

# Davis-Bacon Wage Survey

Construction  
Survey

# Some Reasons to Survey

- **Age of current WD**
- **Level of construction activity**
- **Number of conformances**

# Survey

- **Location:** New York Statewide Rural Counties
- **Type of Construction:** Building
- **Timeframe:** 6/1/16 to 5/31/17
  - Date project is active
  - Start/End dates may be before and after survey timeframe
- **Data Collection Period:** 9/25/17 thru 3/31/18
- **Cut Off Date:** 03/31/18

# Counties in Survey

- Allegany, Cattaraugus, Cayuga, Chenango, Chautauqua, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Lewis, Montgomery, Otsego, Schuyler, Seneca, Steuben, St Lawrence, Sullivan, and Wyoming.

# Three Basic Elements – Determining DBA Rates

- The prevailing wage reflects rates paid on “projects of a character similar,” i.e., Building, Residential, Heavy, & Highway construction
- “Locality” for the Wage Determination (WD) is established by the “city, town, village, or other civil subdivision of the State in which the work is...performed.” County is typically used
- The “prevailing wage” includes both wages and fringe benefits

# Survey Data Sources- Wage and Fringe Benefit Data

- Surveys conducted by 5 Regional Offices
- Wage & fringe benefit data from construction contractors and other interested parties on WD-10 survey forms
- Certified payrolls from Davis-Bacon contracts from Federal agencies to supplement data from other sources, where appropriate

# Wage Survey Process

- Step 1 – Notify interested parties
- Step 2 – Request data from contractors
- Step 3 - Follow-up with non-respondents
- Step 4 – Analyze & clarify data

# Wage Survey Process

- Step 5 – Test Data  
(Data that fail below tests are unusable)
  - Postmarked by cut off date
  - Project active during survey time frame
  - Project value more than \$2000
  - Project of survey construction type
  - Project in survey area



# Wage Survey Process

- Step 6 – Verify Data
  - Contractor Verification
  - Third Party Verification
  - On-Site Verification

# Wage Survey Process

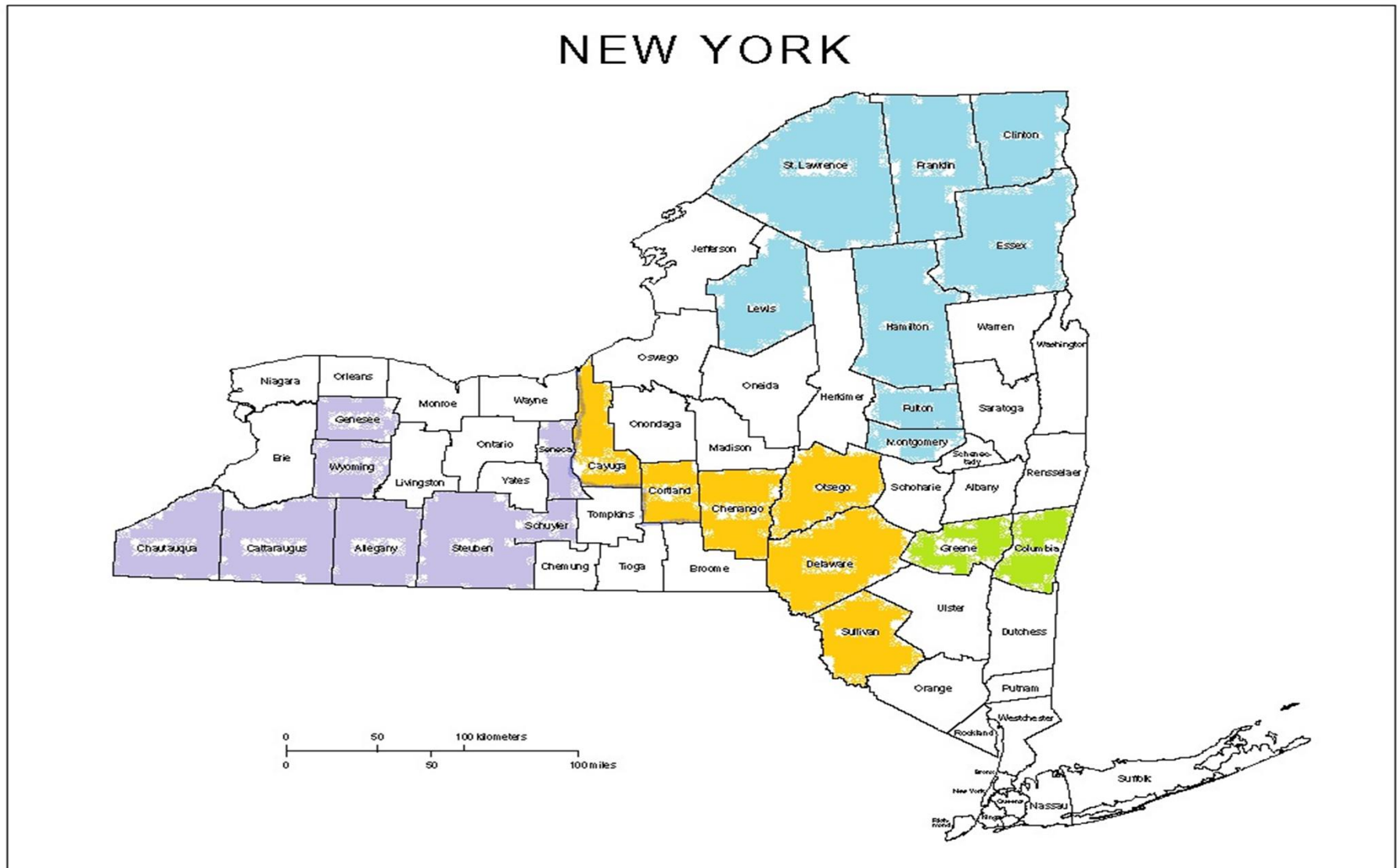
- Step 7 – Calculate rates and fringe benefits
  - Determining prevailing wage rate
    - Majority Rate: Single rate paid to a majority of workers
      - Separate union rates paid as a result of annual escalators in a CBA are included in determining a majority
    - Weighted Average: Both union and non-union rates present with no majority.
      - All rates used in final calculation and an average rate prevails.

