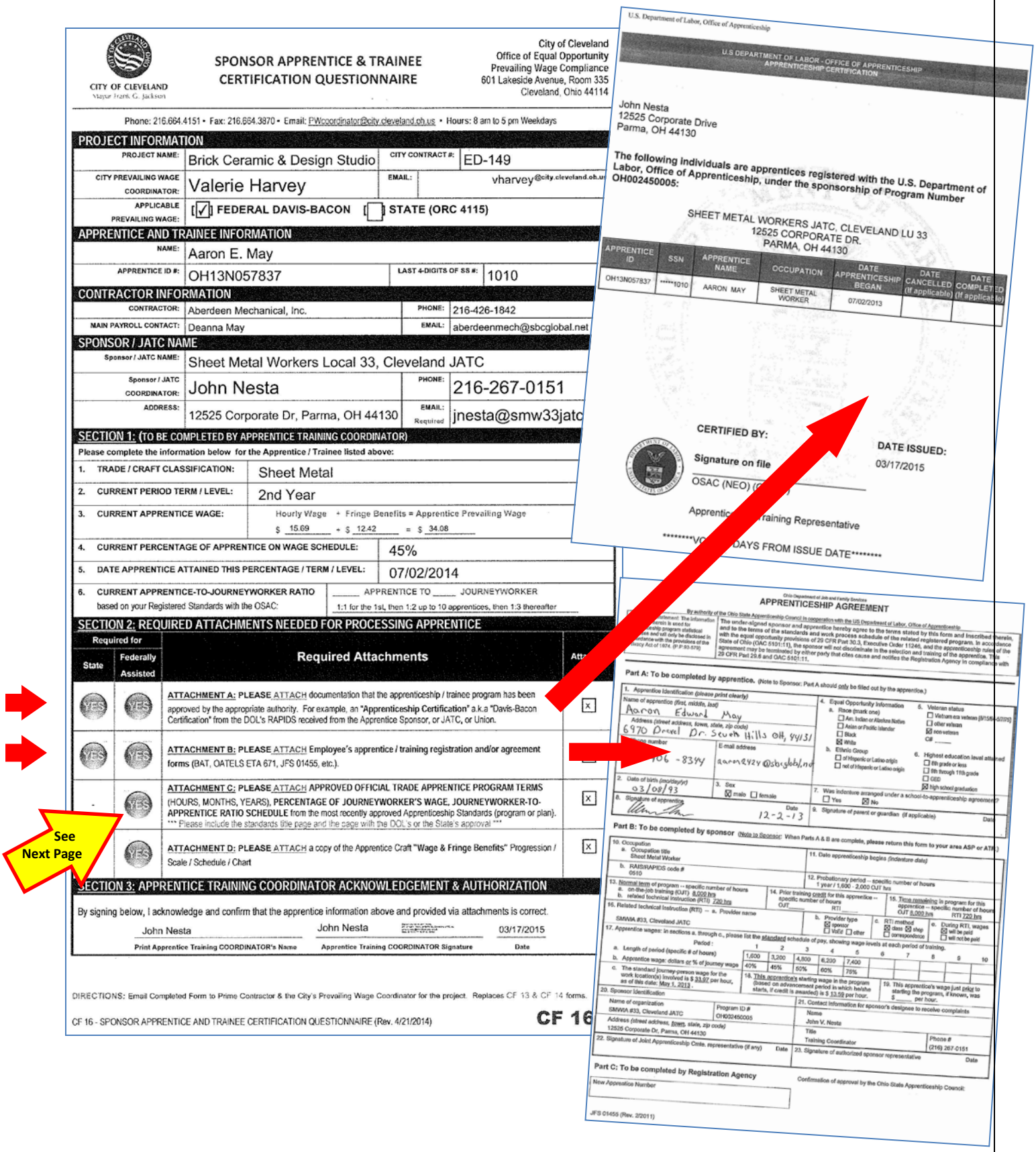
CF 16 & Other Required Documents



CITY OF CLEVELAND
Mayor Frank G. Jackson

SPONSOR APPRENTICE & TRAINEE CERTIFICATION QUESTIONNAIRE

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@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:	[✓] FEDERAL DAVIS-BACON	[ ] STATE (ORC 4115)	

