

APPLICATION FOR PAYMENT

To:
University City, City of
6801 Delmar Blvd
University City, MO 63130

PROJECT:
RUTH PARK
RUTH PARK

From Contractor:
Munie Greencare Professionals
1000 Milburn School Road
Caseyville, IL 62232

VIA ARCHITECT:

CONTRACT FOR:

Application No.:	Application Date:	Period To:	Contract Date:
6	OCT 18,2016	OCT 18,2016	MAR 18,2016
Project Nos:			
Distribution List:	<input type="checkbox"/> Owner	<input type="checkbox"/> Construction Mgr	
	<input type="checkbox"/> Architect	<input type="checkbox"/> Field	
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other	

Contractor's Application for Payment

Application is made for payment as shown below, with attached Continuation Sheet.

1. Original Contract Amount: \$ 346,753.99
2. Net of Change Orders: \$ -9,664.35
3. Net Amount of Contract: \$ 337,089.64
4. Total Completed & Stored to Date: \$ 329,808.75
5. Retainage Summary:
 - a. 0.00 % of Completed Work \$ 0.00
 - b. 0.00 % of Stored Material \$ 0.00

Total Retainage: \$ 0.00
6. Total Completed Less Retainage: \$ 329,808.75
7. Less Previous Applications: \$ 299,485.05

8. Current Payment Due, This Application: \$ 30,323.70

9. Contract Balance (Including Retainage): \$ 7,280.89

CHANGE ORDER Activity	Additions	Subtractions
Total previously approved:	6,635.15	-16,299.50
Total approved this Month:	0.00	0.00
Sub Totals:	6,635.15	-16,299.50
NET of Change Orders:	-9,664.35	

CONTRACTOR'S CERTIFICATION:

The Contractor's signature here certifies that, to the best of their knowledge, this document accurately reflects the work completed in this Application for Payment. The Contractor also certifies that all payments have been made for work on previous Applications for Payment and also that the Current Payment is Due.

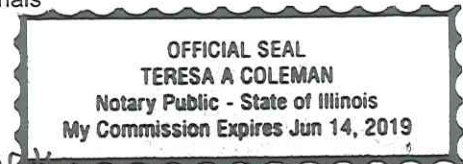
(Authorizing Signature) Courtney Munie
Munie Greencare Professionals

Date: OCT 18,2016

State Authorized: Illinois
County of: St. Clair

Subscribed and sworn to before
me this 18 day of October 2016

Notary Public: Teresa A Coleman
My Commission expires: 6-14-19



ARCHITECT'S CERTIFICATION:

The Architect's signature here certifies that, based on their own observations, the Contract Documents and the information contained herein, this document accurately reflects the work completed in this Application for Payment. The Architect also certifies the Contractor is entitled to the amount certified for payment.

AMOUNT CERTIFIED:

(Architects Signature) Date: _____

APPLICATION FOR PAYMENT - CONTINUATION SHEET

CAP703

Page 2 of 2 Pages

From:
Munie Greencare Professionals
1000 Milburn School Road
Caseyville, IL 62232

To:
University City, City of
6801 Delmar Blvd
University City, MO 63130

Project:
RUTH PARK
RUTH PARK

Application No: 6
Application Date: 10/18/2016
Period To: 10/18/2016
Contract Date: 3/18/2016
Architects Project#:

