

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF STATE FINANCIAL ASSISTANCE**

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STATEMENT OF ASSURANCES RELATING TO
STATE PREVAILING WAGE COMPLIANCE

Project Name: _____ HCD Contract Number: _____

DIR Project ID: _____ Construction Start Date: _____

Pursuant to the requirements of Health and Safety Code, section 50675.4, subdivision (c)(2) (substituting "loan" for "grant" where it appears therein), Borrower and contractor hereby assure and certify as follows:

1. The Grantee, as the body awarding the contract, shall perform the duties associated with the "awarding body" that are enumerated in the Labor Code, Sections 1720, et seq. Duties include obtaining, the prevailing wage rate in the locality for each covered worker from the Director of the Department of Industrial Relations. The Grantee shall insure that the general construction contractor will maintain labor records as required by the Labor Code and shall require such records be made available to any enforcement agency upon request.

2. The general contractor and all sub tier subcontractors shall pay laborers, mechanics, and all other construction workers associated with the Project at least the state prevailing wages, in accordance with the requirements of Chapter 1 (commencing with Section 1720) of the Labor Code, for all construction work. The construction contract provides sufficient funds to comply with this requirement. The Grantee shall also ensure that the construction contract for the development of the Project (or, if the project is receiving funding from the federal Section 811 program, a side agreement to the construction contract) contains language-requiring payment of at least the state prevailing wages pursuant to Section 1720 of the Labor Code.

3. If the project is also subject to federal prevailing wage rates, then the higher of the two wage rates will be paid.

4. The undersigned acknowledge that the release of grant funds by the Department of Housing and Community Development is expressly made upon reliance to the representations made in these assurances and certification.

HOMEKEY GRANTEE:

GENERAL CONTRACTOR:
Submit one certification for each general contractor

By:

By:

Name: _____

Name: _____

Title: _____

Title: _____

Date Signed:

License #:

Date Signed: