



## MAINE CDC DRINKING WATER PROGRAM

Department of Health & Human Services

286 Water Street, Augusta ME 04333  
www.medwp.com • (207) 287-2070 • TTY: 711



## 2025 WATER SYSTEM ASSET SECURITY GRANT

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**Deadline:** Applications are accepted on a rolling basis until funds are fully disbursed. The last date to submit an application for consideration is **June 30, 2026**.

**Purpose:** This grant is for planning or implementing security measures to protect public water system (PWS) assets by reducing and/or minimizing the impact of a physical security or cybersecurity attack. PWS assets include wellheads, intakes, facility buildings that are imperative to the function of the water system as well as SCADA systems if the system has a history of being compromised.

**Eligible Projects:** Examples of eligible projects may include, but are not limited to:

- Plan and/or implementation of physical security measures
- The implementation of cybersecurity projects, assessments, and/or software installation/upgrades performed at least in part for the purposes of cybersecurity\*
- Risk and Resilience Assessment for PWSs serving under 3,300 people
- Installation of security fencing
- Installation of signs
- Design and installation of security and/or surveillance cameras and systems
- Design and installation of alarm systems

**Eligible Water Systems:** All community and non-profit, non-community public water systems are eligible for grant awards. Examples include water utilities, mobile home parks, apartment buildings, nursing homes, and schools.

- **Compliance Requirement:** Water systems that are currently out of compliance with Drinking Water Rules & Regulations are not eligible, unless the proposed project will directly help the system return to compliance.

**Award Amount:** Individual grants are typically \$10,000 or less. However, up to \$20,000 may be awarded when the need for the higher grant amount can be clearly demonstrated.

- **Note:** If your water system has been awarded \$20,000 in the past 2 years, the maximum you can apply for is \$10,000

**Ineligible Expenses:** Grants will not be awarded for recurring annual fees, on-going expenses (i.e., recurring membership fees or software fees) or multiple projects on one application. Funding cannot be used to cover any fees charged for helping water systems apply for the grant.

**Application and Award Timeline:** Rolling applications accepted until funds are gone (final deadline: June 30, 2026) Award letters issued as soon as possible after review

- Projects must be completed within 2 years of approval (no extensions)

#### **Contracting and bids:**

**After receiving an Award Letter, you must Request quotes from at least 3 companies for your project. You are required to use the lowest bid for work or services.**

- If a company does not respond within 2 weeks to your request, this is considered an attempt.
- Your quotes (or attempts to get quotes) must be verified before project work can start. Submit the attached Quote Summary Sheet to [sofia.licht@maine.gov](mailto:sofia.licht@maine.gov) for review

**Cybersecurity Project Requirements:** Systems applying for a cybersecurity project must complete a cybersecurity assessment if they have not completed one within the past 3 years. The assessments must use an approved means of evaluating cybersecurity risks.

| Approved Evaluation Tools                                                                       |                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EPA Water Cybersecurity Assessment Tool (WCAT):                                                 | <a href="https://www.epa.gov/waterresilience/cybersecurity-assessments">https://www.epa.gov/waterresilience/cybersecurity-assessments</a>                                                                                                                                                                                                     |
| Cybersecurity and Infrastructure Security Agency's (CISA) Cybersecurity Evaluation Tool (CSET): | <a href="https://www.cisa.gov/downloading-and-installing-cset">https://www.cisa.gov/downloading-and-installing-cset</a>                                                                                                                                                                                                                       |
| DWP's Cyber Security Self-Assessment:                                                           | <a href="https://www.maine.gov/dhhs/mecdc/healthy-living/health-and-safety/drinking-water-safety/public-water-systems/resources-security-and-emergency-response-planning">https://www.maine.gov/dhhs/mecdc/healthy-living/health-and-safety/drinking-water-safety/public-water-systems/resources-security-and-emergency-response-planning</a> |
| AWWA's Cyber Security Tool                                                                      | <a href="https://cybersecurity.awwa.org/">https://cybersecurity.awwa.org/</a>                                                                                                                                                                                                                                                                 |

The public water system should have mitigated everything identified on their assessment as well as any bad practices on CISA's bad practices page before asking to fund anything else.

