

Statement And Acknowledgment

OMB Control Number: 9000-0066

Expiration Date: 5/31/2027

Part I - Statement Of Prime Contractor

1. Prime Contract Number 89243024CSC000002		2. Date Subcontract Awarded		3. Subcontract Number	
4. Prime Contractor a. Name Fermi Forward Discovery Group, LLC				5. Subcontractor a. Name	
b. Street Address Kirk Road and Wilson Street				b. Street Address	
c. City Batavia	d. State IL	e. ZIP Code 60510		c. City	d. State e. ZIP Code
6. The prime contract ☒ does, ☐ does not contain the clause entitled "Contract Work Hours and Safety Standards Act - Overtime Compensation."					

7. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on the date shown in Item 2 to the subcontractor identified in Item 5 by the following firm:

a. Name Of Awarding Firm

Fermi Forward Discovery Group, LLC

b. Description Of Work By Subcontractor

The scope of work consists of all labor, equipment, transportation, overhead, bonding costs, insurance, safety oversight, QC oversight and supervision as required to ensure, mobilize, procure, deliver and install the scope of work known as the PIP-II CPB HX and Pump (Project No. 4-3-3G).

8. Project PIP-II CPB HX AND PUMP		9. Location Fermilab Site, 3 miles East of City of Batavia, DuPage	
10a. Name of Person Signing Michele Reynolds	11. By (Signature)		12. Date Signed
10b. Title of Person Signing Procurement Manager			

Part II - Acknowledgment Of Subcontractor

13. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:

Contract Work Hours and Safety Standards Act – Overtime Compensation (If included in prime contract see Block 6)
Payrolls and Basic Records Withholding of Funds
Disputes Concerning Labor Standards
Compliance with Construction Wage Rate Requirements and Related Regulations

Construction Wage Rate Requirements Apprentices and Trainees
Compliance with Copeland Act Requirements
Subcontracts (Labor Standards) Contract
Termination - Debarment Certification of Eligibility

14. Name(s) Of Any Intermediate Subcontractors, If Any

A		C	
B		D	
15a. Name of Person Signing	16. By (Signature)		17. Date Signed
15b. Title of Person Signing			

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number.

The OMB control number for this collection is 9000-0066. We estimate that it will take .05 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.