**GREAT Grant Program (Federally Funded)**

Grantee Construction Period Progress Report Form

EXHIBIT E

FOR PROJECTS WITH TOTAL COST MORE THAN $10 MILLION ONLY

*Total cost means the sum of the GREAT grant award, the grantee’s matching funds and any matching funds provided by a county or other third party. If the total exceeds $10 million, U.S. Treasury SLFRF guidance requires certain labor practices and/or reported information. Grantees are required to provide the additional information below. Grantee may mark Exhibit E as confidential if the responses provided below contain confidential or proprietary information. Exhibit E should not be completed if the total project cost does not exceed $10 million.*

**E.1.** If the total project cost exceeds $10 million, please indicate if you, the grantee, intend to certify that “all laborers and mechanics employed by contractors and subcontractors in the performance of the project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the “Davis-Bacon Act”), for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the state in which the work is to be performed, or by the appropriate state entity pursuant to a corollary state prevailing-wage-in-construction law (commonly known as “baby Davis-Bacon Acts”)? (select “YES” or “NO” below):

​​☐​YES

​​☐​NO

If NO, please provide the following:

**E.1.1.**   The number of employees of contractors and subcontractors working on the project:

**E.1.2.**  The number of employees on the project hired directly:

**E.1.3.** The number of employees on the project hired through a third party:

**E.1.4.** The wages and benefits of workers on the project by classification:

**E.1.5.**  Whether any of the wages are at rates less than those prevailing in the project area:

**E.2.** If the total project cost exceeds $10 million, please indicate if you, the grantee, intend to certify that the project includes a project labor agreement (select “YES” or “NO” below):

​​☐​YES

​​☐​NO

If NO, please respond to the following:

**E.2.1.** Describe how you will ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project, including any required professional certifications and/or in-house training.

|  |
| --- |
| **RESPONSE:** |

**E.2.2.** Describe how you will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project.

|  |
| --- |
| **RESPONSE:** |

**E.2.3.** Describe how you will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities, including descriptions of safety training, certification and/or licensure requirements for all relevant workers (e.g., OSHA 10, OSHA 30).

|  |
| --- |
| **RESPONSE:** |

**E.2.4.** Indicate whether workers on the project will receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market.

|  |
| --- |
| **RESPONSE:** |

**E.2.5.** Indicate whether the project has completed a project labor agreement (select “YES” or “NO” below):

​​☐​YES

​​☐​NO

**E.3.** If the total project cost exceeds $10 million, please indicate if you, the grantee, are prioritizing local hires (select “YES” or “NO” below):

​​☐​YES

​​☐​NO

**E.4.** If the total project cost exceeds $10 million, please indicate if the project has a community benefit agreement (select “YES” or “NO” below):

​​☐​YES

​​☐​NO

**E.4.1.** If YES, provide a description of the community benefit agreement.

|  |
| --- |
| **RESPONSE:** |

**E.5.** **Broadband Provider (ISP) Certification and Attestation**

The undersigned representative of the grantee certifies that the information in this exhibit is true, correct, and complete to the best of the signatory’s knowledge and belief. The signatory further certifies that as authorized representative, the signatory is authorized to make these representations.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **SIGNATURE OF AUTHORIZED REPRESENTATIVE** |  | **Date** |
|  | | |

|  |
| --- |
|  |
| **PRINTED NAME AND TITLE** |