

# Mini-Grant Subaward Agreement

<b>Pass-Through Entity (PTE):</b> The Pennsylvania State University	<b>Subrecipient:</b>
<b>PTE Project Director:</b> Tanna Pugh	<b>Subrecipient Project Director:</b>
<b>PTE Award No:</b> 291342	<b>Subaward No.:</b>
<b>Awarding Agency:</b> COP: Department of Environmental Protection (Federal Awarding Agency: U.S. Environmental Protection Agency)	<b>Reporting Requirements:</b> See Attachment 5
<b>Subaward Period of Performance:</b>  *Period of Performance End Date or submission of Final Invoice, whichever occurs first, shall constitute Subrecipient's completion of the project.	<b>Amount Funded:</b>
	<b>Cost Sharing Amount:</b>
<b>Project Title:</b> Reducing Industrial Sector Emissions in Pennsylvania (RISE PA) Program	
<b>Terms and Conditions</b>	
<p>1) PTE hereby awards a cost-reimbursable Subaward to Subrecipient. The Statement of Work and Budget for this Subaward are as shown in Attachment 3. In its performance of Subaward work, Subrecipient shall be an independent entity and not an employee or agent of the PTE.</p> <p>2) Amount Funded shall be paid by PTE to Subrecipient in accordance with the Invoice included as Attachment 4-A within thirty (30) days upon receipt of Final Invoice. This invoice will include cumulative costs incurred by expenditure category (including cumulative cost sharing report included as Attachment 4-B), marked "FINAL". The final statement of costs shall constitute Subrecipient's Final Financial Report and the completion of the project.</p> <p>3) Period of Performance End Date or submission of a Final Invoice, whichever occurs first, shall constitute Subrecipient's completion of the project. Subrecipient shall be reimbursed for costs incurred at completion of the project. Final Invoice must be submitted to PTE's Financial Contact, at the invoice email address as shown in Attachment 2-A.</p> <p>4) Payment shall be contingent upon the Subrecipient's submission of all required supporting documentation, including zero-dollar invoices showing the completion of work, photographs of the installed equipment, details on the operability of the equipment, and adequate proof of payment documentation.</p> <p>5) For matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director.</p> <p>6) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.</p> <p>7) Either party may terminate this agreement with thirty (30) days written notice to the appropriate party's Administrative Contact, as shown in Attachment 2.</p> <p>8) No-cost extensions require written approval of PTE. Any requests for a no-cost extension shall be directed to the PTE's Financial Contact shown in Attachment 2-A, not less than sixty (60) days prior to the desired effective date of the requested change.</p> <p>9) By signing this Subaward, including the attachments hereto which are hereby incorporated by reference, Subrecipient certifies that it will perform in accordance with the terms and conditions of this Subaward and the applicable terms of the Federal Award (<a href="https://penntap.psu.edu/grants-and-rebates/rise-pa/">https://penntap.psu.edu/grants-and-rebates/rise-pa/</a>) and other special terms and conditions, as identified in Attachment 1.</p>	
<b>By an Authorized Official of Pass-Through Entity:</b>  <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span>Name:</span> <span>Date:</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Title:</span> <span></span> </div>	<b>By an Authorized Official of Subrecipient:</b>  <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span>Name:</span> <span>Date:</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Title:</span> <span></span> </div>

**Attachment 1**  
**Mini-Grant Subaward Agreement**  
**Certifications and Assurances**  
**Special Terms and Conditions**

By signing the Subaward Agreement, the authorized official of Subrecipient certifies, to the best of his/her knowledge and belief, that:

**Certification Regarding Lobbying**

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.

3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all collaborators shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Debarment, Suspension, and Other Responsibility Matters**

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

**Audit and Access to Records**

Subrecipient certifies by signing this Subaward Agreement that it complies with the Uniform Guidance, will provide notice of the completion of required audits and any adverse findings which impact this subaward as required by parts 200.501-200.521, and will provide access to records as required by parts 200.336, 200.337, and 200.201 as applicable.

