EXHIBIT I - PROJECT COMPLIANCE REQUIREMENTS AND DOCUMENTATION

Project: 23128-01 – BELLE OAKS LEASING CENTER

The requirements listed below are **MANDATORY** for all subcontractors and lower tier subcontractors. Fillable forms are attached for your use per section.

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

- A. All 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 Tabitha Polachek at: <u>tpolachek@marousbrothers.com</u>. Keep a copy for your records. If not received, your payroll will not be reviewed.

2. Monthly Contract Diversity & Workforce Diversity Participation

- A. Complete entire form and submit monthly. If you have any sub-tiers, they will need to complete the report as well.
- B. Sign and return to me by the 30^{th} of each month.
- C. A late Diversity Report will lead to a delay in payment.
- D. A PDF examples are attached. Excel version will be emailed out once contract fully executed. The form can also be found at www.MarousBrothers.com, go to Contact at the top of the page and click on Subcontractor Resources and look for job number 23128-01 – BELLE OAKS LEASING CENTER

3. **Ouarterly Best Efforts**

- A. Complete entire form and submit quarterly. If you have any sub-tiers, they will need to the complete the report at well.
- B. They are due no later than ten (10) days after the quarter has ended.
- C. A late Quarterly Best Efforts will lead to a delay in payment.
- D. A PDF example is attached. Fillable PDF version will be emailed out once contract fully executed. The form can also be found at <u>www.MarousBrothers.com</u>, go to contact at the top of the page and click on Subcontractor Resources and look for job number 23128-01 BELLE OAKS LEASING CENTER.

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 or Billing to:

Tabitha Polachek, Compliance Mgr. 440-391-5596 tpolachek@marousbrothers.com



Monthly Workforce Diversity Participation Affidavit

S concincerion							
			BELLE OAKS				
	Contract Name		LEASING CENTER		Trade Contractor		
	Contract Number				Period Ending		
	Original		Approved Changes	Current	_		
Total Contract Amount			\$-				Through Dou Ann #
Total Labor Hours			0			1	
Workforce Participation HOURS			Minority	Female	Cuyahoga County	City of Richmond H	ts Low Income
GOALS			16%	5%	25%	20%	4%
					•		
Workforce Summary			Previous Hrs	Hrs This Period	Total Hrs to Date	% of Total Expended Hours	Diversity Hours Remaining
Total Hours							
	Commited Hrs	%	Previous Hrs	Hrs This Period			
Minority	0	16.0%			0	0.00%	0
Female	0	5.0%			0	0.00%	0
Cuyahoga County	0	25.0%			0	0.00%	0
City of Richmond Hts	0	20.0%			0	0.00%	0
Low Income	0	4.0%			0	0.00%	0
HOUR SUBTOTALS			0	0	0	0.00%	% Total Diverse Hours This Period
						0.00%	% Total Diverse Hours Overall

I hereby certify, under penalties of perjury, that the facts, information, and representations set forth above are true and accurate to the best of my knowledge, information and belief.

ontractor	Address
gnature, Duty Authorized Agent of Contractor	Printed Name and Title
ate of	(City)(County)of
n this day of,, appeared before me presentations set forth in the foregoing MBE/FBE Participation Affidavit, ae true and	and he/she made an oath in due form of law that the facts, information and d accurate to the best of his/her knowledge, information and belief.

My commission expires

Monthly Contractual Diversity Participation Affidavit



ECONOMIC PARTICIPATION

OWNER M/WBE/SBE REQUIREMNT	MBE 15%	WBE 7%	CSB 8%	
				-
	CONTRACTOR / SUPPLIER	TYPE MBE / WBE / CSB	CONTRACT AMOUNT	PAID TO DATE
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
			\$-	\$-
		DIVERSITY TOTAL	\$-	\$-

I hereby certify, under penalties of perjury, that the facts, information, and representations set forth above are true and accurate to the best of by knowledge, information and belief.

Address

Signature, Duty Authorized Agent of Contractor

State of

Printed Name and Title (City)(County)of

On this day ___, appeared before me _and he/she made an oath in due form of law that the facts, of information and representations set forth in the foregoing MBE/FBE Participation Affidavit, ae true and accurate to the best of his/her knowledge, information and belief.

Notary Public

My commission expires