**Reimbursement Process:** Submit the following after project completion:

1. Asset Security Grant Reimbursement Form (on Maine DWP website)
2. ACH authorization agreement (page 2 of form)
3. Proof of project completion (e.g photos, cover page and table of contents of updated security documents)

4. Paid invoices for eligible costs
5. AIS and Davis-Bacon documentation (if applicable, noted in award letter)

**\*Note:** Only one electronic transfer per system per project – submit for reimbursement when your project is completed, or all grant funding is expended.

**Application Submission:**

Email your application to:  
[Sofia.Licht@maine.gov](mailto:Sofia.Licht@maine.gov)

Or Mail to:

Maine CDC Drinking Water Program  
ATTN: Sofia Licht  
151 Jetport Boulevard  
Portland, ME 04102-1946

**How often can I apply?** Eligible water systems may only apply for one grant per application year. Any water system that has previously been awarded a Water System Asset Security Grant must first complete that grant project before applying for a new grant.

**Who to contact with questions:** Contact Sofia Licht (207) 441-3217 or e-mail [sofia.licht@maine.gov](mailto:sofia.licht@maine.gov) with questions about the application or granting process.



## 2025 WATER SYSTEM ASSET SECURITY GRANT APPLICATION

***Applications are accepted on a rolling basis until funds are fully disbursed.***

PWS NAME: \_\_\_\_\_ PWSID#: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**1. Grant Request:** What is the total grant amount requested?

**2. Project Type:** Cybersecurity ☐ Physical Security ☐

- If Cybersecurity, when was your most recent cybersecurity evaluation?

What tool was used?

**3. Project Description:** What is the project? Include the estimated project cost and implementation schedule?

**4. Demonstrated need for the project.** *How will the project help protect your water system asset(s), is there a known vulnerability and has it been exploited in the past?*

**5. Do you have an open Water System Asset Security Grant from the Drinking Water Program?**

Yes ☐ No ☐

*Additional information supporting your application is welcome but not required.*

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN TO THE DRINKING WATER PROGRAM BY JUNE 30, 2026**

## Set Asides Grant Quote Summary Sheet

Public Water System Name: \_\_\_\_\_

PWSID Number: \_\_\_\_\_

### Quote 1:

|                                                       |              |                                                                          |                          |
|-------------------------------------------------------|--------------|--------------------------------------------------------------------------|--------------------------|
| <b>Company:</b>                                       |              |                                                                          |                          |
| <b>Method used to solicit (check all which apply)</b> | <b>Phone</b> | <b>Email</b>                                                             | <b>Other (Describe):</b> |
| <b>Name of person at company contacted:</b>           |              |                                                                          |                          |
| <b>Date Quote Solicited:</b>                          |              |                                                                          |                          |
| <b>Date Quote Received:</b>                           |              | <i>Write "N/A" if 14 days have passed and no quote has been received</i> |                          |
| <b>Total Quote Amount (labor + materials)</b>         |              | <i>Write "N/A" if no quote has been received</i>                         |                          |

### Quote 2:

|                                                       |              |                                                                          |                          |
|-------------------------------------------------------|--------------|--------------------------------------------------------------------------|--------------------------|
| <b>Company:</b>                                       |              |                                                                          |                          |
| <b>Method used to solicit (check all which apply)</b> | <b>Phone</b> | <b>Email</b>                                                             | <b>Other (Describe):</b> |
| <b>Name of person at company contacted:</b>           |              |                                                                          |                          |
| <b>Date Quote Solicited:</b>                          |              |                                                                          |                          |
| <b>Date Quote Received:</b>                           |              | <i>Write "N/A" if 14 days have passed and no quote has been received</i> |                          |
| <b>Total Quote Amount (labor + materials)</b>         |              | <i>Write "N/A" if no quote has been received</i>                         |                          |

