

MONOKO, LLC

1037 Peninsula Avenue

Tarpon Springs, FL 34689-2125

E-mail Address: MonokoLLC@aol.com

(727) 940-3244

(727) 279-8795 Fax

Submittal No.: 11, Painter Wage Rate Request (Form 112)

Date: April 17, 2015

Vermont Department of Transportation

Northeast Regional Construction Office

Attn: Mr. Ron Gray

347 Emerson Falls Road, Suite 5

St. Johnsbury, VT 05819

(Phone) (802) 751-3295; (Cell) (802) 793-3161

(Fax) (802) 751-3297; Ron.Gray@state.vt.us

Description: Proposal/Contract Number: Bradford-Newbury IM BPNT (14)

Letting Date: 10/10/14; Award Date: 11/03/14

Project Description: Bridge Painting of Five Bridges

In the Towns of Bradford & Newbury, VT

Contract Amount: \$4,327,785.00; Completion Date: 08/26/16

Contractor: MONOKO, LLC

Reviewed & Approved By: *Keri Monokandilos*

Keri Monokandilos, Manager

Date: 04/17/2015

Engineer: Peter Hodgson, Resident Engineer

347 Emerson Falls Road, Suite 5

St. Johnsbury, VT 05819

802-748-2447; 802-793-1878 cell

pete.hodgson@state.vt.us

Mark.Sargent@state.vt.us

Revision:

MONOKO, LLC.

1037 Peninsula Avenue
Tarpon Springs, FL 34689-2125
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April 13, 2015

State of Vermont
Northeast Regional Construction Office
347 Emerson Falls Road, Suite 5
St. Johnsbury, VT 05819
(802) 748-2447; (802) 793-1878 cell
Pete.Hodgson@state.vt.us

Attn: Mr. Pete Hodgson, Resident Engineer
Re: Bradford-Newbury IM BPNT(14)
 Bridge Painting of Ten Bridges @ 5 Locations
Subject: SF-1444, Request for Authorization of Addt'l Classification & Rate

Dear Mr. Hodgson,

The Federal Wage Rates as listed in the contract do not have listed a classification for Bridge Painter. I have filled out form SF-1444, requesting authorization to use a rate. The rate I am requesting exceeds the State Wage as listed in the contract. The form requires your approval & signature & submittal.

Thank you for your review of the same.

Sincerely,

Keri Monokandilos

Keri Monokandilos
Manager, Monoko, LLC

Enc.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE

CHECK APPROPRIATE BOX
 SERVICE CONTRACT
 CONSTRUCTION CONTRACT

OMB Number: 9000-0089
 Expiration Date: 9/30/2017

PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0089, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.

INSTRUCTIONS: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPPLICATE, TO THE CONTRACTING OFFICER.

1. **TO:** ADMINISTRATOR,
WAGE AND HOUR DIVISION
U.S. DEPARTMENT OF LABOR
WASHINGTON, DC 20210

2. **FROM:** (REPORTING OFFICE)

3. **CONTRACTOR**
MONOKO, LLC

4. **DATE OF REQUEST**
04/17/2015

5. CONTRACT NUMBER IM BPNT (14)	6. DATE BID OPENED (SEALED BIDDING) 10/10/2014	7. DATE OF AWARD 11/03/2014	8. DATE CONTRACT WORK STARTED 05/01/2015	9. DATE OPTION EXERCISED (IF APPLICABLE) (SERVICE CONTRACT ONLY)
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10. **SUBCONTRACTOR (IF ANY)**
N/A

11. **PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)**
Construction: Bridge Paint

12. **LOCATION (CITY, COUNTY AND STATE)**
City of Bradford & Newbury, Orange County, Vermont

13. **IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION**

NUMBER: _____ DATED: 01/03/2014

a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (Service contracts only) <small>(Use reverse or attach additional sheets, if necessary)</small>	b. WAGE RATE(S)	c. FRINGE BENEFITS PAYMENTS
Blaster/Painter	20.00	

14. **SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)**

15. **SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE**

N/A

Keri Monokandilos, Manager *Keri Monokandilos*

16. **SIGNATURE OF EMPLOYEE OR REPRESENTATIVE** *[Signature]*

TITLE: Blaster/Painter

CHECK APPROPRIATE BOX-REFERENCING BLOCK 13.
 AGREE DISAGREE

TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SERVICE CONTRACT LABOR STANDARDS) OR FAR 22.406-3 (CONSTRUCTION WAGE RATE REQUIREMENTS))

- THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.
- THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.
(Send 3 copies to the Department of Labor)

SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE

TITLE AND COMMERCIAL TELEPHONE NUMBER

DATE SUBMITTED