STATEMENT AND ACKNOWLEDGMENT

OMB Control Number: 9000-0014 Expiration Date: 12/31/2014

PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average .05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0014, Office of Governmentwide Acquisition Policy,1800 F Street, NW, Washington, DC 20405.

					CONTRACTOR		
1. P	RIME CONTRACT NO.	2. DATE SUE AWARDED	BCONTRACT)	3. SUBCONT	RACT NUMBER		
4. PRIME CONTRACTOR				5. SUBCONTRACTOR			
a. NAME				a. NAME			
b. STREET ADDRESS				b. STREET ADDRESS			
c. C	ITY	d. STATE e. Z	IP CODE	c. CITY		d. STATE	e. ZIP CODE
	The prime contract does, Overtime Compensation."	does not conta	in the clause	entitled "Cor	ntract Work Hours and S	Safety Standards	s Act
7. 7	The prime contractor states that subcontractor identified in item 5 AME OF AWARDING FIRM			n 1, a subco	ntract was awarded on t	the date shown i	in Item 2 to the
8. PROJECT				9. LOCATION			
10a. NAME OF PERSON SIGNING			11. BY (Sigi	nature)		1	2. DATE SIGNED
10b. TITLE OF PERSON SIGNING							
		PART II - AC	KNOWLEDG	MENT OF S	SUBCONTRACTOR		
13.	The subcontractor acknowledge					uded in this subo	contract:
Contract Work Hours and Safety Standards Act - Overtime (If included in prime contract see Block 6) Payrolls and Basic Records Withholding of Funds Disputes Concerning Labor Standards Compliance with Construction Wage Rate Requirements and Related Regulations				ompensation Construction Wage Rate Requirements Apprentices and Trainees Compliance with Copeland Act Requirements Subcontracts (Labor Standards) Contract Termination - Debarment Certification of Eligibility			
		14. NAME(S) OF	ANY INTERME	DIATE SUBCON	NTRACTORS, IF ANY		
Α				С			
В				D			
15a. NAME OF PERSON SIGNING			16. BY (Sign	nature)		1	7. DATE SIGNED
15b. TITLE OF PERSON SIGNING							