### Quote 3:

|                                                      |              |                                                                          |                          |
|------------------------------------------------------|--------------|--------------------------------------------------------------------------|--------------------------|
| <b>Company:</b>                                      |              |                                                                          |                          |
| <b>Method used to olicit (check all which apply)</b> | <b>Phone</b> | <b>Email</b>                                                             | <b>Other (Describe):</b> |
| <b>Name of person at company contacted:</b>          |              |                                                                          |                          |
| <b>Date Quote Solicited:</b>                         |              |                                                                          |                          |
| <b>Date Quote Received:</b>                          |              | <i>Write "N/A" if 14 days have passed and no quote has been received</i> |                          |
| <b>Total Quote Amount (labor + materials)</b>        |              | <i>Write "N/A" if no quote has been received</i>                         |                          |



**If your project does not physically alter the site of work then the above application is all you need.**

**If your project is going to physically alter the site of work, there are some additional requirements.**

Examples of physically altering a site of work include things such as: installing fencing, installing cameras, pouring concrete and removing fuel tanks and replacing with propane.

**For projects that will physically alter a site of work the following additional requirements must be met:**

- **Complete an environmental review worksheet (appendix A)**
- **Material Procurement Compliance with American Iron and Steel (AIS) (appendix B)**
- **Davis Bacon wage rates are required (appendix C)**

## **APPENDIX A: Environmental Review**

This form is only required to be filled out if your project will physically alter the site of work. This form is not needed for creating plans or purchasing equipment.

## CATEX Environmental Review Worksheet for Set-Aside Grants

### Public Water System:

### PWSID Number:

### Project Location:

A project qualifies for a Categorical Exclusion (CATEX) if its actions do not individually or cumulatively have a significant effect on the quality of the human environment. The following information must be prepared and submitted to Maine DWP in order to request an exclusion from a full environmental review. A determination will not be made until all information/documentation is received and all requirements have been fulfilled. It is ultimately the Public Water System's responsibility to ensure that all of the information necessary for the Maine DWP to make an environmental determination is accurate and complete.

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### Project Description:

*Provide a brief, but complete, description of the proposed project, including all relevant design parameters, estimated schedule, and an explanation of why the project is needed.*

### Project Area Description:

*Provide a brief, but complete, description of the proposed project area. Include any unique or natural features within or nearby the project site (floodplains, wetlands, farmland, etc.)*

**Will this project involve any tree clearing?**

No

Yes

If Yes, # of acres of trees to be cleared:

When will clearing take place?

Clearing method:

**Will this project involve the disturbance of any of the following resources?**

*Please check any that apply:*

Wetlands or floodplains

Significant agricultural lands

Historic sites

Significant fish or wildlife habitat

Coastal Zones

Air quality

Human health

**Resources Impacted:**

*If any resources were checked off in the previous question, please describe:*

**Site Maps:**

*Please attach a map of your project site to your application with your project area and Source Protection Area clearly defined.*

Site maps are attached

### Certification

I certify that, to the best of my knowledge, the information submitted in this Request for Categorical Exclusion, including the accompanying attachments, is true and accurate. I further certify that I agree to refrain from any construction activity, including, but not limited to, site preparation, demolition, or land disturbance, for the above proposed project(s) until (1) the Drinking Water Program issues a final written environmental decision for the proposed project(s); and (2) the Drinking Water Program notifies me in writing of compliance with all other applicable DWSRF approval actions. I further certify that I am a person authorized to render this certification and that I may be subject to penalties under federal and Maine law, if I provide false or untrue information.

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### To be completed by DWSRF Project Manager

As the Responsible Official, I have determined that the proposed project is eligible for a Categorical Exclusion per the substantive environmental review requirements under EPA regulations at 40 C.F.R. § 6.204.

