

**(Exhibit-F) Heavy Equipment List and Daily Standby Rate – Meacham  
Flats Habitat Enhancement Project**

#	Item Description	Daily Standby Rate
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
	Example: 160 Series Excavator	\$ 50.00



Prime Contractor ☐

Subcontractor ☐

# CERTIFIED PAYROLL REPORT

For the week ending: Month   Day   Year		Awarding Agency Name		Phone		Project Name				County		Project or Contract#							
		Address		City		State		ZIP+4		Project Address				City		State			
Work Classification and Soc Sec# of Employee		Name and Address		Overtime or Regular		<u>Day and Date</u>						Total Hours	Rate of Pay	Gross Amount Earned	Total Hourly "Usual Benefits"	Deductions			NET WAGES
						Sun	Mon	Tue	Wed	Thu	Fri					Sat	FICA	Withhold- ing Tax	
						Hours Worked Each Day													
1.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
2.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
3.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
4.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
5.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
6.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
7.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
8.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
9.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						
10.			OT								0.00		0.00	0.00	\$ 0.00				\$ 0.00
			RG								0.00		0.00						

# AFFIRMATION

Today's Date	Printed name of party signing this report	Title
The party signing this report pays or supervises the (Name of contractor or subcontractor) payment of the persons employed by:		
Project Name:	For the week starting:	For the week ending:

"USUAL BENEFITS" DISTRIBUTION (Please report in "per hour" terms)						
Work Classification	Total Hourly "Usual Benefits" (A + B + C + D + E)	(A) Hourly Pension	(B) Hourly Medical	(C) Hourly Vacation	(D) Hourly Holiday	(E) Approved Apprentice Program
1.	\$ 0.00					
2.	\$ 0.00					
3.	\$ 0.00					
4.	\$ 0.00					
5.	\$ 0.00					
6.	\$ 0.00					
7.	\$ 0.00					
8.	\$ 0.00					
9.	\$ 0.00					
10.	\$ 0.00					

The party signing below **AFFIRMS** the following:

- (1) All information contained in this Certified Payroll Report, including any addenda, is correct and complete.
- (2) The wage rates for workers, laborers or mechanics as reported above are not less than the applicable wage rates contained in any wage determination related to the contract; and the classifications as reported above for each worker, laborer or mechanic conform with the actual work performed by such worker, laborer or mechanic.
- (3) The payments of usual benefits as listed above have been or will be made to appropriate approved plans, funds or programs for the benefit of such employees.
- (4) All persons employed on the above-referenced project(s) have been paid the full weekly wages earned, and no rebates have been or will be made either directly or indirectly to or on behalf of the above-named contractor or subcontractor from the weekly wages earned by any person. No deductions, other than those which are legally permissible, have been made by any person either directly or indirectly from the full wages earned.
- (5) Any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Washington State Apprenticeship and Training Council.

**Falsification of any of the above statements is a violation of RCW 39.12.050 subject to prosecution, sanctions, and penalties.**

Print or type name of party signing this report	Title	Signature
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# Exhibit H

Confederated Tribes and Bands  
of the Yakama Nation

Established by the

Treaty of June 9, 1855

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March 28<sup>th</sup>, 2014

Business Name Here

Address

Address

RE: Tax Exemption Restoration Project

Attached please find an executed Treaty Fishery Tax Exemption Certificate concerning the Yakama Nation's contracting with Business Name for construction of salmon habitat which it undertakes as co-manager of fisheries resources pursuant to the Treaty with the Yakama of 1855 (12 Stat.951). The certificate is being provided to Business Name to assist it in complying with seller record keeping requirements in WAC 458-20-192(4). By executing the certificate, the Yakama Nation is certifying only that it is a federally recognized Indian tribe and that the contracted salmon habitat restoration work is part of its treaty fishery management program. The Yakama Nation does not waive sovereign immunity from suit, nor by executing the certificate, acknowledge or dispute the jurisdiction of the state of Washington over any governmental activities of the Yakama Nation or the applicability or non-applicability of any statutes or rules of the state of Washington to the exercise of tribal government operations or rights reserved to the Yakama Nation or its members by the Treaty of 1855. Business Name is advised to keep this letter on record with the attached certificate.

Sincerely,

Tribal Chairperson

Yakama Tribal Council

Yakama Nation

Post Office Box 151, Fort Road, Toppenish, WA 98948 (509) 865-5121

## Treaty Fishery Tax Exemption Certificate

This document is to be completed by the Tribe, Tribal member, or Intertribal organization whenever claiming an exemption from sales tax for purchases of Treaty Fishery items.

### Type of Certificate:

- ☐ **Blanket Certificate** (*Blanket certificates are valid for as long as the buyer and seller have a recurring business relationship. A "recurring business relationship" means at least one sale transaction within a period of twelve months. RCW 82.08.050 (7)(c).*)
- ☐ **Single Use Certificate**

Seller's name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

The purchaser is claiming exemption for the following Treaty Fishery item(s) or service(s):

### Check Applicable Boxes

- |   |   |
|---|---|
| <input type="checkbox"/> Boat, Boat Trailer   | <input type="checkbox"/> Motor                  |
| <input type="checkbox"/> Gear, Net            | <input type="checkbox"/> Specialized Clothing   |
| <input type="checkbox"/> Boat/Engine Repair   | <input type="checkbox"/> Hatchery Equipment     |
| <input type="checkbox"/> Laboratory Equipment | <input type="checkbox"/> Processing Equipment   |
| <input type="checkbox"/> Smoking Equipment    | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Operating Supplies   |   |

Provide one of the following:

- ☐ Federally recognized Tribe of the purchaser: \_\_\_\_\_ and  
Treaty Indian Fishing Identification Card number: \_\_\_\_\_ **or**
- ☐ Name of Intertribal Organization: \_\_\_\_\_

**Note:** This exclusion from tax is limited to those businesses wholly owned and operated by Indians/Tribes who have Treaty fishing rights and to Intertribal organizations for the protection of Indian Treaty Fisheries. Treaty Fishery means the fishing and shellfish rights preserved in a Tribe's treaty, a federal executive order, or an act of Congress. It includes activities such as harvesting, processing, transporting, or selling, as well as activities such as management and enforcement.

Sellers must document the buyer's name, address, item(s) purchased, and dollar amount of purchase.  
Reference: RCW 82.08.0254 and WAC 458-20-192.

I, the undersigned buyer, understand that by completing and signing this certificate I am certifying that I qualify for the tax-exempt purchase(s) indicated above. I understand that I am required to keep records to verify eligibility for the exemption(s) and that I will be required to pay sales or use tax on purchases that do not qualify for the exemption(s) in addition to any applicable interest and penalties. This certificate is given with full knowledge of, and subject to, the legally prescribed penalties for fraud and tax evasion per RCW 82.32.090.

Buyer's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

***Seller must retain a copy of this certificate.  
Do not send to Department of Revenue.***

For tax assistance or to request this document in an alternate format, visit <http://dor.wa.gov> or call 1-800-647-7706. Teletype (TTY) users may call (360) 705-6718.