APPRENTICE AND TRAINEE INFORMATION

NAME:	Aaron E. May		
APPRENTICE ID #:	OH13N057837	LAST 4-DIGITS OF SS #:	1010

CONTRACTOR INFORMATION

CONTRACTOR:	Aberdeen Mechanical, Inc.	PHONE:	216-426-1842
MAIN PAYROLL CONTACT:	Deanna May	EMAIL:	aberdeenmech@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: Required	jnesta@smw33jatc

SECTION 1: (TO BE COMPLETED BY APPRENTICE TRAINING COORDINATOR)

Please complete the information below for the Apprentice / Trainee listed above:

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 State	Required for Federally Assisted	Required Attachments	Att.
YES	YES	ATTACHMENT A: PLEASE ATTACH documentation that the apprenticeship / trainee program has been approved by the appropriate authority. For example, an "Apprenticeship Certification" a.k.a "Davis-Bacon Certification" from the DOL's RAPIDS received from the Apprentice Sponsor, or JATC, or Union.	X
YES	YES	ATTACHMENT B: PLEASE ATTACH Employee's apprentice / training registration and/or agreement forms (BAT, OATELS ETA 671, JFS 01455, etc.).	
-	YES	ATTACHMENT C: PLEASE ATTACH APPROVED OFFICIAL TRADE APPRENTICE PROGRAM TERMS (HOURS, MONTHS, YEARS), PERCENTAGE OF JOURNEYWORKER'S WAGE, JOURNEYWORKER-TO-APPRENTICE RATIO SCHEDULE from the most recently approved Apprenticeship Standards (program or plan). *** Please include the standards title page and the page with the DOL's or the State's approval ***	X
	YES	ATTACHMENT D: PLEASE ATTACH a copy of the Apprentice Craft "Wage & Fringe Benefits" Progression / Scale / Schedule / Chart	X

See Next Page

SECTION 3: APPRENTICE TRAINING COORDINATOR ACKNOWLEDGEMENT & AUTHORIZATION

By signing below, I acknowledge and confirm that the apprentice information above and provided via attachments is correct.

Print Apprentice Training COORDINATOR's Name	Apprentice Training COORDINATOR Signature	Date
John Nesta	John Nesta	03/17/2015

DIRECTIONS: Email Completed Form to Prime Contractor & the City's Prevailing Wage Coordinator for the project. Replaces CF 13 & CF 14 forms.

CF 16 - SPONSOR APPRENTICE AND TRAINEE CERTIFICATION QUESTIONNAIRE (Rev. 4/21/2014) CF 16

U.S. Department of Labor, Office of Apprenticeship

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:

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

APPRENTICE ID	SSN	APPRENTICE NAME	OCCUPATION	DATE APPRENTICESHIP BEGAN	DATE CANCELLED (If applicable)	DATE COMPLETED (If applicable)
OH13N057837	*****1010	AARON MAY	SHEET METAL WORKER	07/02/2013		

CERTIFIED BY:
Signature on file
OSAC (NEO) (...)
Apprentic... Training Representative