\_\_\_\_\_  
Signature of Responsible Official      Title      Date

*The State shall revoke a CATEX and shall require a full environmental review if, subsequent to granting of an exclusion, the State determines that: the proposed action no longer meets the requirements for a CATEX due to changes in the proposed project; or the State determines from new evidence that serious local or environmental issues exist; or that Federal, State, or local laws are being or may be violated.*

**This is only required if your project will physically alter the site of work.  
This form is not needed for creating plans or purchasing equipment.**

## **APPENDIX B: American Iron and Steel Materials (AIS)**

### **Material Procurement Compliance with American Iron and Steel (AIS)**

The American Iron and Steel (AIS) provision requires Drinking Water State Revolving Fund (DWSRF) assistance recipients to use iron and steel products that are produced in the United States. A certification letter from the product manufacturer must accompany all iron and steel products permanently incorporated into a project. A sample letter is available in Appendix G. For more details, exemptions, and waivers, please see: <https://www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement>.

# **Sample Step Manufacturer Certification**

*(Documentation must be provided on company letterhead)*

Date

Company Name

Company Address

City, State Zip

Subject: American Iron and Steel Step Manufacturer Certification

Project Name \_\_\_\_\_

I, \_\_\_\_\_ (company representative), certify that the \_\_\_\_\_  
(melting, bending, coating, galvanizing, cutting, etc.) process for \_\_\_\_\_  
(manufacturing or fabricating) the following products and/or materials shipped or provided for  
the project is in full compliance with the American Iron and Steel requirement as mandated in  
EPA's State Revolving Fund Programs.

Item, Products and/or Materials:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Such process took place at the following location: \_\_\_\_\_(address)

If any of the above compliance statements change while providing material to this project we  
will immediately notify the prime contractor and the engineer.

\_\_\_\_\_  
Company representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## American Iron and Steel - De Minimis Tracking Form

The EPA has issued a public interest waiver for De Minimis incidental components. An Owner wishing to use this waiver should consult with their contractor(s) to maintain an itemized list to track the components covered under De Minimis. The Owner may create their own format for the list or use this sample form.

Owner: \_\_\_\_\_

Loan #: \_\_\_\_\_

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

NOTE: The De Minimis waiver is only applicable to the cost of materials for the entire project. Do not include other project costs (labor, installation costs, etc.) in the "Total Cost of Materials". The total cost of a material may be based on estimated, or if available, actual costs.

**Funds used for de minimis incidental components cumulatively may comprise no more than a total of 5 percent of the total cost of the materials used in and incorporated into a project; the cost of an individual item may not exceed 1 percent of the total cost of the materials used in and incorporated into a project.**

|                          |       |           |       |           |       |
|--------------------------|-------|-----------|-------|-----------|-------|
| Total Cost of Materials: | _____ | 5% Limit: | _____ | 1% limit: | _____ |
|--------------------------|-------|-----------|-------|-----------|-------|

| Manufacturer & Component Description | Part/Model # | Quantity<br>(if applicable) | Cost per Unit<br>(if applicable) | Component's<br>Total Cost | Invoice or receipt<br>attached |
|--------------------------------------|--------------|-----------------------------|----------------------------------|---------------------------|--------------------------------|
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |
|                                      |              |                             |                                  |                           |                                |

Use additional sheets as necessary

**Total Cost of Components  
deemed to be De Minimis:**

|       |
|-------|
| _____ |
|-------|

Completed by: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **From the “Consolidated Appropriations Act, 2014”**

H.R. 3547 (PL113-76, enacted 1/17/2014)

### **USE OF AMERICAN IRON AND STEEL**

“SEC. 436. (a)(1) None of the funds made available by a State water pollution control revolving fund as authorized by title VI of the Federal Water Pollution Control Act (33 U.S.C. 1381 et seq.) or made available by a drinking water treatment revolving loan fund as authorized by section 1452 of the Safe Drinking Water Act (42 U.S.C. 300j–12) shall be used for a project for the construction, alteration, maintenance, or repair of a public water system or treatment works unless all of the iron and steel products used in the project are produced in the United States.

