

EXHIBIT I- PROJECT COMPLIANCE REQUIREMENTS AND DOCUMENTATION

Project: Sherwin Williams HQ Tower Millwork CP06B

The requirements listed below are **MANDATORY** for all subcontractors and lower tier subcontractors.

Fillable forms are attached for your use per section.

1. Certified Payroll (Weekly Reporting)

A. Initial Set-Up Sheet

1. All subcontractors are required to submit weekly certified payrolls into the LCPtracker reporting system (Electronic Certified Payroll Reporting System) as soon as you are set up by Marous Brothers Construction.
2. All requested information on the initial setup sheet (included in this exhibit), must be completed in its entirety. The information is needed for setup. This applies to all lower tier subcontractors and/or suppliers.

2. Apprenticeship Certificates

- A. If there are any apprentices reported on certified payrolls, an Apprenticeship Certificate for that individual must be uploaded into LCPtracker.

3. OCIP Wrap Up Reporting

- A. Payroll reports should be sent to tpolachek@marousbrothers.com within two weeks following the end of the prior month, no later than the 7th of each month (this allows MBC 3 days to review and submit by the 10th).

4. Daily Sign-In / Sign-Out Sheets (Weekly Reporting)

- A. Subcontractors must complete an *Employee Daily Sign-In / Sign-Out* sheet on a daily basis.
- B. Daily Sign-In / Sign-Out Sheets are to be submitted weekly via email to Diana Correa at tpolachek@marousbrothers.com. Keep a copy for your records. If not received, your payroll will not be reviewed.

5. B2Gnow Payment Confirmation (Monthly Reporting)

- A. All subcontractors, lower tier subcontractors, and suppliers on the project must confirm payments received on the project monthly.
- B. If you have lower tier subcontractors/suppliers, you are responsible to enter all payments made to them and ensure that they confirm the payments that you reported. The monthly audits cannot be closed until this is done.

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6. Project Diversity Requirements

A. *Contractual*

- 1) 15% MBE
- 2) 7% FBE
- 3) 8% CSB
- 4) 90% Northeast Ohio Requirement

B. *Work Force*

- 1) 90% NEO Residence
- 2) 16% Minority
- 3) 7% Female

Please submit payrolls weekly so that we can review and advise of any issues requiring correction before we submit our monthly billing. If the subcontractor or any of the lower tier subcontractors do not submit all required documents in a timely manner, we may opt to pull them from the monthly billing until all required documents are submitted.

Please direct any questions regarding Compliance requirements to: Tabitha Polachek, Compliance Manager
tpolachek@marousbrothers.com
440-391-5596

EXHIBIT I
INITIAL SET-UP SHEET

Company name: _____

Subcontractor to: _____

Federal tax ID number: _____

Elations ID number: _____

LCP Tracker ID number: _____

Project name: _____ Contract amount: _____

Union/non-union: _____ Telephone number: _____

Check all CERTIFICATIONS that apply: CSB FBE MBE SECTION 3 Other: _____

Owner's race and gender: _____

Company address, city, state, zip (NO PO BOX NUMBERS):

Compliance contact name and email: (login information will be sent to this address)

Brief work description/Scope of Work:

Award date

Work start date

Work end date

**The Sherwin-Williams Company
Headquarters Project**

Wrap Up Monthly Payroll Report Form

This form should be completed by the 7th of the month

Subcontractor/ Lower-Tier Subcontractor Information

Company Name: _____
 Sub Of: _____ Final Payroll: Y/N
 Payroll Month _____ Year 20____ Contract # _____
 (if applicable) _____

Classification	Class Code	On-Site Payroll Amount	On-Site Hours

- ❖ Earnings for overtime should be included only at straight time hourly rates. Overtime HOURS should be shown but do not include the extra wages paid for Overtime hours.
- ❖ On-Site Payroll \$: should only include the unburdened wages (the same as your "normal" insurance payroll reporting).

I CERTIFY THAT THE INFORMATION REPORTED ABOVE IS TRUE, ACCURATE AND COMPLETE. NOT REPORTING PAYROLL INFORMATION COULD AFFECT YOUR EXPERIENCE MODIFICATION RATING WITH THE APPLICABLE WORKERS' COMPENSATION INSURANCE RATING BUREAU(s).

 Signature Date

 Printed Name Title

Please email completed forms by the 7th of the month to Tabitha Polachek at tpolachek@maruosbrothers.com