DATE ISSUED:
03/17/2015

*********VO... DAYS FROM ISSUE DATE*********

Ohio Department of Job and Family Services
APPRENTICESHIP AGREEMENT

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)
Name of apprentice (first, middle, last): Aaron Edward May
Address (street address, town, state, zip code): 6970 Drexel Dr. South Hills OH, 44131
Phone number: 106-8344
E-mail address: aaronE42v@sbcglobl.net
2. Date of birth (mo/day/yr): 03/08/93
3. Sex: ☒ male ☐ female
4. Equal Opportunity Information
a. Race (mark one): ☐ Am. Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☒ White
b. Ethnic Group: ☐ of Hispanic or Latino origin ☐ not of Hispanic or Latino origin
5. Veteran status: ☐ Vietnam era veteran ☐ other veteran ☒ non-veteran
6. Highest education level attained: ☐ 8th grade or less ☐ 8th through 11th grade ☐ GED ☒ high school graduation
7. Was indenture arranged under a school-to-apprenticeship agreement? ☐ Yes ☒ No
8. Signature of apprentice: Date 12-2-13
9. Signature of parent or guardian (if applicable) 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 ATP.)

10. Occupation
a. Occupation title: Sheet Metal Worker
b. RAIS/RAPIDS code #: 0510
11. Date apprenticeship begins (indenture date)
12. Probationary period -- specific number of hours: 1 year / 1,600 - 2,000 OJT hrs
13. Normal term of program -- specific number of hours
a. on-the-job training (OJT) 8,000 hrs
b. related technical instruction (RTI) 720 hrs
14. Prior training credit for this apprentice -- specific number of hours: OJT ____ RTI ____
15. Time remaining in program for this apprentice -- specific number of hours: OJT 8,000 hrs RTI 720 hrs
16. Related technical instruction (RTI) -- a. Provider name: SMWIA #33, Cleveland JATC
b. Provider type: ☒ sponsor ☐ vo/Ed ☐ other
c. RTI method: ☒ class ☒ shop ☐ correspondence
d. During RTI, wages: ☒ will be paid ☐ will not be paid
17. Apprentice wages: in sections a. through c., please list the standard schedule of pay, showing wage levels at each period of training.

Period:	1	2	3	4	5	6	7	8	9	10
a. Length of period (specific # of hours)	1,600	3,200	4,800	6,200	7,400					
b. Apprentice wage: dollars or % of journey wage	40%	45%	50%	60%	75%					

c. The standard journey-person wage for the work location(s) involved is $ 33.97 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 $ 13.58 per hour.
19. This apprentice's wage just prior to starting the program, if known, was $ ____ per hour.
20. Sponsor Identification
Name of organization: SMWIA #33, Cleveland JATC
Program ID #: OH002450005
Address (street address, town, state, zip code): 12525 Corporate Dr, Parma, OH 44130
21. Contact information for sponsor's designee to receive complaints
Name: John V. Nesta
Title: Training Coordinator
Phone #: (216) 267-0151
22. Signature of Joint Apprenticeship Cmte. representative (if any) Date
23. Signature of authorized sponsor representative Date

Part C: To be completed by Registration Agency
New Apprentice Number
Confirmation of approval by the Ohio State Apprenticeship Council:

JFS 01455 (Rev. 2/2011)

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:

Andrew Maciejewski, Executive Administrator
Ohio State Apprenticeship Council

3/22/10
Date

APPROVED
MAR 22 2010
OHIO STATE APPRENTICESHIP COUNCIL
, DIRECTOR

Technical Assistance provided by:

Latoya Snead

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

CITY OF CLEVELAND
Mayor Frank G. Jackson

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: 216.664.3970 • Email: PWcoordinator@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:		CITY CONTRACT #:	
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:

CONTINUED ON THE NEXT PAGE

Page _____ of _____

CF 30 - Contractor's Employee Consent for Wage Deductions

CITY OF CLEVELAND
Mayor Frank G. Jackson

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@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:		CITY CONTRACT #:	

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 *(Description)*	Amount	Frequency *(Enter one-time, weekly, bi-weekly, monthly, other)*	Starting on *(Date)*	Ending on *(Date)*
	$			
	$			
	$			
	$			

EMPLOYEE ACKNOWLEDGEMENT & AUTHORIZATION

Print Employee Name _____ Signature _____ Date _____

CONTRACTOR OFFICIAL ACKNOWLEDGEMENT & AUTHORIZATION

Print Company Official _____ Title _____ Signature _____ Date _____

DIRECTIONS FOR COMPLETED FORM:

1. Upload Completed Form to LCP tracker (https://lcpprod.lcptracker.net/).
2. Email Completed Form to Prime Contractor and/or the project's Prevailing Wage Coordinator.