(2) In this section, the term “iron and steel products” means the following products made primarily of iron or steel: lined or unlined pipes and fittings, manhole covers and other municipal castings, hydrants, tanks, flanges, pipe clamps and restraints, valves, structural steel, reinforced precast concrete, and construction materials.

(b) Subsection (a) shall not apply in any case or category of cases in which the Administrator of the Environmental Protection Agency (in this section referred to as the “Administrator”) finds that—

(1) applying subsection (a) would be inconsistent with the public interest;

(2) iron and steel products are not produced in the United States in sufficient and reasonably available quantities and of a satisfactory quality; or

(3) inclusion of iron and steel products produced in the United States will increase the cost of the overall project by more than 25 percent.

(c) If the Administrator receives a request for a waiver under this section, the Administrator shall make available to the public on an informal basis a copy of the request and information available to the Administrator concerning the request, and shall allow for informal public input on the request for at least 15 days prior to making a finding based on the request. The Administrator shall make the request and accompanying information available by electronic means, including on the official public Internet Web site of the Environmental Protection Agency.

(d) This section shall be applied in a manner consistent with United States obligations under international agreements.

(e) The Administrator may retain up to 0.25 percent of the funds appropriated in this Act for the Clean and Drinking Water State Revolving Funds for carrying out the provisions described in subsection (a)(1) for management and oversight of the requirements of this section.

(f) This section does not apply with respect to a project if a State agency approves the engineering plans and specifications for the project, in that agency’s capacity to approve such plans and specifications prior to a project requesting bids, prior to the date of the enactment of this Act.”

**CERTIFICATION BY THE OWNER**  
**OF COMPLIANCE WITH THE**  
**USE OF AMERICAN IRON AND STEEL LAW**  
enacted on 1/17/2014

*(To be attached to each Utility Construction SRF requisition submitted for payment)*

We, the Owner named, \_\_\_\_\_, having obtained funding from the State of Maine, State Revolving Fund (SRF), for the Utility Construction Project named \_\_\_\_\_, hereby submit to the SRF program, certification from each contractor working on the Utility Construction Project that the use of American Iron and Steel in the construction of the project complies with the law, or that a waiver has been obtained from the U.S. Environmental Protection Agency. Thereby, it is to the best of the Owner's knowledge that the costs being requested with this SRF requisition #\_\_\_\_\_are in compliance with the Use of American Iron and Steel Law.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**CERTIFICATION BY CONTRACTOR**  
OF COMPLIANCE WITH THE  
**USE OF AMERICAN IRON AND STEEL LAW**  
enacted on 1/17/2014

*(To be attached to each Utility Construction payment application)*

We, the Prime Contractor and Subcontractors, as named below, hereby certify that the use of American iron and steel in the utility construction of the Project named \_\_\_\_\_, being requested in the Utility Construction payment application (or invoice) # \_\_\_\_\_ and dated \_\_\_\_\_, complies with the Use of American Iron and Steel Law, or that a waiver been obtained from the U.S. Environmental Protection Agency.

Prime Contractor Name: \_\_\_\_\_

|                                |                       |               |
|--------------------------------|-----------------------|---------------|
| _____<br>Signature of Official | _____<br>Printed name | _____<br>Date |
|--------------------------------|-----------------------|---------------|

-----

| <u>Subcontractor Name</u> | <u>Signature of Official</u> | <u>Date</u> |
|---------------------------|------------------------------|-------------|
| _____                     | _____                        | _____       |
| _____                     | _____                        | _____       |
| _____                     | _____                        | _____       |
| _____                     | _____                        | _____       |
| _____                     | _____                        | _____       |
| _____                     | _____                        | _____       |

**This is only required if your project will physically alter the site of work.  
This is not needed for creating plans or purchasing equipment.**

## **APPENDIX C : Davis-Bacon Documents**

## **Payment of Davis-Bacon Wage Rates to all Qualifying Workers**

The Davis-Bacon Act (DBA) was enacted by Congress on March 3, 1931, to assure local workers a fair wage and to provide local contractors a fair opportunity to compete for local federal government contracts. Contractors and subcontractors must pay laborers and mechanics employed directly upon the site of the work at least the locally prevailing wages (including fringe benefits), listed in the Davis-Bacon wage determination in the contract, for the work performed. Locally prevailing wage rates are determined by the US Department of Labor (USDOL). The wage determination for a given project can be found at: <https://sam.gov/content/wage-determinations> by searching the county in which the project is located and the applicable construction type. Projects that involve installation of water treatment in non-municipal settings are considered “Building” construction while installation of water mains are considered “Heavy” construction. The Owner or Consulting Engineer should reach out to the DWP Grant Specialist if there are any questions on what type of construction the project falls under.

Certified Payrolls must be provided to the DWP using Department of Labor form WH-347 (Appendix C). Weekly Payroll Labor Standards Compliance Review forms for each week of work must be included in the Payment Requisition. Forms must be provided for the work performed by the Contractor as well as any Subcontractors.

**EXEMPTION:** If work is to be performed by an owner of a business (i.e., a plumber who owns their own business and is doing the work themselves with no assistance) they do not need to pay themselves the Davis-Bacon Rates and are not required to report their own payroll. The owner-operator must provide a signed Davis-Bacon Owner-Operator Exemption Certification, available in Appendix C.

**EXEMPTION:** If the total project cost (labor + materials) is less than \$2,000, Davis-Bacon Wage Rates will not apply.

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
11 State House Station  
286 Water Street  
Augusta, Maine 04333-0011  
Tel; (207) 287-8016; Fax (207) 287-9058  
TTY: Dial 711 (Maine Relay)

## Davis-Bacon Owner-Operator Exemption Certification

I, \_\_\_\_\_, am the owner-operator of the bona fide business  
(Owner Name Printed)

\_\_\_\_\_ and have been contracted to perform labor on a  
(Business Name)

treatment works project located at \_\_\_\_\_ in the town of  
(Name of Public Water System)

\_\_\_\_\_, Maine. I certify that I own at least 20-percent equity interest in the  
(Town)

enterprise in which employed and am actively engaged in its management. I am thereby exempt from Davis-Bacon Act prevailing wage rates per Title 29 CFR 5.2(m). A copy of my business license will be provided to the Maine Drinking Water Program if requested.

☐ I will not have anyone else assist me with the work.

☐ I will have others assist me with the work. They are subject to Davis-Bacon Act prevailing wage rates under the classification of \_\_\_\_\_. Certified payrolls will  
(Plumber, Electrician, Carpenter, etc.)

be provided to the Maine Drinking Water Program to validate the prevailing wage rates are met.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_ on the \_\_\_\_\_  
(Contractor or Subcontractor); that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work) day of \_\_\_\_\_, \_\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_ from the full  
(Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ – in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT)                                                                                                                                                                                                           | EXPLANATION |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                             |             |
|                                                                                                                                                                                                                             |             |
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|                                                                                                                                                                                                                             |             |
|                                                                                                                                                                                                                             |             |
| REMARKS:                                                                                                                                                                                                                    |             |
| NAME AND TITLE                                                                                                                                                                                                              | SIGNATURE   |
| 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. |             |

# U.S. Department of Labor

Wage and Hour Division

## Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



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    |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
| PROJECT LOCATION |                  |                   |                       | WAGE DETERMINATION NO.      |                                              |                      | WEEK ENDING DATE                    |                                           |  | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
| (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.      | (J) JOURNEYWORKER (RA) REGISTERED APPRENTICE | LABOR CLASSIFICATION | ST = STRAIGHT TIME<br>OT = OVERTIME | (TOP) DAYS OF WORK WEEK<br>(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 |
|                  |                  |                   |                       |                             |                                              |                      |                                     | HOURS WORKED EACH DAY                     |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               | TAX WITH-HOLDINGS       | FICA | OTHER (MUST SPECIFY, SEE INSTRUCTIONS) | TOTAL DEDUCTIONS |                                |
|                  |                  |                   |                       |                             |                                              |                      |                                     |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | ST                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | OT                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | ST                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | OT                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | ST                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | OT                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | ST                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | OT                                  |                                           |  |                                                     |  |     |      |      |                             |                                     |                             |                                    |                  |                               |                         |      |                                        |                  |                                |
|                  |                  |                   |                       |                             |                                              |                      | 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 S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