# Wage Survey Process

## Step 8 – Craft/Rate Sufficiency Criteria

- Data received on at least 6 employees from 3 contractors with no more than 60% from any one contractor.
- If insufficient, rate calculation expanded to include:
  - Federal data
  - Data from other counties

# NY Groups & Super Group



# Wage Survey Process

- Step 8 – Craft/Rate Sufficiency Criteria Not Met
- Insufficient data after inclusion of federal data and inclusion of data from other counties, **no rate will be recommended** for that classification on the Wage Determination

# Wage Survey Process

## Step 8 - Survey Sufficiency Criteria

- Sufficient data must be received to issue rates for at least half the **KEY CLASSES** for construction type
- Classifications determined necessary for each construction type, vary by type and number accordingly

# Key Classes for Building Construction

- Boilermakers
- Bricklayers
- Carpenters
- Cement Masons
- Electricians
- Heat & Frost  
Insulators
- Iron Workers
- Laborers - Common
- Painters
- Pipefitters
- Plumbers
- Power Equipment  
Operators
- Roofers
- Sheet Metal Workers
- Tile Setters
- Truck Drivers

# Key Classes for Heavy & Highway Construction

- Carpenters
- Cement Masons
- Electricians
- Iron Workers
- Laborers - Common
- Painters
- Power Equipment Operators
- Truck Drivers



# Key Classes for Residential Construction

- Bricklayers
- Carpenters
- Cement Masons
- Electricians
- Iron Workers
- Laborers-Common
- Painters
- Plumbers
- Equipment Operators
- Roofers
- Sheet Metal Workers
- Truck Drivers

# Wage Survey Process

## Step 8 – Survey Sufficiency Criteria Not Met

- Insufficient data received for at least  $\frac{1}{2}$  key classes, previous rates issued for that county(ies) remain in effect

# Wage Survey Process

- Step 9 – Submit survey information and recommended rates to the National Office for review and approval
- Step 10 – National Office publishes wage determinations based on survey results

# Impact of Survey Participation

- Accuracy of WD developed from survey data is **dependent upon interested party and contractor participation**
- Only data received during the course of the survey **is used in calculation of prevailing wage rates.**
- Complete WDs are **dependent upon survey participation** and level of construction activities

# Impact of Non-Participation in the Survey

- Prevailing wage rates and fringe benefits possibly based **on a more limited amount of data.**
- Prevailing wage rates and fringe benefits possibly **based on data from outside the county where work is being performed.**