**Special terms and conditions**

**Copyrights**

Subrecipient grants to PTE an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

**Data Rights**

Subrecipient grants to PTE the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

**Export Controls**

Both parties are subject to applicable U.S. export laws and regulations. Subrecipient shall identify any export controlled information or materials as such prior to providing such information or materials to PTE. PTE shall have the right to limit or decline receipt of said export controlled information or materials.

## Attachment 2A

### Mini-Grant Subaward Agreement Pass-Through Entity (PTE) Contacts

Subaward Number:

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#### PTE Information

Entity Name:

Legal Address:

Website:

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#### PTE Contacts

Central Email:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

COI Contact email (if different to above):

Financial Contact Name:

Email:

Telephone Number:

Email invoices?      Yes      No      Invoice email (if different):

Authorized Official Name:

Email:

Telephone Number:

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#### PI Address:

Administrative Address:

Invoice Address:

## Attachment 2-B

### Subrecipient Contacts

Subaward Number:

#### Subrecipient Information for [FFATA](#) reporting

Entity's UEI Name:

EIN No.:

Institution Type:

UEI:

Currently registered in SAM.gov: Yes No

Exempt from reporting executive compensation: Yes No *(if no, complete 3Bpg2)*

Parent UEI:

*This section for U.S. Entities:* Zip Code [Look-up](#)

Place of Performance Address

Congressional District: Zip Code+4:

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#### Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

Financial Contact Name:

Email:

Telephone Number:

Invoice Email:

Authorized Official Name:

Email:

Telephone Number:

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**Legal Address:**

**Administrative Address:**

**Payment Address:**

**Attachment 2B-2**  
**Highest Compensated Officers**

Subaward Number:

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**Subrecipient:**

Institution Name:

PI Name:

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**Highest Compensated Officers**

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

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Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

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**Attachment 3**  
**Mini-Grant Subaward Agreement**  
**Statement of Work and Budget**

**Attachment 4**  
**Mini-Grant Subaward Agreement**  
**Financial Documentation**

SAMPLE INVOICE

INVOICE NO:  
DATE:

Interim X Final

Subrecipient Phone #:

Subrecipient Fax:

Subrecipient EIN:

INVOICE PERIOD:

Total Period of Performance

Subagreement #:

SEND TO: osvpr-subawards@psu.edu

EXPENDITURE CATEGORY	CURRENT		CUMULATIVE	
	Expenses	Cost Sharing	Expenses	Cost Sharing
Salaries & Wages	\$	\$	\$	\$
Fringe	\$	\$	\$	\$
Materials and Supplies	\$	\$	\$	\$
Capital Equipment	\$	\$	\$	\$
Contractual	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Totals	\$0.00	\$0.00	\$0.00	\$0.00

Please Pay this  
amount

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

Signature

Name

Title

Date

Make all checks payable to: (Subcontractor Name)



Mini-Grant Subaward Agreement  
Contributions to Project

Period Covered by this Cost Share report \_\_\_\_\_ to \_\_\_\_\_

EXPENDITURES		BUDGETED	CURRENT	CUMULATIVE
Salaries & Wages				
Fringe				
Materials and Supples				
Capital Equipment				
Contractual				
Other (Specify)				
TOTAL CONTRIBUTIONS				

CERTIFICATION:

*By signing this invoice, I certify that the funds contributed to this PTE project or projects listed above were expended, and do not and will not duplicate any requests for reimbursement of costs or services from the PTE. I also certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.*

\_\_\_\_\_  
Signature of Authorized Officer

## **Attachment 5**

### **Mini-Grant Subaward Agreement**

### **Reporting Requirements**

The Pennsylvania Department of Environmental Protection (DEP) is required to submit certain metrics to the U.S. Environmental Protection Agency (EPA) in a semi-annual report. PTE is responsible for reporting the SAT related metrics to DEP for their reporting. Subrecipient shall, in turn, provide all required SAT-related metrics to PTE to enable PTE's compliance with its reporting responsibilities. Portions of these reports may be made publicly available and thus should not contain Confidential Business Information (CBI). Information included in this document can be similar to that in the primary grant application but must not include CBI.

