



STATE OF CONNECTICUT – DEPARTMENT OF PUBLIC HEALTH  
DRINKING WATER STATE REVOLVING FUND (DWSRF)

**Davis-Bacon Act CERTIFICATION**

Date: \_\_\_\_\_

PWSID: \_\_\_\_\_

PWS Name: \_\_\_\_\_

For the period from \_\_\_\_\_ to \_\_\_\_\_

Name of Project: \_\_\_\_\_

DWS Project Number: \_\_\_\_\_

DWSRF Loan Agreement Number: \_\_\_\_\_

I certify that the above referenced project:

Complies with the Wage Rate Requirements under Davis-Bacon and Related Acts and Title 29 CFR 5.5 that all applicable job classifications (e.g.: laborers and mechanics) employed by contractors and subcontractors during the above referenced period were paid wages at rates not less than those listed on the prevailing wage rate contained in the contract documents and that all applicable provisions of the Davis-Bacon and Related Acts have been met.

\_\_\_\_\_  
Name of DWSRF Sub-Recipient (i.e. Loan Recipient)

\_\_\_\_\_  
Signature of Sub-Recipient's Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Sub-Recipient's Authorized Official