

RESOLUTION OF THE CITY COUNCIL

No. 428

Approved October 22, 2025

RESOLVED, That the Members of the Providence City Council hereby Authorize Approval of the following Contract Award by the Board of Contract and Supply, in accordance with Section 21-26(b)(2) of the Code of Ordinances.

Able Industrial Sweeping, Inc.
(Department of Public Works)

\$64,312.50

IN CITY COUNCIL
OCT 16 2025
READ AND PASSED


RACHEL W. MILLER, PRESIDENT

TINA L. MASTROANNI, CLERK

I HEREBY APPROVE.


Brett P. Smith, Mayor

Date: 10/22/25



OFFICE OF THE INTERNAL AUDITOR
City of Providence

August 19, 2025

Ms. Tina Mastroianni
City Clerk's Office
City of Providence
25 Dorrance Street
Providence, RI 02903

Dear Tina:

I am writing to request that the following be submitted to the City Council and the Finance Committee for approval:

- **Department of Public Works:**
 - Requesting an encumbrance with **Delta Electro Power Inc** for a Maintenance Agreement for 3 fountains in the amount of **\$50,000.00** in accordance with the Code of Ordinances, Section 21-26 (b)(2).
 - Approval to pay **Able Industrial Sweeping Inc. \$64,312.50** for street sweeping services which has been suspended until a company is recommended from the last street sweeping bid process in accordance with the Code of Ordinances, Section 21-26 (b) (2).

Sincerely,

A handwritten signature in blue ink that reads "Gina M. Costa".

Gina M. Costa,
Internal Auditor

Cc: Patricia Coyne-Fague
John Arzoomanian, Director of Public Property
Alejandro Tirado, Director of Purchasing
Shomari Husband, City Treasurer

Brett P. Smiley
Mayor

Patricia A. Coyne-Fague
Director



CITY OF PROVIDENCE
Department of Public Works

August 14, 2025

The Honorable Brett P. Smiley
Chairman, Board of Contract and Supply
City Hall
25 Dorrance Street
Providence, RI 02903

RE: Requesting Approval to Able Industrial Sweeping, Inc. for Outstanding Invoice Dated 7/13/2025 through 8/13/2025.

Minute Traq ID Number: 50386

Minority Participation: 100% MBE, 0% WBE
Account Code(s): 101-508-52345

Dear Mayor Smiley,

The Department of Public Works respectfully requests approval to pay Able Industrial Sweeping, Inc. for outstanding invoice for the period of 7/13/2025-8/13/2025 (see attached) for daily street sweeping services citywide in an amount not to exceed \$64,312.50 in Fiscal Year 2026.

The amount needed is to pay the remaining invoices submitted for street sweeping services which has now been suspended until a company is recommended from the last street sweeping bid process.

Funds in the amount of \$64,312.50 are available in account 101-508-52345 in Fiscal Year 2026.

Able Industrial Sweeping, Inc.
68 Hollister Road
Seekonk MA 02771

Respectfully Submitted

A handwritten signature in black ink, appearing to read "Patricia Coyne-Fague", written over a horizontal line.

Patricia Coyne-Fague
Director of Public Works

A horizontal line intended for a signature, currently blank.

Financial Approval:



68 Hollister Road
Seekonk, MA. 02771

Invoice

Date	Invoice #
7/13/2025	5195

Bill To
City of Providence DPW 700 Allens Avenue Providence, RI 02905

P.O. No.	Terms	Due Date	Project
	Net 30	8/12/2025	

Date	Job Title	Service Type	Hours	Rate	Total
7/6/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/6/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/7/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/7/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/8/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/8/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/10/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/10/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
				Balance Due	\$11,200.00



68 Hollister Road
Seekonk, MA. 02771

Invoice

Date	Invoice #
7/18/2025	5213

Bill To
City of Providence DPW 700 Allens Avenue Providence, RI 02905

P.O. No.	Terms	Due Date	Project
	Net 30	8/17/2025	

Date	Job Title	Service Type	Hours	Rate	Total
7/13/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/13/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/14/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/14/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/15/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/15/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/16/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/16/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/17/2025	Swceping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/17/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
			Balance Due		\$14,000.00



68 Hollister Road
Seekonk, MA. 02771

Invoice

Date	Invoice #
7/18/2025	5234

Bill To
City of Providence DPW 700 Allens Avenue Providence, RI 02905

P.O. No.	Terms	Due Date	Project
	Net 30	8/17/2025	

Date	Job Title	Service Type	Hours	Rate	Total
7/20/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/20/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/21/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/21/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/22/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/22/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/23/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/23/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/24/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/24/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
				Balance Due	\$14,000.00



