EXHIBIT 6-P

CERTIFICATION OF LABOR COMPLIANCE

Date:____________________________.       Pay Estimate Number:______________

Contractor:_________________________

Project:_____________________________________________________________________

MT-CDBG Contract #_________________________________

For the time period of the pay estimate referenced above and the actions completed as listed below, I hereby certify that to the best of my knowledge the above named contractor and __________________________________ (sub-contractors) have complied with the labor requirements as set forth in the Montana Department of Commerce (MDOC) Community Development Block Grant (CDBG)/Neighborhood Stabilization Program (NSP) Project Administration Manual including:

1. The Davis-Bacon wage rates were posted in a prominent and accessible site on the project or work area. _______Yes _________No.

2. Weekly payroll reports covering the pay estimate referenced above were received. _______Yes _________No.

3. Weekly payroll reports were compared to the prevailing federal Davis-Bacon wage rates. _______Yes _________No.

4. Documentation of weekly payroll reviews is included with the drawdown request submitted to CDBG and is also maintained in the local project records. _______Yes _________No.

5. Errors or discrepancies were noted. _______Yes _________No. If yes, explain error or discrepancy and how it was resolved.

6. Interviews of the contractor/sub-contractor’s employees were conducted during the time period of the pay estimate. _______Yes _________No. If yes, number of interviews conducted ________________

7. Information obtained through interviews with the contractor/subcontractor’s employees was compared to the corresponding payroll, and follow-up action was taken if needed to assure proper wages and benefits were paid. _______Yes _________No.

8. Has the contractor or sub-contractor hired any new employees as described in Section 3 of the Housing and Urban Development Act of 1968? _______ Yes _________ No.

9. If the answer to Question 8 is ‘yes’, update and submit the Section 3 Summary Report (Exhibit 9-L) with this Certification. _______ Attached _________ Not Applicable.

Name of Person Responsible for Ensuring Compliance with Labor Requirements

__________________________________________ ______________

Signature          Date