

Bureau of Labor & Industries (BOLI) Requirements for Prevailing Wage Rates on Public Works Contracts

Changes in the law resulting from HB 2021 during the 2007 Legislative Session require that public agencies that enter into public works contracts do the following:

- Incorporate applicable prevailing wage rate publication and amendments or Davis-Bacon wage rates into specifications. (BOLI wage rates, now available electronically, can be incorporated by reference. Davis-Bacon wage rates must be physically included in the contract.) Consequences for failure to do this includes:
 - Liability for worker's unpaid minimum wages, including fringe benefits, that is the difference between the applicable higher rates of wage.
 - An additional amount as liquidated damages.

- Starting with projects first advertised or solicited on or after January 1, 2008, the public agency is responsible for payment of the Prevailing Wage Rate (PWR) Fee on public works contracts valued \$50,000 or more.
 - The PWR Fee is due upon entering into a public works contract. BOLI Form WH-81, Notice of Public Works, must be completed and submitted to BOLI, along with the PWR Fee.
 - The PWR Fee is calculated at 1/10th of 1% of the contract price. BOLI Form WH-39, Public Works Fee Information Form, must be completed and submitted to BOLI.
 - The minimum PWR Fee increases to \$250 and the maximum increases to \$7,500. (These minimum and maximum amounts are in effect from January 1, 2008 to January 1, 2011. After January 1, 2011, the minimum fee is reduced to \$100 and the maximum fee is reduced to \$5,000.)
 - If at any time a contract price, through contract change order, meets or exceeds the \$50,000 amount, the entire project becomes subject to the PWR Fee and payment of prevailing wages. BOLI Forms WH-39 and WH-81 need to be completed and filed and a PWR Fee paid.
 - At the end of the project, the final contract price must be calculated. BOLI Form WH-40, Public Works Fee Adjustment Form, can be completed to help calculate PWR Fees paid and to determine if any additional fees are due to BOLI or owed as a refund to the public agency. Reconciled fee amounts must be a minimum of \$100 for additional payment to be required or to be eligible for refund back to the agency.

See attached BOLI Forms.



CONTRACT FEE SECTION
PREVAILING WAGE RATE UNIT
BUREAU OF LABOR AND INDUSTRIES
800 N.E. OREGON ST., #1045
PORTLAND, OR 97232-2180
PHONE: (971) 673-0852
FAX: (971) 673-0769

For Office Use Only:
Project DB #: _____

PUBLIC WORKS FEE INFORMATION FORM

For use by public agencies that have contracted with a contractor on a public works project regulated by ORS 279C.800 to 279C.870, in compliance with ORS 279C.825. Also for use by public agencies that are a party to a public works project pursuant to ORS 279C.800(6)(a)(B) or (C).

PUBLIC AGENCIES: Please complete and mail this form to BOLI at the above address, along with the public works fee of one-tenth of one percent of the contract price (contract amount x .001), payable to BOLI. **The minimum fee is \$250.00; the maximum fee is \$7,500.00.** Without the following completed information, the bureau may be unable to properly credit you for payment received.

PUBLIC AGENCY: _____ AGENCY #: _____

AGENCY CONTACT PERSON: _____ PHONE: () _____

PROJECT MANAGER NAME: _____ PHONE: () _____

MAILING ADDRESS: _____

PROJECT NAME: _____

CONTRACT NAME (if part of larger project): _____

PROJECT LOCATION: _____

PROJECT NUMBER: _____ DATE AWARDED: _____

CONTRACTOR BUSINESS NAME (DBA): _____

CONTRACTOR CCB#: _____

CONTRACT AMOUNT: _____ AMOUNT DUE: _____

Contract amount x .001

(Please duplicate this form for future use)



BUREAU OF LABOR AND INDUSTRIES
NOTICE OF PUBLIC WORKS
(For use by public agencies in complying with ORS 279C.835
for public works awarded after January 1, 2008)

NOTE: ORS 279C.835 requires that public contracting agencies include with this form a copy of the disclosure of first-tier subcontractors submitted pursuant to ORS 279C.370.

PUBLIC AGENCY INFORMATION

Agency Name: _____ Agency Number (if known): _____
Address: _____ Agency Division: _____
City, State, Zip: _____
Agency Representative: _____ Phone: _____

SECTION A: To be completed when a public agency awards a contract to a contractor for a public works project, including CM/GC projects. (See reverse for public works projects in which no public agency awards a contract to a contractor.)

CONTRACT INFORMATION:

Project Name: _____ Project Number: _____
Contract Name (if part of larger project): _____ Contract Number: _____
Project Manager Name: _____ Phone #: _____ Fax #: _____
Project Location (Street(s), City): _____ Project County: _____
Contract Amount: \$ _____ If under \$50,000, is this contract part of a larger project? YES _____ NO _____
If yes, total project amount: \$ _____
Will project use federal funds that require compliance with the Davis-Bacon Act? YES _____ NO _____
Date Contract Specifications First Advertised for Bid (if not advertised, date of RFP or first contact with contractor): _____
If CM/GC Contract, Date Contract Became a Public Works Contract (see OAR 839-025-0020(7): _____
Date Contract Awarded: _____ Date Work Expected to Begin: _____
Date Work Expected to be Complete: _____

PRIME CONTRACTOR INFORMATION:

Name: _____
Address: _____
City, State Zip: _____ Phone: _____
Construction Contractors Board Registration Number: _____
Name of Bonding Company: _____
Address: _____
Agent Name and Phone Number: _____
Bond Number: _____

Copy of first-tier subcontractors attached (see NOTE above).

