



Texas Multifamily Final Wage Compliance Report

(Submit upon project construction completion and last draw request)

Development Owner or Subrecipient Name:

Project Name:

Fund Source(s):

Contract No:

Construction Completion Date:

Fund Source Award \$:

Construction Contract Amount \$:

General (Prime) Contractor:

Sub-contractor(s):

PART I - Wage Restitution

Were any workers paid less than the Davis-Bacon wage rates that applied to this project? If YES, fill in the table below.

Yes No

Were any workers paid incorrectly (underpaid) for overtime?

Yes No

IF YES, liquidated damages at the rate of \$29 for each calendar day for each worker must be calculated and the contractor notified of his liability. Provide information concerning the nature of the overtime violations. Information should include the following:

Company Name	Names of Affected Employees	Amount of Davis-Bacon Restitution Paid	Amount of CWHSSA (overtime) Restitution Paid	Davis-Bacon Wage Violation? (Y or N)	CWHSSA (overtime) Violation? (Y or N)

PART II - Liquidated Damages

Attach copies of all correspondence relevant to any Liquidated Damages (*i.e. letter from Grant Recipient to company assessing liquidated damages, copies of payrolls showing discrepancies, copies of evidence of back wages paid (canceled checks or other acceptable evidence, copy of waiver request letter).*)

Did the Contractor seek a reduction or submit waiver request of the liquidated damages?

IF YES, was the request approved? Yes No
 Yes, reduction Yes, waiver

Total amount of Liquidated Damages paid: \$ _____

Were any workers not found? Yes No

IF YES, complete the sections below.

Number of workers owed restitution but unfound: _____

Total restitution owed to unfound workers: \$ _____

Were funds placed in separate bank account? Yes No

IF YES, funds must be held in escrow for three years.

NOTE: If worker is not found within three years, unspent funds must be returned to TDHCA for submission to Department of Labor.

Submitted by:

Name: _____ Title: _____

Signature: _____ Date _____