# Impact of Non-Participation in the Survey

- Prevailing wage rates and fringe benefits that are less likely to reflect the wage rates and fringe benefits that Contractors pay their employees.
- Wage decisions with missing classifications of employees creating **uncertainty in the bidding process.**

# Myths and Misconceptions

- Data received during the survey process is used to target enforcement. **Untrue**
- Wage Hour does not use all relevant data received during the survey process. **Untrue**
- Wage Hour releases information received during the survey process to the general public. **Untrue**

# Myths and Misconceptions

- Wage Hour has a preconceived notion as to what the prevailing wage rates and fringe benefits should be. **Untrue**
- Wage Hour relies only on CBAs to determine classifications of workers and prevailing wage rates. **Untrue**



# Web Sites

- **For general survey information (schedule, status, etc.) - Electronic WD-10 - WD-10 Instructions – Regional Office Addresses and Phone Numbers**  
[www.dol.gov/whd/programs/dbra/surveys.htm](http://www.dol.gov/whd/programs/dbra/surveys.htm)
- **For Davis Bacon Wage Determinations –**  
[www.wdol.gov](http://www.wdol.gov)

# Survey Submission Forms

- Form WD-10
- Electronic Form WD-10

<http://www.dol.gov/whd/programs/dbra/wd-10.htm>

# Form WD-10

*Instructions for Completing the Report of  
Construction Contractor's Wage Rates*



**Form WD-10**  
**Davis-Bacon Wage Survey**  
**Report of Construction**  
**Contractor's Wage Rates**

FORM WD10 (G) (04/30/2014)

OMB No. 1235-0015 Expires 04/30/2017

**U.S. Department of Labor**  
**Wage and Hour Division**

1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

**NAME OF CONTRACTOR/SUBCONTRACTOR**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**PHONE**

**EXTENSION**

**FAX**

2. Submitter information

☐ **CONTRACTOR** ☐ **ASSOCIATION** ☐ **UNION** ☐ **AGENCY** ☐ **OTHER**

**LAST NAME AND FIRST NAME**

**TITLE**

**ORGANIZATION**

**PHONE**

**EXTENSION**

**FAX**

**EMAIL ADDRESS**

3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.), address, and name of General/Prime Contractor if different from Item 1.

**FULL NAME OF PROJECT**

**PROJECT DESCRIPTION**

**ADDRESS**

**CITY**

**STATE** **COUNTY**

**NAME OF GENERAL / PRIME CONTRACTOR**

**INSTRUCTIONS** - Please enter the information in the white boxes and fill in the circles as appropriate. You can either hand print the information in blue or black ink, or use a typewriter or printer. Detailed instructions for completing this form (or obtaining additional copies), as well as definitions for many of the terms used on this form are found on a separate instruction page.

We estimate that it will take an average of 20 minutes to complete this collection of information, including the 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send

them to: U.S. Department of Labor, Wage and Hour Division, Administrator, Room S-3502, 200 Constitution Avenue NW, Washington, DC 20210.

**NOTE:** This form is used by the U.S. Department of Labor to determine the locally prevailing wage rates under the Davis-Bacon and related Acts. The submission of wage data is encouraged but is voluntary. This is an optional form provided to ensure consistency in submission of wage data. Respondents may use an alternate form if all the information requested is included. The identity of the Respondent will be kept confidential to the maximum extent possible under existing law. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

☐ **FEDERAL** ☐ **STATE** ☐ **NEITHER**

5. Please select one choice at right.

☐ **GENERAL/PRIME CONTRACTOR** ☐ **SUBCONTRACTOR**

**A.** Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

- ☐ **THE LIST IS BEING RETURNED WITH THIS FORM**
- ☐ **THE LIST WAS PROVIDED EARLIER**
- ☐ **THERE ARE NO SUBCONTRACTORS**

**B.** For the project being reported on this form state the date the work

**BEGAN**

MM/DD/YYYY

**ENDED**

MM/DD/YYYY

☐ **ESTIMATED** ☐ **ACTUAL**

**PROJECT VALUE**

\$

**C.** If you are a Subcontractor for the project being reported indicate the date your work

**BEGAN**

MM/DD/YYYY

**ENDED**

MM/DD/YYYY

☐ **ESTIMATED** ☐ **ACTUAL**

**SUBCONTRACT VALUE**

\$

6. Please fill in the circle indicating the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please mark the additional type.

