

## REQUEST ADDITIONAL WAGE CLASSIFICATION

Project Information		Wage Determination Information	
CDBG Project Number		Wage Determination Number	
Name of Grantee (Village/City/County)		Wage Modification Number	
Location of Project (City, County, & State)		Wage Determination Date	
Contract Award Date			

Primary Contractor Information		Subcontractor Information	
Name		Name	
Address		Address	
City, State Zip Code		City, State, Zip Code	

Name of Contractor is currently paying Wage Rate to Employee Name in the following Wage Classification. In addition, I am paying amount in bona-fide fringe benefits per hour. These fringe benefits include fringe type - amount/fringe per hour, etc. .

Employee Name does provide a description of work performed. This employee is a Non Union/ Union member.

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*Contractor Name (Printed)*

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*Contractor Signature*

*Contractor Title(Printed)*

*Date Signed*

I, Employee Name, agree to the above written information stating my wage classification to be Wage Classification at the wage rate of Wage Rate in addition I am receiving the following bona fide benefits per hour Amount/Fringe Per Hour

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*Employee Signature*

*Date*

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*Contractor Signature*

*Date*

<b>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REPORT OF ADDITIONAL CLASSIFICATION AND RATE</b>	<b>HUD FORM 4230A</b> OMB Approval Number 2501-0011 (Exp.01/31/2010)
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<b>1. FROM</b> (name & address of requesting agency)  Terry McAuliffe Nebraska Department of Economic Development PO Box 94666 Lincoln, NE 68509-4666	<b>2. PROJECT NAME AND NUMBER</b>  <b>3. LOCATION OF PROJECT</b> (City, County and State)
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<b>4. BRIEF DESCRIPTION OF PROJECT</b>	<b>5. CHARACTER OF CONSTRUCTION</b> <input type="checkbox"/> Residential <input type="checkbox"/> Heavy <input type="checkbox"/> Building <input type="checkbox"/> Highway <input type="checkbox"/> Other (Specify)
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<b>6. WAGE DECISION NO.</b> (include modification number, if any)  <input type="checkbox"/> COPY ATTACHED	<b>7. WAGE DECISION EFFECTIVE DATE</b>
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8. WORK CLASSIFICATION(S)	HOURLY WAGE RATES	
	BASIC WAGE	FRINGE BENEFIT(S) (if any)

<b>9. PRIME CONTRACTOR</b> (name, address)	<b>10.SUBCONTRACTOR/EMPLOYER, IF APPLICABLE</b> (name, address)
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**Check All That Apply:**

- The work to be performed by the additional classification(s) is not performed by a classification in the applicable wage decision.
- The proposed classification is utilized in the area by the construction industry.
- The proposed wage rate(s), including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage decision.
- The interested parties, including the employees or their authorized representatives, agree on the classification(s) and wage rate(s).
- Supporting documentation attached, including applicable wage decision.

**Check One:**

- Approved, meets all criteria. DOL confirmation requested.**
- One or more classifications fail to meet all criteria as explained in agency referral. DOL decision requested.**

Terry McAuliffe _____ Agency Representative (Typed name and signature)	_____ Date	<b>FOR HUD USE ONLY</b> <b>LR2000:</b>  Log in:  Log out:
(402) 471-3680 _____ Phone Number		

**Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. The information is considered non-sensitive and does not require special protection. This information is required to obtain benefits. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.**

Employers engaged on HUD-assisted construction projects subject to Davis-Bacon wage requirements must pay no less than the wages determined to be prevailing by the Secretary of Labor to all laborers and mechanics engaged on the construction work. On occasion, the applicable Davis-Bacon wage decision does not contain all of the work classifications and wage rates needed to complete the construction work. This information collection facilitates the addition of needed work classifications and wage rates for the construction work involved. This form is used by HUD and local agencies administering HUD programs to report employer request(s) for additional classification and wage rates so that an appropriate wage rate can be approved by the Department of Labor for the construction work. This information collection is required by Department of Labor regulations at 29 CFR 5.5. While no assurances of confidentiality are pledged to respondents, HUD generally discloses these data only in response to a Freedom of Information request.

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Instructions General:

**Contractors/Employers:** Do not need to complete this form. Submit a written, signed request to the responsible contracting agency naming the work classifications and the wage rates, including any fringe benefits, that are proposed.

**Local Agency Staff:** Complete items 2 through 10. Submit one copy of this form to the responsible HUD Labor Relations Office with a copy of the applicable Davis-Bacon wage decision and the written request from the employer naming the work classifications and wage rates that are proposed. (The employer's request must be made in writing and must be signed.)

1. For HUD or State CDBG Office use. Enter the name and address of HUD Office (or State CDBG office) submitting the report and to which the DOL reply should be sent.
2. Enter the name and number of the project or contract involved.
3. Enter the location of the project involved: city, county and state.
4. Describe the construction involved, e.g., new construction or rehabilitation, number and type of buildings, number of stories, number of units (as applicable). For example, New construction: 3 – 4- story buildings; 120 units.
5. Enter the character of construction as defined by DOL for Davis-Bacon prevailing wage rate purposes.
6. Enter the number of the Davis-Bacon wage decision applicable to the construction work. Include the number of wage decision modifications (if any) applicable to the work.
7. Enter the effective date of the wage decision for the project. (See DOL regulations at 29 CFR 1.6.)
8. Enter the work classifications and corresponding hourly basic wage rates and fringe benefit rates (if any) requested.
9. Self-explanatory.
10. If the requesting employer is not the prime contractor, enter the name and address of the subcontractor/employer making the request.

Remainder of Form: HUD Labor Relations/State CDBG use.

HUD Labor Relations/State CDBG Staff: Evaluate the employer's request against the criteria for approval (see DOL Regulations, 29 CFR Part 5, and related contract labor standards provisions). The criteria are reflected in "checklist" form to ensure that each factor is considered and to ensure that supporting documentation, including a copy of the applicable wage decision, is attached. Check the box next to each criterion that is met; do not check the box next to any criterion that is not met.

If the request meets all criteria, check the appropriate box, enter the name and telephone number of the HUD/State CDBG agency representative, and sign and date the form. Submit one copy of the completed form to the DOL with a copy of the applicable Davis-Bacon wage decision and the written request from the employer involved.

If the request fails to pass all criteria, check the appropriate box, enter agency contact information, and sign and date the form. Submit one copy of the completed form to the DOL with a copy of the applicable Davis-Bacon wage decision, the written request from the employer involved, *and* a cover letter explaining how the employer's request failed to meet one or more of the criteria.

Submission of Report

Completed forms shall be sent to: Branch of Construction Wage Determinations, U.S. Department of Labor, 200 Constitution Avenue, NW, Room S-3014, Washington, DC 20210.

HUD-4230A (8-03) PREVIOUS EDITION IS  
OBSOLETE