A Item No	B Description of Work	C Contract Value	D Work Completed		F Materials Presently Stored (Not In D or E)	G Total Completed and Stored To Date (D+E+F)	% (G / C)	H Balance To Finish (C - G)	I Retainage (If Variable Rate)
			From Previous Application (D + E)	This Period					
1	Mobilization, Staking, & Swpp	13,612.00	13,612.00	0.00	0.00	13,612.00	100	0.00	0.00
2	Site Grading/Berm Construction	30,680.00	30,680.00	0.00	0.00	30,680.00	100	0.00	0.00
3	Irrigation - Berm	7,680.00	7,680.00	0.00	0.00	7,680.00	100	0.00	0.00
4	Irrigation - Driving Range	72,395.00	68,775.25	0.00	0.00	68,775.25	95	3,619.75	0.00
5	Landscaping	49,983.15	24,991.58	24,991.57	0.00	49,983.15	100	0.00	0.00
6	Drainage	12,497.00	12,497.00	0.00	0.00	12,497.00	100	0.00	0.00
7	Sod - Zoysia	73,222.80	69,561.66	0.00	0.00	69,561.66	95	3,661.14	0.00
8	Sod - Fescue	47,739.69	45,352.71	2,386.98	0.00	47,739.69	100	0.00	0.00
9	Retaining Wall	35,520.00	35,520.00	0.00	0.00	35,520.00	100	0.00	0.00
10	Amended Soil	3,424.35	3,424.35	0.00	0.00	3,424.35	100	0.00	0.00
11	CO#1 Remove mulch bed Reduce Landscaping	12,875.15-	12,875.15-	0.00	0.00	12,875.15-	100	0.00	0.00
12	CO#2 Remove Amended Soil	3,424.35-	3,424.35-	0.00	0.00	3,424.35-	100	0.00	0.00
13	CO#3 Correct EvergreenQuantity	3,690.00	3,690.00	0.00	0.00	3,690.00	100	0.00	0.00
14	CO#4 Add Mulch Install To Berm	2,945.15	0.00	2,945.15	0.00	2,945.15	100	0.00	0.00
		337,089.64	299,485.05	30,323.70	0.00	329,808.75	98	7,280.89	0.00

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



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

Rev. Dec. 200

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS **1000 Milburn School Road** OMB No: 1235-008
Munie Greencare Professionals, Inc. **Caseyville, IL 62234** Expires: 1/31/2015

PAYROLL NO. **21** FOR WEEK ENDING **September 16, 2016** PROJECT AND LOCATION **Ruth Park Range & Berm, University City, MO** PROJECT OR CONTRACT NO. **Ruth Park Range and Berm**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	Su	M	Tu	W	Th	F				FED WITH HOLDING TAX	SS	MED	ST WITH HOLDING TAX	MISC DED		TOTAL DEDUCTIONS
				9/10	9/11	9/12	9/13	9/14	9/15	9/16				HOURS WORKED EACH DAY						
No hours to report		Union Laborer	O								0.00	0.00	0.00						0.00	0.00
		Union Laborer	S								0.00	0.00	0.00						0.00	0.00
		LABORER	O								0.00	0.00	0.00						0.00	0.00
		LABORER	S								0.00	0.00	0.00						0.00	0.00
		Union Laborer	O								0.00	0.00	0.00						0.00	0.00
		LABORER	S								0.00	0.00	0.00						0.00	0.00
		LABORER	O								0.00	0.00	0.00						0.00	0.00
		Union Laborer	S								0.00	0.00	0.00						0.00	0.00
		LABORER	O								0.00	0.00	0.00						0.00	0.00
		LABORER	S								0.00	0.00	0.00						0.00	0.00
		Union Laborer	O								0.00	0.00	0.00						0.00	0.00
		Union Laborer	S								0.00	0.00	0.00						0.00	0.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(y). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(x)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees 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, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date September 26, 2016

I, Erika Wright
(Name of Signatory Party)

Contract Administrator
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Munie Greencare Professionals on the
(Contractor or Subcontractor)

Ruth Park Range and Berm ; that during the payroll period commencing on the
(Building or Work)

10 day of September, and ending the 16 day of September
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

Munie Greencare Professionals 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 CFR 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. 276c) and described

(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

(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

(4) That **UNION WAGE**

(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 **PREVAILING WAGE**

- 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)

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: Other Deductions include

NAME AND TITLE Erika Wright Contract Administrator	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 231 OF TITLE 31 OF THE UNITED STATES CODE.	

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



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Rev. Dec. 200

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 1000 Milburn School Road
Munie Greencare Professionals, Inc. Caseyville, IL 62234 OMB No: 1235-008
Expires: 1/31/2015

PAYROLL NO. 22 FOR WEEK ENDING September 23, 2016 PROJECT AND LOCATION Ruth Park Range & Berm, University City, MO PROJECT OR CONTRACT NO. Ruth Park Range and Berm