- |  |   |  |
|--|---|--|
| <input type="radio"/> <b>APARTMENT BUILDING *</b>        | <input type="radio"/> <b>MOTEL/HOTEL</b>                        | <input type="radio"/> <b>RESIDENTIAL *</b>             |
| <input type="radio"/> <b>BICYCLE PATH</b>                | <input type="radio"/> <b>NURSING/ASSISTED LIVING FACILITY *</b> | <input type="radio"/> <b>ROAD/STREET/HIGHWAY/DRIVE</b> |
| <input type="radio"/> <b>BRIDGE OVER NAVIGABLE WATER</b> | <input type="radio"/> <b>OFFICE/COMMERCIAL BUILDING</b>         | <input type="radio"/> <b>SCHOOL</b>                    |
| <input type="radio"/> <b>BRIDGE (ANY OTHER TYPE)</b>     | <input type="radio"/> <b>PAVING</b>                             | <input type="radio"/> <b>SITE PREPARATION</b>          |
| <input type="radio"/> <b>DORMITORY</b>                   | <input type="radio"/> <b>PARKING LOT</b>                        | <input type="radio"/> <b>TREATMENT PLANT</b>           |
| <input type="radio"/> <b>HOSPITAL</b>                    | <input type="radio"/> <b>PLAYGROUND</b>                         | <input type="radio"/> <b>WATER/SEWER</b>               |
| <input type="radio"/> <b>OTHER</b>                       |   |  |

\* If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>NUMBER OF STORIES</b> | <input type="radio"/> <b>KITCHEN IN EACH UNIT?</b><br>(If yes, fill in circle.) | <input type="radio"/> <b>BATH IN EACH UNIT?</b><br>(If yes, fill in circle.) |
|---|---|--|





FORM WD10p2 (04/30/2014)

yearly. If the benefit is paid as a percentage of the hourly rate, check the appropriate box, then tell us the percentage using the boxes below the checkbox. Regarding the Vacation & Holiday and additional benefit columns, if appropriate, tell us how many days are paid annually.

▼

● ONLY SUPPLIED MATERIALS

DESCRIPTION OF ANY ADDITIONAL FRINGE (SEE LAST COLUMN OF ITEM 7)DATE   /   /    

# *Instructions for Completing the Report of Construction Contractor's Wage Rates*

## Davis-Bacon Wage Survey

The Report of Construction Contractor's Wage Rates form is used by the U.S. Department of Labor (DOL) to determine the locally prevailing wage rates under the Davis-Bacon and Related Acts. The Department estimates that it will take approximately 20 minutes to complete this form. This form is machine readable, therefore it should not be photo copied. Hand-printed letters/numbers are to be placed in the white boxes, and circles are to be filled in, where appropriate. If a typewriter or printer is used to complete this form, you do not have to worry about inserting the letter/number exactly in the white box. If DOL has the name and address of contractors, then that information will appear above the white boxes. The following sample shows a blank Item 1 from the WD-10.

In this section, the submitter would fill in the data for each field.

1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

**NAME OF CONTRACTOR/SUBCONTRACTOR**

**ADDRESS**

**CITY** **STATE** **ZIP**

**PHONE** **EXTENSION** **FAX**

# Item 1

In this example, the contractor/subcontractor's name, and address was known and the WD-10 that they received for completion will display the data captured by the Davis-Bacon Program.

This example displays data for *Miller and Son's Home Renovations*. Corrections to the data are entered into the white boxes.



1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

NAME OF CONTRACTOR/SUBCONTRACTOR

**Miller and Sons Home Renovations**

ADDRESS

**306 Vermont Avenue**

CITY

**Gaithersburg**

STATE

**MD**

ZIP

**20877**

PHONE

**(301) 555-1234**

EXTENSION

**1040**

FAX

# Item 1

In **Item 1**, fill in the full *name*, *address*, and *telephone number* of your company performing the work. Use a separate WD-10 for each project on which you have worked.



1. Please indicate the full name, address and phone number of the General/Prime Contractor or Subcontractor reporting wage data for the project indicated on this form.

NAME OF CONTRACTOR/SUBCONTRACTOR

**Miller and Sons Home Renovations**

ADDRESS

**306 Vermont Avenue**

CITY

**Gaithersburg**

STATE

**MD**

ZIP

**20877**

PHONE

**(301) 555-1234**

EXTENSION

**1040**

FAX



# Item 2

**Item 2** refers to the submitter of the information. From the drop down box, select the appropriate submitter type and provide the *name*, *title*, and *organization* of the official or interested party responsible for submitting the survey information.