68 Hollister Road
Seekonk, MA. 02771

Invoice

Date	Invoice #
8/8/2025	5282

Bill To
City of Providence DPW 700 Allens Avenue Providence, RI 02905

P.O. No.	Terms	Due Date	Project
	Net 30	9/7/2025	

Date	Job Title	Service Type	Hours	Rate	Total
7/27/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/27/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/28/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/28/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/29/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/29/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
7/30/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
7/30/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
			Balance Due		\$11,200.00



68 Hollister Road
Seekonk, MA. 02771

Invoice

Date	Invoice #
8/13/2025	5288

Bill To
City of Providence DPW 700 Allens Avenue Providence, RI 02905

P.O. No.	Terms	Due Date	Project
	Net 30	9/12/2025	

Date	Job Title	Service Type	Hours	Rate	Total
8/3/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
8/3/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
8/4/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
8/4/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
8/5/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
8/5/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
8/6/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
8/6/2025	sweeper 9	Providence, RI Sweep city streets	8	175.00	1,400.00
8/7/2025	Sweeping	Providence, RI Sweep city streets	8	175.00	1,400.00
8/7/2025	sweeper 9	Providence, RI Sweep city streets	7.5	175.00	1,312.50
			Balance Due		\$13,912.50

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.
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Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																												
Street Sweeping						Able Industrial Sweeping Inc																												
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																												
Providence, RI				August 2, 2025		68 Hollister Road, Seekonk, MA 02771																												
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)												
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	D) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT. EARNED	GROSS AMT. EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK		NET PAY TO WORKER FOR ALL WORK											
								S	M	T	W	T	F	S							7/22	7/23		7/24	7/25	7/26	7/27	7/28	TAX WITH HOLDINGS	FICA	OTHER (MUST SPECIFY SEE INSTRUCTIONS)	TOTAL DEDUCTIONS		
	Edmonds	Kofoworola	Y			Sweeper	ST	8	8	8	8						32	37.50	29.90	2156.80														
	DeSilva	Domingo				Sweeper	ST	8	8	8	8						32	37.50	29.90	2156.80														
							ST																											
							OT																											
							ST																											
							OT																											
							ST																											
							OT																											
							ST																											
							OT																											

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average 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 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 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

(over)

PROJECT NAME City of Providence DPW	PROJECT NO. or CONTRACT NO.	PAYROLL NO.	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Able Industrial Sweeping Inc.
PROJECT LOCATION Providence, RI	WEEK ENDING DATE August 2, 2025		CERTIFYING OFFICIAL'S NAME AND TITLE Warren Edmonds President

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

HOURLY CREDIT FOR FRINGE BENEFITS
(If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.)

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.			
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL <i>Warren Edmonds</i>	DATE August 2, 2025	TELEPHONE NUMBER (401) 434-3440	EMAIL ADDRESS wje3@verizon.net
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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) AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

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Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																		
Street Sweeping						Able Industrial Sweeping Inc																		
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																		
Providence, RI				August 9, 2025		68 Hollister Road Seekonk, MA 02771																		
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)							(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)	
							ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES												TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT		PAYMENT IN LIEU OF FRINGE BENEFITS
S	M	T	W	T	F	S		TAX WITH- HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)	TOTAL DEDUCTIONS													
	Edmonds	Kofoworola	Y			Sweeper	ST	8	8	8	8	7.5		39.5	37.50	29.90	2662.30							
	DeSilva	Domingo				Sweeper	ST	8	8	8	8	8		40	37.50	29.90	2696.00							
							ST																	
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(over)

PROJECT NAME City of Providence DPW		PROJECT NO. OF CONTRACT NO.		PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Able Industrial Sweeping Inc						
PROJECT LOCATION Providence, RI				WEEK ENDING DATE August 9, 2025		CERTIFYING OFFICIAL'S NAME AND TITLE Warren Edmonds President						
I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:												
<input checked="" type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.												
<input checked="" type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.												
<input checked="" type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.												
<input type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.												
APPRENTICESHIP PROGRAM NAME				REGISTERED		NAME OF LABOR CLASSIFICATION						
				<input type="checkbox"/> OA <input type="checkbox"/> SAA								
				<input type="checkbox"/> OA <input type="checkbox"/> SAA								
				<input type="checkbox"/> OA <input type="checkbox"/> SAA								
<input checked="" type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.												
HOURLY CREDIT FOR FRINGE BENEFITS												
<i>If an amount is listed in (68) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.</i>												
NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
<input type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.												
ADDITIONAL REMARKS												
SIGNATURE OF CERTIFYING OFFICIAL <i>Warren Edmonds</i>				DATE August 9, 2025		TELEPHONE NUMBER (4 0 1) 4 3 4 - 3 4 0			EMAIL ADDRESS wjo3@verizon.net			
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) AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.												