- 1) Project description
- 2) Description of how the project will enhance job quality.
- 3) Expected impact on Greenhouse Gas (GHG) and co-pollutant emissions.
- 4) Expected impact on energy reductions.
- 5) Description of community engagement.
- 6) Quantify benefits to Low-income and Disadvantaged Communities (LIDACs).
  - a. In addition to GHG emission reductions, examples of priority benefits include: reductions in co-pollutants, creation of high-quality jobs and workforce development opportunities, increased public awareness and community capacity building, improved access to services and amenities, decreased energy costs and improved energy security, and reduced noise pollution.
- 7) Estimate the proportion of total benefits occurring in identified LIDACs. Benefits should be reported by census tract.

#### **Subrecipient is required to submit a Measuring, Monitoring, and Verification (MMV) Narrative**

- 1) Provide an MMV Narrative that includes a description of the MMV actions that will be employed to establish the energy, GHG and co-pollutant emissions baseline before project work commences and verify the actual energy savings and emissions reduced after project completion. Include a description of the data the Applicant plans to collect and track.
  - a) Identify significant changes in future related operations and maintenance costs.
  - b) Describe explicitly how outcomes will be measured. Refer to [Appendix A: GHG Emission Calculation Guidance](#).

This is the method and means for collecting information and reporting the required follow-up information 13 months after the period of performance is complete. If included in the Technical Assessment Report, this must be clearly indicated.

#### **Reporting Requirements for Fair Labor Bonus (FLB) Recipients**

- 1) Subrecipients who are FLB Applicants must submit the provided form for each Commonwealth Workforce Transformation Program (CWTP) Trainee including: the CWTP Trainee name, training plan, and a self attestation, supporting that the CWTP Trainee complies with the CWTP Trainee eligibility requirements as specified in the Eligible CWTP Trainees section. This attestation requires CWTP Trainees to identify that they meet one or more of the eligibility criteria. Additionally, once the CWTP Trainees are identified, the CWTP will follow up with a more in-depth survey. The FLB Applicant is responsible for ensuring that the CWTP Trainees fills out this required form. FLB Applicants will not receive incentives if CWTP Trainees do not submit the information required to demonstrate they meet the eligibility criteria outlined in the Eligible CWTP Trainees section. The contractor must submit the on-the-job training plan, and the plan must be approved by the PTE, RISE PA and CWTP prior to the commencement of the CWTP Trainees training. Only after the CWTP Trainee has begun training under the approved plan is the contractor eligible to begin submitting for reimbursement to cover the cost of the training.
- 2) Note that the number of CWTP Trainees for whom eligibility verification documentation is submitted must align with the required number based on the Applicant's Total Project Cost.
- 3) Once awarded a RISE PA Subaward and FLB, the Subrecipient must submit additional employee attestations if further CWTP Trainees are identified over the period of performance.

- 4) Once approved, the Subrecipient should provide each CWTP Trainee with the outline of the training program they will follow, and a sample certification they will receive if they complete training. The certificate should indicate the type and length of the training.
- 5) Hours of training completed prior to approval of the enrollment will not count toward the completion of training. Unions are also required to include their training program outlines with every new CWTP employee submission.
- 6) Subrecipients are to provide for the maintenance of all records and furnish required reports documenting the trainee's performance, including for trainees performing work under subcontractors.
- 7) CWTP Trainees should not receive preferential treatment when administering work rules, however, counseling should be given prior to their termination. Issues with a trainee's performance and/or attitude should also be documented on the CWTP Quarterly Training Report.
- 8) **CWTP Trainee Quarterly Evaluation**
  - a. Subrecipients awarded the FLB must submit a quarterly update to PTE and DEP for the duration of the grant period for each CWTP Trainee employed on the project. Provide the number of hours trained, projects where training occurred, what meaningful training was provided/planned, and how CWTP Trainee progressed. The CWTP Trainee will sign each quarterly update to attest to the training received. Hours must correspond to the certified payrolls.