Provide that individual's telephone number where they may be reached during regular work hours. If DOL cannot contact someone to clarify data on the WD-10, the data cannot be used in the survey findings. Space is provided for a *fax number* and email address.



## 2. Submitter information

☐

CONTRACTOR

☐

ASSOCIATION

☐

UNION

☐

AGENCY

☐

OTHER

LAST NAME AND FIRST NAME

**Brown, Bill**

TITLE

**President**

ORGANIZATION

PHONE

**(301) 555-1234**

EXTENSION

FAX

EMAIL ADDRESS

# Item 3

In **Item 3**, provide the name of the *project and description*, and complete project *address*. Include the name of the *General/Prime Contractor* if different from Item 1.



3. Please supply the complete name of the project, project description (area within a building, highway section, specific room number, etc.), address, and name of General/Prime Contractor if different from Item 1.

FULL NAME OF PROJECT

**Gaithersburg Tower Apt**

PROJECT DESCRIPTION

**Apartment Building**

ADDRESS

**2653 Courthouse Road**

CITY

**Gaithersburg**

STATE COUNTY

**MD Montgomery**

NAME OF GENERAL / PRIME CONTRACTOR

# Item 4

In **Item 4**, indicate whether the project was subject to a *Federal (Davis Bacon)* or *State Wage Determination*. More than one source can be indicated.



4. Indicate if project is subject to a Federal (Davis-Bacon) or state wage determination.

☐

FEDERAL

☐

STATE

☐

NEITHER

# Item 5 and 5A

In **Item 5**, indicate whether the contractor is a *General* or *Prime Contractor*, or a *subcontractor*.

If the contractor in Section 1 is a general or prime contractor, complete 5A and 5B and complete the Addendum to Form WD-10 (provided at the end of Section II after the sample WD-10). On Addendum to Form WD-10 provide the name, address, and phone number for your subcontractors involved on each project for which you are submitting a WD-10.

If a subcontractor, complete 5C and enter the name and address of the General or Prime Contractor, as well as any lower tier subcontractor, on the Addendum to Form WD-10.

5. Please select one choice at right.

A. Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

- ☐ THE LIST IS BEING RETURNED WITH THIS FORM
- ☐ THE LIST WAS PROVIDED EARLIER
- ☐ THERE ARE NO SUBCONTRACTORS

B. For the project being reported on this form state the date the work

BEGAN

MM/DD/YYYY

ENDED

MM/DD/YYYY

☐ ESTIMATED ☐ ACTUAL

PROJECT VALUE

\$

☐ GENERAL/PRIME CONTRACTOR ☐ SUBCONTRACTOR

C. If you are a Subcontractor for the project being reported indicate the date your work

BEGAN

MM/DD/YYYY

ENDED

MM/DD/YYYY

☐ ESTIMATED ☐ ACTUAL

SUBCONTRACT VALUE

\$

In **Item 5A**, if the contractor has subcontractors engaged on this project, complete the Addendum to Form WD-10 and provide the name, address, and telephone number of each subcontractor engaged on this project. Each of these subcontractors will then be sent a Form WD-10. Do not include those firms that supply materials only.

Indicate if the list of subcontractors is being *returned with this form* or if it was *provided earlier*.

# Item 5B and 5C

In **Item 5B**, record the *date* that any work *started* on this project, the *completion date* of the project and indicate if it is the *actual* (already completed) or an *estimated* date, and the approximate dollar *value* of the entire project.

5. Please select one choice at right.

☐ GENERAL/PRIME CONTRACTOR    ☐ SUBCONTRACTOR

**A.** Please provide a list, on the enclosed form, of any subcontractors you used on this project, including addresses and phone numbers.

☐ THE LIST IS BEING RETURNED WITH THIS FORM

☐ THE LIST WAS PROVIDED EARLIER

☐ THERE ARE NO SUBCONTRACTORS

**B.** For the project being reported on this form state the date the work

**BEGAN**  
02 / 15 / 1999 Y Y Y

**ENDED**  
02 / 20 / 2000 Y Y Y

☒ ESTIMATED    ☐ ACTUAL

**PROJECT VALUE**  
\$ 3, 000, 000

**C.** If you are a Subcontractor for the project being reported indicate the date your work

**BEGAN**  
MM / DD / YYYY

**ENDED**  
MM / DD / YYYY

☐ ESTIMATED    ☐ ACTUAL

**SUBCONTRACT VALUE**  
\$

In **Item 5C**, record the *date* that you *started* work on this project, the *completion date* of the project and indicate if it is the *actual* (already completed) or *estimated* date, and the approximate dollar *value* of your subcontract.