THIS FORM WILL BE RETURNED TO THE PUBLIC AGENCY FOR CORRECTION AND RESUBMITTAL IF INCOMPLETE.

SECTION B: To be completed when a project is a public works pursuant to ORS 279C.800(6)(a)(B) (a project for the construction, reconstruction, major renovation or painting of a privately owned road, highway, building, structure or improvement of any type that uses funds of a private entity and \$750,000 or more of funds of a public agency) and no public agency awards a contract to a contractor.

CONTRACT INFORMATION:

Name of Project Owner: _____ Phone #: _____ Fax #: _____
Project Name: _____ Project Number: _____
Project Location (Street(s), City): _____ Project County: _____
Total Project Amount: \$ _____ Amount of Public Funds Provided for the project: \$ _____
Name(s) of Public Agency(ies) Providing Public Funds: _____
Date the public agency or agencies commit to the provision of funds for the project: _____
Will project use federal funds that require compliance with the Davis-Bacon Act? YES _____ NO _____
Date Work Expected to Begin: _____
Date Work Expected to be Complete: _____

SECTION C: To be completed when a project is a public works pursuant to ORS 279C.800(6)(a)(C) (a project for the construction of a privately owned road, highway, building, structure or improvement of any type that uses funds of a private entity and in which 25 percent or more of the square footage of the completed project will be occupied or used by a public agency) and no public agency awards a contract to a contractor.

CONTRACT INFORMATION:

Name of Project Owner: _____ Phone #: _____ Fax #: _____
Project Name: _____ Project Number: _____
Project Location (Street(s), City): _____ Project County: _____
Total Project Amount: \$ _____ Amount of Public Funds Provided for the project: \$ _____
Name(s) of Public Agency(ies) Providing Public Funds: _____
Total square footage of privately owned road, highway, building, structure or improvement: _____
Percent of total square footage of the completed project that will be occupied or used by a public agency: _____
Date the public agency or agencies entered into an agreement to occupy or use the completed project: _____
Will project use federal funds that require compliance with the Davis-Bacon Act? YES _____ NO _____
Date Work Expected to Begin: _____
Date Work Expected to be Complete: _____

THIS FORM WILL BE RETURNED TO THE PUBLIC AGENCY FOR CORRECTION AND RESUBMITTAL IF INCOMPLETE.

Signature of agency representative completing form: _____

Printed Name: _____ Phone #: _____ Date: _____

RETURN THIS COMPLETED FORM TO:
Prevailing Wage Rate Unit • Bureau of Labor and Industries • 800 NE Oregon Street, #1045 • Portland, OR 97232-2180
Telephone (971) 673-0852 • FAX (971) 673-0769



CONTRACT FEE SECTION
PREVAILING WAGE RATE UNIT
BUREAU OF LABOR AND INDUSTRIES
800 N.E. OREGON ST., #1045
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PUBLIC WORKS FEE ADJUSTMENT FORM

THIS FORM TO BE USED FOR RECONCILIATION OF FEES UPON COMPLETION OF
PUBLIC WORKS PROJECTS

(As required by ORS 279C.825 and OAR 839-025-0210)

PUBLIC AGENCIES: Complete and mail this form to BOLI at the above address after completion of the public work project and not less than 30 days after the final progress payment is made to the contractor. Public agencies are required to determine the final contract price, including all change orders or other adjustments to the original contract price, and to calculate the adjusted prevailing wage rate fee based on the revised contract price. Documentation must be included to support the final contract price. Documentation of the final contract price may consist of change orders or other contract documents substantiating the amount of the contract. The prevailing wage rate fee of one-tenth of one percent (.001) shall be applied to the final contract price, with credit taken for fees already submitted. The public agency must submit any additional fee payable to BOLI, or submit any request for refund, with this adjustment form. **NO ADDITIONAL FEE IS REQUIRED TO BE PAID, AND REFUNDS WILL NOT BE MADE, FOR RECONCILED AMOUNTS OF LESS THAN \$100.00.**

PUBLIC AGENCY: _____ AGENCY #: _____

AGENCY CONTACT PERSON: _____ PHONE: (____) _____

MAILING ADDRESS: _____

PROJECT NAME: _____

CONTRACT NAME (if part of larger project): _____

PROJECT NUMBER: _____ PROJECT LOCATION: _____

CONTRACTOR/BUSINESS NAME (DBA): _____

CONTRACTOR CCB#: _____ DATE AWARDED: _____

FINAL CONTRACT/PROJECT AMOUNT: _____ FINAL FEE DUE: _____
(Include all change orders and adjustments to the contract price) (Final Contract amount X .001)

ORIGINAL CONTRACT AMOUNT: _____ INITIAL FEE PAID: _____
(Original Contract amount X .001)

TOTAL ADJUSTMENT: _____ BALANCE DUE*: _____

or
REFUND DUE*: _____

*Final contract fee less initial fee paid

Sample Calculation:			
Final Contract Amount:	\$ 400,000.00	Final Fee Due:	\$ 400.00
Original Contract Amount:	- 300,000.00	Initial Fee Paid:	- 300.00
Total Adjustment:	\$ 100,000.00	Additional Amount Due:	\$ 100.00

(Please duplicate this form for future use)