### **Records and Inspection**

Subrecipient is expected to retain documentation of employment and wage payments on projects receiving RISE PA award such as certified payroll records. Additional reporting will be required during the period of performance to ensure the commitments made in the FLB are being upheld. This ongoing reporting will include, but is not limited to the following reports:

### **Good Neighbor Agreement (GNA) Ongoing Reporting**

Subrecipient must submit a copy of the executed GNA to PTE/RISE PA. Subrecipient must also submit the Quarterly GNA Evaluation for the duration of the grant period. The Quarterly GNA Evaluation must provide an update on the actions that the Subrecipient has taken to date on ensuring access to jobs and business opportunities for local residents and investments made to date in training for local workers. The Subrecipient must also provide certified payrolls in a manner prescribed by DEP to demonstrate that they construction workers are being paid wages and benefits above the prevailing wage rates for construction and hourly (non-construction) workers are being paid above average wages and benefits as specified in the executed GNA.

### **Collective Bargaining Commitments Ongoing Reporting**

To ensure compliance with the provisions above, and receive the Fair Labor Bonus

- 1) Subrecipient shall provide the PTE with [FORM LM-10 reports](#), required under [LMRDA section 203\(a\)](#), on which employers must report certain expenditures and activities, including any expenditure where an object thereof, directly or indirectly, is to interfere with, restrain, or coerce employees in the exercise of their collective bargaining rights, or to obtain information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer. The FORM LM-10 report must be filed electronically using the U.S. Department of Labor's Office of Labor-Management Standards Electronic Forms System, which can be found here: <https://www.dol.gov/agencies/olms/reports/electronic-filing>
- 2) Further, the employer must report, on Form LM-10, any agreement or arrangement with a third-party consultant to persuade employees as to their collective bargaining rights or to obtain certain information concerning the activities of employees or a labor organization in connection with a labor dispute involving the employer. (For more detail on Employer and Consultant reporting related to collective bargaining rights required by the U.S. Department of Labor, [https://www.dol.gov/agencies/olms/compliance-assistance/employer-consultant-reporting#:~:text=Under%20LMRDA%20section%20203\(a,collective%20bargaining%20rights%2C%20or%20to.](https://www.dol.gov/agencies/olms/compliance-assistance/employer-consultant-reporting#:~:text=Under%20LMRDA%20section%20203(a,collective%20bargaining%20rights%2C%20or%20to.)) These FORM LM-10 reports would be accessible to members of the public who file right-to-know requests.
- 3) Subrecipient shall list and provide letters of support from any unions supporting the project which include their testimony to the employers' abiding by any these commitments that those unions believe they have the knowledge required to so testify.

# RISE PA CWTP REPORTING FORM

## Project Information

Project Name		Grantee Name	
Award Track:	<input type="checkbox"/> Small-scale	Work Site Address	
	<input type="checkbox"/> Medium-scale	County	Municipality
	<input type="checkbox"/> Large-scale		

## Contractor Information

Training Provider's Name	Telephone Number	Email Address
Project Manager Name	Telephone Number	Email Address
Check one: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Subcontractor	If a subcontractor, include prime contractor's name:	

## CWTP Trainee Information

First Name	M.I.	Last Name	Email
Street Address			Apt./Unit Number
City	State	Zip Code	Telephone/Cell Phone Number
What is the CWTP Trainee's current work classification (e.g. first-year journeyworker)?			

## Training Information

Is CWTP Trainee a union member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Program Hours	Anticipated Start Date
Initial Needs Assessment: Provide an evaluation of the CWTP Trainee's existing skills knowledge, and any support needs.		
Timeline: Provide a clear schedule outlining the duration and the different stages of the on-the-job training.		

On-the-Job Training: Detail the specific tasks and activities the CWTP Trainee will be involved in on the jobsite.

Training Content: Provide a detailed list of the skills, knowledge, and behaviors the CWTP Trainee will learn.

Skills Progression: How will the CWTP Trainee gradually develop skills and expertise throughout the project?

Evidence of Learning: How will the CWTP Trainees' progress be documented and used to demonstrate their skills?