# Item 6

In **Item 6**, indicate the type of construction being reported. If none of the Construction types matches project, fill in the circle next to *Other*, and indicate the type of construction. If you selected *Apartment Building*, *Nursing/Assisted Living Facilities*, or *Residential*, provide the number of stories, and fill in the circle(s) if there was a kitchen and/or bath in each unit.

6. Please fill in the circle indicating the type of construction for the project being reported and all relevant descriptors. If the project has more than one type of construction please mark the additional type.

<input type="radio"/> APARTMENT BUILDING *	<input type="radio"/> MOTEL/HOTEL	<input type="radio"/> RESIDENTIAL *
<input type="radio"/> BICYCLE PATH	<input type="radio"/> NURSING/ASSISTED LIVING FACILITY *	<input type="radio"/> ROAD/STREET/HIGHWAY/DRIVE
<input type="radio"/> BRIDGE OVER NAVIGABLE WATER	<input type="radio"/> OFFICE/COMMERCIAL BUILDING	<input type="radio"/> SCHOOL
<input type="radio"/> BRIDGE (ANY OTHER TYPE)	<input type="radio"/> PAVING	<input type="radio"/> SITE PREPARATION
<input type="radio"/> DORMITORY	<input type="radio"/> PARKING LOT	<input type="radio"/> TREATMENT PLANT
<input type="radio"/> HOSPITAL	<input type="radio"/> PLAYGROUND	<input type="radio"/> WATER/SEWER
<input type="radio"/> OTHER	<input type="text"/>	

\* If you selected APARTMENT, NURSING FACILITY, or RESIDENTIAL:

NUMBER OF STORIES

☐

KITCHEN IN EACH UNIT?  
(If yes, fill in circle.)

☐

BATH IN EACH UNIT?  
(If yes, fill in circle.)





# Item 7

In **Item 7**, indicate the job titles of all *workers/persons* employed on the project (e.g., Carpenters, Electricians) and the *type of work performed* (e.g., power equipment operated, type of laborer). Exclude apprentices in approved programs, and trainees in formal programs.

For each classification, indicate whether the contractor is signatory to a collective bargaining agreement (CBA) by filling in the circle *Y* or *N* next to Paid Under A CBA, and indicate the local union number the worker is signatory to.

Furnish the *basic hourly rate* of pay for each worker or classification. \_\_\_\_\_

## 7. Classifications and Fringe Benefit Information

CLASSIFICATION	PEAK WEEK ENDING DATE	HOURLY RATE
<b>Carpenter</b>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TYPE OF WORK PERFORMED	# OF EMPLOYEES	PAID UNDER A CBA? LOCAL #
<b>Framing</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For each classification, provide the *number of workers* employed during the peak week. \_\_\_\_\_

Enter the ending *date*, in MMDDYYYY format, of the work week in which the largest number of that classification worked on the project (peak week).

If more than one wage rate was paid to these workers, a second classification should be entered and different rates should be entered for each job title classification.

# Item 7

In **Item 7**, use the five benefit-related columns to describe the benefits (if any) for each classification and also tell us how they are paid. If the benefit is paid out periodically, tell us how much you pay and how frequently you pay it, using a single letter abbreviation. Use, 'H' for hourly, 'D' for daily, 'W' for weekly, 'M' for monthly, and 'Y' for yearly.

HEALTH & WELFARE	PENSION (401K, ETC)	APPRENTICE TRAINING	VACATION & HOLIDAY	ADDITIONAL FRINGE
<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>	<input type="radio"/> \$ per EMP. per <input type="text"/>
<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE	<input type="radio"/> % OF HOURLY RATE
<input type="radio"/> # DAYS PER YEAR	<input type="radio"/> # DAYS PER YEAR	<input type="radio"/> # DAYS PER YEAR	<input type="radio"/> # DAYS PER YEAR	<input type="radio"/> # DAYS PER YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Health & Welfare\*** - Medical or hospital care, or insurance to provide: supplemental unemployment benefits, life insurance, long or short term disability, sickness or accident insurance.

**Pension\*** - Retirement, 401K, defined contribution plans (including savings and thrift, deferred profit-sharing and money purchase pension), annuity cost, or cost of insurance to provide such a benefit.