CF 30 - EMPLOYEE CONSENT FOR WAGE DEDUCTION (Rev. 11/29/12)

CF 30

CF 40 - Owner/Operator Affidavit on Work Performed

CITY OF CLEVELAND
Mayor Frank G. Jackson

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@city.cleveland.oh.us • **Hours:** 8 am to 5 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:		**CITY CONTRACT #:**	

CONTRACTOR INFORMATION

COMPANY NAME:		**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
- ☐ Articles of Incorporation
- ☐ Form 1040 Schedule C (most recent)
- ☐ Vehicle Registration (Trucking Companies Only)
- ☐ Certificate of Auto Insurance (Trucking Companies Only)

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. Upload Completed Form to LCP tracker (https://lcpprod.lcptracker.net/).
2. Email Completed Form to Prime Contractor and/or the project's Prevailing Wage Coordinator.

CF 40 - OWNER OPERATOR AFFIDAVIT (Rev. 11/30/12)

CF 40

CF 45 - Contractor's Project Contacts

CITY OF CLEVELAND
Mayor Frank G. Jackson

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@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:		CITY CONTRACT #:	

PROJECT CONTACTS

PRIME 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

Company Official	Title	Signature	Date

DIRECTIONS FOR COMPLETED FORM:

PAGE _____ OF _____

1. Upload Completed Form to LCP tracker (https://lcpprod.lcptracker.net/).
2. Email Completed Form to Prime Contractor and/or the project's Prevailing Wage Coordinator.

IF NEEDED, ATTACH ADDITIONAL SHEET(S)

CF 45 - PROJECT CONTACTS (Rev. 11/30/12)

CF 45

CF 50 - Contractor's Wage Rate Worksheet

CITY OF CLEVELAND
Mayor Frank G. Jackson

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@city.cleveland.oh.us • Hours: 8 am to 5 pm Weekdays

PROJECT INFORMATION

PROJECT NAME:		CITY CONTRACT #:	
FEDERAL WAGE DECISION & MODIFICATION #:			
WAGE RATES FOR CONTRACTOR:		CONTRACTOR EMAIL:	

PROJECT WAGE RATES

WORK CLASSIFICATION	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(01)	$	$	$
(02)	$	$	$
(03)	$	$	$
(04)	$	$	$
(05)	$	$	$
(06)	$	$	$
(07)	$	$	$
(08)	$	$	$
(09)	$	$	$
(10)	$	$	$
(11)	$	$	$
(12)	$	$	$
(13)	$	$	$
(14)	$	$	$
(15)	$	$	$
(16)	$	$	$

LABORERS

GROUP	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(17)	$	$	$
(18)	$	$	$
(19)	$	$	$
(20)	$	$	$
(21)	$	$	$

OPERATORS

GROUP	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(22)	$	$	$
(23)	$	$	$
(24)	$	$	$

TRUCK DRIVERS

GROUP	BASIC HOURLY RATE	FRINGE BENEFITS	TOTAL HOURLY WAGE RATE
(25)	$	$	$
(26)	$	$	$
(27)	$	$	$

ADDITIONAL CLASSIFICATION (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

Company Official | Title | Signature | Date

DIRECTIONS FOR COMPLETED FORM:

PAGE _____ OF _____

1. Upload Completed Form to LCP tracker (https://lcpprod.lcptracker.net/).
2. Email Completed Form to Prime Contractor and/or the project's Prevailing Wage Coordinator.

CF 50 - PROJECT WAGE RATES (Rev. 11/30/12)

CF 50