Recognition of Prior Learning: Document any existing qualifications, skills, or experience the CWTP Trainee already has.

Additional Learning Support: Detail any additional support that will be provided to the CWTP Trainee.

Wage Rate Identification

For Apprentices Only: Apprentice's Current Skill Level:	Hourly Rate (Per Skill Level)	Journeyperson Rate for Construction Craft:
Apprenticeship Program Name:	Apprentice's Experience	Fringe Benefit (Per Skill Level)
For Non-Union Trainees Only:	Hourly Rate	Wage Rate Scale for Training Classification:

Trainee Declaration

By my signature, I attest to the following:		
<div>1. I have received, read, and understand the terms and conditions of my employment and a copy of this training program. Furthermore, I understand that the purpose of the training program and can comply with all conditions set forth in the program.</div> <div>2. I further state that my signature here indicates that I have not been previously employed by this contractor, completed a training program in this classification, nor have I been listed as a Journeyperson in this classification on any contractor's payroll and/or I have not been successfully employed in the classification for which I am now being considered.</div> <div>3. I further state that my signature here indicates I qualify as a CWTP Trainee as indicated below and was not previously employed, either directly, through an entity that is a division, affiliate, or subsidiary of, or that is in any other way related to the Contractor or Subcontractor or its parent company.</div>		
CWTP TRAINEE Printed Name	Signature:	Date:
CONTRACTOR'S PROJECT MANAGER Printed Name:	Signature:	Date:

A CWTP Trainee is defined as an individual who:

- 1) Meets all of the following criteria:
  - a. is a minimum of 18 years of age;
  - b. is domiciled in the Commonwealth of Pennsylvania at the time of hire by an Eligible Organization;
  - c. except as provided below in 3) below, has not previously been employed by the Eligible Organization, either directly or indirectly through a subsidiary organization, contractor, or subcontractor;
  - d. is employed by the Eligible Organization on a RISE PA funded project or projects located in Pennsylvania for at least six (6) months preceding the Eligible Organization's Reimbursement Application under these guidelines, unless otherwise approved by RISE PA and the CWTP as stated in 2) under [Eligible Organizations](#);
  - e. is employed as a full-time employee, with a minimum average of thirty-five (35) hours per week for at least six (6) months during a consecutive nine (9) month period, unless otherwise approved by RISE PA and the CWTP as stated in 2) under [Eligible Organizations](#);
  - f. is eligible for all health care, disability, and other benefits on the same terms and conditions as offered by the Eligible Organization to its other full-time employees;
  - g. is paid in accordance with the Pennsylvania Prevailing Wage Act, Davis-Bacon Act or Related Acts, or such other wage statute or regulation as is applicable to the RISE PA funded project or projects on which they worked; and
- 2) Within the twelve months preceding their start date with the Eligible Organization meets one of the following criteria:
  - a. graduates high school;
  - b. receives a high school equivalency credential recognized by the Commonwealth;
  - c. graduates or receives a certification from;
    - a) a trade school regulated, licensed or certified by the Commonwealth, or
    - b) a community college regulated, licensed, or certified by the Commonwealth;
  - d. is enrolled in a registered apprenticeship program;
  - e. has completed a registered pre-apprenticeship program that matriculates to a registered apprenticeship program;
  - f. is eligible for services through the Jobs for Veterans state grant program;
  - g. is receiving Unemployment Compensation;
  - h. is released from incarceration or probation;
  - i. is serving a sentence of probation;
  - j. is a youth involved with the Juvenile Justice System;
  - k. is an Independent Living (IL) youth;
  - l. is a youth who has been involved in, or is currently involved, in the Alternative Education for Disruptive Youth Program;
  - m. received SNAP, WIC, TANF, or other public assistance;
  - n. is a customer of PA CareerLink® in one of the Workforce Innovation and Opportunity Act (WIOA) core programs Title I, Title II, Title III, or Title IV which may include: a dislocated worker, a low-income or lower-living standard level individual, out-of-school youth, in-school youth, underemployed individuals, individuals with disabilities, or individuals with literacy or language barriers. Eligible Organizations are encouraged to reach out to a PA CareerLink® for more information on WIOA core programs eligibility.
  - o. is hired under a Good Neighbor Agreement
  - p. is hired under a Project Labor Agreement
- 3) Notwithstanding the forgoing, RISE PA, under the discretion of the CWTP, may consider and approve an incumbent worker as a CWTP Trainee for purposes of this program if that incumbent worker receives qualifying training resulting in a job reclassification, receives an increase in pay or benefits, receives a change in job title, and takes on increased responsibility and/or new job duties.

