

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
REPORT OF ADDITIONAL CLASSIFICATION AND RATE**

HUD FORM 4230A

OMB Approval Number 2501-0011
(Exp. 01/31/2010)

1. FROM (name and address of requesting agency)	2. PROJECT NAME AND NUMBER
	3. LOCATION OF PROJECT (City, County and State)

4. BRIEF DESCRIPTION OF PROJECT	5. CHARACTER OF CONSTRUCTION <input type="checkbox"/> Building <input type="checkbox"/> Residential <input type="checkbox"/> Heavy <input type="checkbox"/> Other (specify below): _____ <input type="checkbox"/> Highway
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6. WAGE DECISION NO. (include modification number, if any) <input type="checkbox"/> COPY ATTACHED	7. WAGE DECISION EFFECTIVE DATE
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8. WORK CLASSIFICATION(S)	HOURLY WAGE RATES	
	BASIC WAGE	FRINGE BENEFIT(S) (if any)

9. PRIME CONTRACTOR (name, address)	10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE (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.**

_____ Agency Representative (signature) Print name: _____	_____ <i>Date</i>	FOR HUD USE ONLY LR2000: Log in: Log out:
	_____ <i>Phone Number</i>	