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	Su	M	Tu	W	Th	F				FED WITH HOLDING TAX	SS	MED	ST WITH HOLDING TAX	MISC DED		TOTAL DEDUCTIONS
				9/17	9/18	9/19	9/20	9/21	9/22	9/23				HOURS WORKED EACH DAY						
Francisco Javier Arrambide Narvaez 000-00-0814	3	LABORER	O								0.00	66.89	1627.54							
			S			3.00	9.50	8.00	8.00	8.00	36.50	44.59								1800.19
Armando Barragan Pena 000-00-8416	3	LABORER	O								0.00	89.18	423.61							
			S				9.50				9.50	44.59								814.52
Bradley Leopard 000-00-6219	3	LABORER	O								0.00	66.89	222.95							
			S							5.00	5.00	44.59								380.20
Aron Bradley Schneider 000-00-8163	2	LABORER	O								0.00	66.89	1627.54							
			S			3.00	9.50	8.00	8.00	8.00	36.50	44.59								1793.30
		Union Laborer	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		Union Laborer	O								0.00	0.00	0.00							
			S								0.00	0.00								

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction on project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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Date September 30, 2016

I, Erika Wright
(Name of Signatory Party)

Contract Administrator
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Munie Greencare Professionals on the
(Contractor or Subcontractor)

Ruth Park Range and Berm ; that during the payroll period commencing on the
(Building or Work)

17 day of September, and ending the 23 day of September
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

Munie Greencare Professionals 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 CFR 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. 276c) and described

(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

(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

(4) That **UNION WAGE**

(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

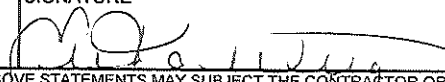
PREVAILING WAGE

- 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)

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: Other Deductions include

NAME AND TITLE Erika Wright Contract Administrator	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 231 OF TITLE 31 OF THE UNITED STATES CODE.	

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



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Rev. Dec. 200

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS **1000 Milburn School Road** OMB No: 1235-008
Munie Greencare Professionals, Inc. **Caseyville, IL 62234** Expires: 1/31/2015

PAYROLL NO. **23** FOR WEEK ENDING **September 30, 2016** PROJECT AND LOCATION **Ruth Park Range & Berm, University City, MO** PROJECT OR CONTRACT NO. **Ruth Park Range and Berm**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	Su	M	Tu	W	Th	F				FED WITH HOLDING TAX	SS	MED	ST WITH HOLDING TAX	MISC DED		TOTAL DEDUCTIONS
				9/24	9/25	9/26	9/27	9/28	9/29	9/30				HOURS WORKED EACH DAY						
Francisco Javier Arrambide Narvaez 000-00-0814	3	LABORER	O						10.50	10.50	66.89	2485.89								
			S			8.00	8.50	9.50	14.00		40.00	44.59	2873.22	456.14	178.14	41.66	146.79	17.84	840.57	2032.65
Armando Barragan Pena 000-00-8416	3	LABORER	O							0.00	89.18	178.36								
			S					4.00			4.00	44.59	670.26	27.22	41.55	9.72	19.00	1.78	99.27	570.99
Patrick Shawn Cox 000-00-1761	0	LABORER	O							0.00	66.89	100.33								
			S					2.25			2.25	44.59	885.65	51.93	47.27	11.05	44.84	256.86	411.95	473.70
Manuel Diaz Elias 000-00-1686	4	LABORER	O							0.00	66.89	334.43								
			S						7.50		7.50	44.59	1036.44	65.30	63.87	14.94	34.94	83.59	262.64	773.80
Hector Mario Gutierrez Juarez 000-00-8882	2	LABORER	O							0.00	66.89	512.79								
			S					4.00	7.50		11.50	44.59	1249.25	181.23	77.45	18.11	44.70	5.13	326.62	922.63
Daniel Rodney Hocher 000-00-4545	0	LABORER	O							0.00	66.89	412.46								
			S						9.25		9.25	44.59	1277.03	160.74	79.17	18.52	34.42	4.12	296.97	980.06
Bradley P Leopard 000-00-6219	3	LABORER	O							0.00	66.89	111.48								
			S					2.50			2.50	44.59	417.48	0.00	16.80	3.93	1.00	191.99	213.72	203.76
Jose Antonio Perez Rodriguez 000-00-7603	5	LABORER	O							0.00	66.89	334.43								
			S						7.50		7.50	44.59	1129.27	94.63	69.63	16.29	36.38	9.58	226.51	902.76

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Date October 7, 2016

I, Erika Wright
(Name of Signatory Party)

Contract Administrator
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by
Munie Greencare Professionals on the
(Contractor or Subcontractor)

Ruth Park Range and Berm; that during the payroll period commencing on the
(Building or Work)

24 day of September, and ending the 30 day of September
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

Munie Greencare Professionals 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 CFR 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. 276c) and described

(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

(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

(4) That: **UNION WAGE**

(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 **PREVAILING WAGE**
 - 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)

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: Other Deductions include

NAME AND TITLE Erika Wright Contract Administrator	SIGNATURE <i>Erika Wright</i>
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 231 OF TITLE 31 OF THE UNITED STATES CODE.	