| PROJECT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                  |    | PAYROLL NO.                                                       |    | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME                  |    |                                                                   |               |                                                                   |    |                |                     |  |         |  |         |  |         |  |         |  |         |  |                     |         |  |         |  |         |  |         |  |         |  |         |  |          |  |          |  |          |  |          |  |          |  |          |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                            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                  |    | WEEK ENDING DATE                                                  |    | CERTIFYING OFFICIAL'S NAME AND TITLE                              |    |                                                                   |               |                                                                   |    |                |                     |  |         |  |         |  |         |  |         |  |         |  |                     |         |  |         |  |         |  |         |  |         |  |         |  |          |  |          |  |          |  |          |  |          |  |          |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                            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| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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. |    |                                                                   |    |                                                                   |    |                                                                   |    |                                                                   |               |                                                                   |    |                |                     |  |         |  |         |  |         |  |         |  |         |  |                     |         |  |         |  |         |  |         |  |         |  |         |  |          |  |          |  |          |  |          |  |          |  |          |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                            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| <input 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.                                                                                                                                                                                                                                                                       |    |                                                                   |    |                                                                   |    |                                                                   |    |                                                                   |               |                                                                   |    |                |                     |  |         |  |         |  |         |  |         |  |         |  |                     |         |  |         |  |         |  |         |  |         |  |         |  |          |  |          |  |          |  |          |  |          |  |          |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                            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                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                   |    |                                                                   |    |                                                                   |    |                                                                   |               |                                                                   |    |                |                     |  |         |  |         |  |         |  |         |  |         |  |                     |         |  |         |  |         |  |         |  |         |  |         |  |          |  |          |  |          |  |          |  |          |  |          |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                            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| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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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.                                                                                                                 |    |                                                                   |    |                                                                   |    |                                                                   |    |                                                                   |               |                                                                   |    |                |                     |  |         |  |         |  |         |  |         |  |         |  |                     |         |  |         |  |         |  |         |  |         |  |         |  |          |  |          |  |          |  |          |  |          |  |          |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |                                                                   |  |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |  |               |    |               |    |               |    |               |    |               |    |               |    |    |
| <p align="center"><b>HOURLY CREDIT FOR FRINGE BENEFITS</b></p> <p align="center"><i>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.</i></p> <table border="1"> <thead> <tr> <th rowspan="4">NAME OF WORKER</th> <th>FB NAME</th> <th></th> <th>FB NAME</th> <th></th> <th>FB NAME</th> <th></th> <th>FB NAME</th> <th></th> <th>FB NAME</th> <th></th> <th>FB NAME</th> <th></th> <th rowspan="4">TOTAL HOURLY CREDIT</th> </tr> <tr> <th>FB TYPE</th> <th></th> <th>FB TYPE</th> <th></th> <th>FB TYPE</th> <th></th> <th>FB TYPE</th> <th></th> <th>FB TYPE</th> <th></th> <th>FB TYPE</th> <th></th> </tr> <tr> <th>PLAN NO.</th> <th></th> <th>PLAN NO.</th> <th></th> <th>PLAN NO.</th> <th></th> <th>PLAN NO.</th> <th></th> <th>PLAN NO.</th> <th></th> <th>PLAN NO.</th> <th></th> </tr> <tr> <th><input type="checkbox"/> Funded    <input 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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.                                                                                                                                                                                                                                                                             |    |                                                 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| SIGNATURE OF CERTIFYING OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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