Alexandria Redevelopment and Housing Authority

1. Statement of Applicable Prevailing Wage Decision

The Contractor/Subcontractor acknowledges that the wages, fringe benefits, and labor classifications required for this project shall be those set forth in the U.S. Department of Labor Wage Decision identified above, including all applicable modifications in effect as of the contract award date, unless otherwise directed in writing by the Contracting Agency.

The Contractor/Subcontractor agrees to:

- Pay each laborer and mechanic no less than the rates specified in the applicable wage determination.
- Classify workers correctly according to the duties they perform.
- Request and obtain approval for any additional classifications required for proper job duty alignment using SF-1444 (or other authorized process).
- Maintain verified payrolls in accordance with the Davis-Bacon and Related Acts, 29 CFR 5.5(a), and HUD requirements.

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2. Certified Acknowledgement

By signing below, the Contractor/Subcontractor acknowledges receipt of the applicable wage determination and agrees to comply with all federal labor standards requirements applicable to this contract, including the payment of correct prevailing wages and fringe benefits.

Authorized Contractor Representative:

- Name: _____
- Title: _____
- Signature: _____ _____
- Phone: _____

Authorized Subcontractor Representative (if applicable):

- Name: _____
- Title: _____
- Signature: _____ _____
- Phone: _____

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3. Contracting Agency / Owner Verification

The Contracting Agency/Owner confirms that the above Wage Decision has been provided to the Contractor/Subcontractor and is applicable to this contract.

- Name/Title of Agency Representative: _____
- Signature: _____ _____