# FORM LM-10 EMPLOYER REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E

## Part A

1. File Number E- <input type="text"/>	2. Fiscal Year Covered Month/Day/Year (mm/dd/yyyy) From: <input type="text"/> <input type="text"/> <input type="text"/> Through: <input type="text"/> <input type="text"/> <input type="text"/>
3. Name and address of Reporting Employer (inc. trade name, if any). Employer <input type="text"/> Trade Name <input type="text"/> Attention To <input type="text"/> <input type="text"/> Title <input type="text"/> Mailing Address P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code + 4 <input type="text"/>	4. Name and address of President or corresponding principal officer, if different from address in Item 3. <input type="text"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code +4 <input type="text"/>
5. Any other address where records necessary to verify this report will be available for examination. Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination. <input type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5
7. Type of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual Other (specify) <input type="text"/>	

## Signatures

Each of the undersigned, duly authorized officers of the above employer declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VIII on penalties in the instructions.)

13. Signed <input type="text"/> Title <input type="text"/> President On <input type="text"/> / <input type="text"/> / <input type="text"/> Date <input type="text"/> Telephone Number <input type="text"/>	14. Signed <input type="text"/> Title <input type="text"/> Treasurer On <input type="text"/> / <input type="text"/> / <input type="text"/> Date <input type="text"/> Telephone Number <input type="text"/>
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Name of Reporting Employer:	File Number E-

## 8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

## DURING THE FISCAL YEAR COVERED BY THIS REPORT:

If "Yes", number  
of Part Bs  
attached

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representative of their own choosing?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?  | <input type="checkbox"/> | <input type="checkbox"/> |

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS

## Part B

Name of Reporting Employer:	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a		ITEM 8.b		ITEM 8.c		ITEM 8.d		ITEM 8.e		ITEM 8.f	
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name <div style="border: 1px solid black; width: 300px; height: 15px; display: inline-block; margin-top: 5px;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 300px; height: 15px; display: inline-block; margin-top: 5px;"></div> Street <div style="border: 1px solid black; width: 300px; height: 15px; display: inline-block; margin-top: 5px;"></div> City <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; margin-top: 5px;"></div> State <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; margin-top: 5px;"></div> ZIP Code + 4 <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block; margin-top: 5px;"></div>		9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 300px; height: 15px; display: inline-block; margin-top: 5px;"></div> Street <div style="border: 1px solid black; width: 300px; height: 15px; display: inline-block; margin-top: 5px;"></div> City <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; margin-top: 5px;"></div> State <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; margin-top: 5px;"></div> ZIP Code + 4 <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block; margin-top: 5px;"></div>	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  <div style="border: 1px solid black; width: 150px; height: 15px; margin-top: 10px;"></div>		10.b. The promise, agreement, or arrangement was:  <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).  <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	11.b. Amount of each payment or expenditure.  <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property).  <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	
12.a. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>			
12.b. If your Part B applies to Items 8.b. – 8.f., did the payments or agreements concern employees performing work pursuant to a Federal contract or subcontract? Yes    No    N/A    If yes, enter your Unique Entity Identifier, if you have one. Enter the Federal contracting agency(ies) that are a party to the Federal contract(s). <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="width: 30px; height: 20px; margin-right: 10px;" type="checkbox"/> <input style="width: 30px; height: 20px; margin-right: 10px;" type="checkbox"/> <input style="width: 30px; height: 20px; margin-right: 10px;" type="checkbox"/> <div style="border: 1px solid black; flex-grow: 1; margin-left: 10px;"></div> </div>			