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



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Rev. Dec. 200

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS **1000 Milburn School Road** OMB No: 1235-008
Munie Outdoor Services, Inc. DBA Munie Greencare Professionals, Inc. **Caseyville, IL 62234** Expires: 1/31/2015

PAYROLL NO. **23** FOR WEEK ENDING **September 30, 2016** PROJECT AND LOCATION **Ruth Park Range & Berm, University City, MO** PROJECT OR CONTRACT NO. **Ruth Park Range and Berm**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				Su	M	Tu	W	Th	F	S				FED WITH HOLDING TAX	SS	MED	ST WITH HOLDING TAX	MISC DED		TOTAL DEDUCTIONS
				9/24	9/25	9/26	9/27	9/28	9/29	9/30				HOURS WORKED EACH DAY						
Alejandro Regalado Vazquez 000-00-3859	2	LABORER	O								0.00	66.89	334.43							
			S							7.50	7.50	44.59								
Aron Bradley Schneider 000-00-8163	2	LABORER	O			4.00					4.00	66.89	2051.14							
			S			4.00	8.50	9.50	10.50	7.50	40.00	44.59								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								
		LABORER	O								0.00	0.00	0.00							
			S								0.00	0.00								

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees 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, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date October 7, 2016

I, Erika Wright
(Name of Signatory Party)

Contract Administrator

(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Munie Greencare Professionals

on the

(Contractor or Subcontractor)

Ruth Park Range and Berm

(Building or Work)

; that during the payroll period commencing on the

24 day of September, and ending the 30 day of September

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

Munie Greencare Professionals

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 CFR 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. 276c) and described

(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

(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

(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

PREVAILING WAGE

- 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)

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS: Other Deductions include

NAME AND TITLE

Erika Wright
Contract Administrator

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 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

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



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

Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 1000 Milburn School Road
Munie Greencare Professionals, Inc. Caseyville, IL 62234 OMB No: 1235-008
Expires: 1/31/2015

PAYROLL NO. 24 FOR WEEK ENDING October 7, 2016 PROJECT AND LOCATION Ruth Park Range & Berm, University City, MO PROJECT OR CONTRACT NO. Ruth Park Range and Berm

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				S	Su	M	Tu	W	Th	F				FED WITH HOLDING TAX	SS	MED	ST WITH HOLDING TAX	MISC DED		TOTAL DEDUCTIONS
				10/1	10/2	10/3	10/4	10/5	10/6	10/7				HOURS WORKED EACH DAY						
Francisco Javier Arrambide Narvaez 000-00-0814	3	LABORER	O			0.00					0.00	66.89	356.72							
			S			8.00						8.00	44.59	1223.23	105.94	75.84	17.73	46.82	3.57	249.90
Aron Bradley Schneider 000-00-8163	2	LABORER	O			0.00					0.00	66.89	356.72							
			S			8.00						8.00	44.59	935.32	101.19	57.61	13.47	35.15	9.79	217.21
Claude Richard Adams 000-00-1342	2	LABORER	O			0.00					0.00	66.89	356.72							
			S			8.00						8.00	44.59	957.97	108.41	59.39	13.89	32.79	0.00	214.48
			O								0.00	0.00	0.00							
			S								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			O								0.00	0.00	0.00							
			S								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			O								0.00	0.00	0.00							
			S								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			O								0.00	0.00	0.00							
			S								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees 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, ESA, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date October 14, 2016

I, Erika Wright
(Name of Signatory Party)

Contract Administrator
(Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Munie Greencare Professionals on the
(Contractor or Subcontractor)

Ruth Park Range and Berm ; that during the payroll period commencing on the
(Building or Work)

1 day of October, and ending the 7 October

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

Munie Greencare Professionals 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 CFR 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. 276c). 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

(4) That: **UNION WAGE**

(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

PREVAILING WAGE

- 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

REMARKS: Other Deductions include

NAME AND TITLE

Erika Wright
Contract Administrator

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 231 OF TITLE 31 OF THE UNITED STATES CODE.