

**EXHIBIT 6-P**

**CERTIFICATION OF LABOR COMPLIANCE**

Date: \_\_\_\_\_ Pay Estimate Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Project: \_\_\_\_\_

MT-CDBG Contract # \_\_\_\_\_

For the time period of the pay estimate referenced above and the actions completed as listed below, I hereby certify that to the best of my knowledge the above named contractor and \_\_\_\_\_ (sub-contractors) have complied with the labor requirements as set forth in the Montana Department of Commerce (MDOC) Community Development Block Grant (CDBG)/Neighborhood Stabilization Program (NSP) Project Administration Manual including:

- 1. The Davis-Bacon wage rates were posted in a prominent and accessible site on the project or work area. \_\_\_\_\_ Yes \_\_\_\_\_ No.
- 2. Weekly payroll reports covering the pay estimate referenced above were received. \_\_\_\_\_ Yes \_\_\_\_\_ No.
- 3. Weekly payroll reports were compared to the prevailing federal Davis-Bacon wage rates. \_\_\_\_\_ Yes \_\_\_\_\_ No.
- 4. Documentation of weekly payroll reviews is included with the drawdown request submitted to CDBG and is also maintained in the local project records. \_\_\_\_\_ Yes \_\_\_\_\_ No.
- 5. Errors or discrepancies were noted. \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain error or discrepancy and how it was resolved.
- 6. Interviews of the contractor/sub-contractor's employees were conducted during the time period of the pay estimate. \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If yes, number of interviews conducted \_\_\_\_\_
- 7. Information obtained through interviews with the contractor/subcontractor's employees was compared to the corresponding payroll, and follow-up action was taken if needed to assure proper wages and benefits were paid. \_\_\_\_\_ Yes \_\_\_\_\_ No.
- 8. Has the contractor or sub-contractor hired any new employees as described in Section 3 of the Housing and Urban Development Act of 1968? \_\_\_\_\_ Yes \_\_\_\_\_ No.
- 9. If the answer to Question 8 is 'yes', update and submit the Section 3 Summary Report (Exhibit 9-L) with this Certification. \_\_\_\_\_ Attached \_\_\_\_\_ Not Applicable.

\_\_\_\_\_  
Name of Person Responsible for Ensuring Compliance with Labor Requirements

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date