**Apprentice Training\*** - Defrayment of the cost of apprenticeship or similar training programs.

**Vacation Plus Holiday\*** - The payment of compensation for holidays and vacation taken.

**Additional\*** - If you are not sure of the category that the fringe benefit(s) fit into, enter the costs in the *Additional Fringe* column and indicate the type of fringes in the Additional Fringe section.

\* Enter the *amount* and indicate if it is *a percentage of basic hourly rate or total dollars paid per worker*. If a total dollar amount is paid, indicate how it is paid.



# Item 8

In **Item 8**, the official or interested party responsible for submitting the survey information should sign and date the form.

If necessary, clarifications may be provided in the *Comments or Remarks* box.

[illegible]

# DAVIS-BACON WAGE SURVEY - SUBCONTRACTOR LIST

U.S. DEPARTMENT OF LABOR

Addendum to Form WD-10, OMB No. 1235-0015  
Approval Expires 04/30/2017

SIDE 1

1. Please identify by name, address, phone number, your subcontractors that performed work on each project for which a WD-10 is being submitted.
2. Please PRINT each character into the white box with black/blue pen or TYPE information into the white boxes.

PROJECT NAME ON WD-10	SUBCONTRACTOR
NAME	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK
NAME Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE ZIP CODE PHONE
STATE COUNTY	TYPE OF WORK

# DAVIS-BACON WAGE SURVEY - SUBCONTRACTOR LIST

1. Please identify by name, address, phone number, your subcontractors that performed work on each project for which a WD-10 is being submitted.
2. Please **PRINT** each character into the *white* box with **black/blue** pen or **TYPE** information into the *white* boxes.

SIDE 2

PROJECT NAME ON WD-10	SUBCONTRACTOR
NAME	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE    ZIP CODE    PHONE
STATE    COUNTY	TYPE OF WORK
NAME <input type="radio"/> Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE    ZIP CODE    PHONE
STATE    COUNTY	TYPE OF WORK
NAME <input type="radio"/> Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE    ZIP CODE    PHONE
STATE    COUNTY	TYPE OF WORK
NAME <input type="radio"/> Same Project as above	NAME
ADDRESS 1	ADDRESS
ADDRESS 2	CITY
CITY	STATE    ZIP CODE    PHONE
STATE    COUNTY	TYPE OF WORK

# Maintenance Projects

- Usable if project falls within parameters of surveys
- Maintenance projects will be verified as to type of construction
- Workers on maintenance projects must have performed actual construction work on the project as defined by DBA – not just a service call

# Maintenance Projects

- Maintenance contracts entered into for a specific period of time (one year) – only the peak week for the classification will be used regardless of the number of times work was performed. A maintenance contract is considered a project for survey purposes.
- Maintenance work that is put out for bid and awarded for a specific project can be submitted on a project by project basis. Contractor or Owner will be called to verify that work was competitively bid against other contractors.

# Davis-Bacon

Conformance Process  
(Unlisted Classifications)

# Key Criteria

- Work is not performed by classification on the Wage Determination (WD)
- Rate must bear a reasonable relationship to WD rates
- Classification is utilized in the area by the construction industry



# Davis-Bacon

Appeals

Wage Determinations



# How to Appeal?

- Has an initial determination been made based upon a:
  - Published wage determination (WD)
  - Wage Survey
  - Letter setting forth a position
  - Conformance determination

# How to Appeal? (Cont'd)

- Initial contact on survey related matters should be directed to the Regional Office that conducted the survey

U.S. Department of Labor

Wage Hour Division

Address of Regional Office

# How to Appeal? (Cont'd)

- Initial contact on WD and conformance actions and review and reconsideration requests should be directed to:

Wage & Hour Division Administrator  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington DC 20210

# How to Appeal? (Con't.)

- Review and Reconsideration requests for survey, conformance, wage determination matters:
  - In writing with supporting data
  - Addressed to Administrator, Wage Hour Division
  - Will be responded to, or notified that additional time needed, within 30 days

# How to appeal? (Con't.)

- Final rulings of the Administrator may be appealed to the Administrative Review Board (ARB)
  - Requests for review of WDs must be timely (29 CFR 7.2(a))
  - ARB will not request contracting agency to postpone contract action (29 CFR 7.4(b)).
- The ARB issues final agency decisions on behalf of the Secretary of Labor

# Regional Survey Contact Personnel:

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