U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		HUD FORM 4230A
REPORT OF ADDITIONAL CLASSIFICATION AND RATE		OMB Approval Number 2501-0011 (Exp. 01/31/2010)
FROM (name and address of requesting agency)		
	3. LOCATION OF PROJECT (City, County and State)	
4. BRIEF DESCRIPTION OF PROJECT	5. CHARACTER OF CONSTRUCTION	
	Building Resi	dential
	•	er (specify)
	Highway	(-1
6. WAGE DECISION NO. (include modification number, if any)		WAGE DECISION EFFECTIVE DATE
COPY ATTACHED		
8. WORK CLASSIFICATION(S)	HOUR	LY WAGE RATES
` ,	BASIC WAGE FRINGE BENEFIT(S) (if any)	
O PRIME CONTRACTOR (see a delega)	40 OUDOONTD AOTOD/EMD	LOVER IF ARRUSARIE (some address)
9. PRIME CONTRACTOR (name, address)	10. SUBCONTRACTOR/EMPLOYER, IF APPLICABLE (name, address)	
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.		
		FOR HUD USE ONLY
		LR2000:
,	Data	
Amenay Dannagartation	Date	Log in:
Agency Representative ###(Typed name and signature)		Log out:
mmin yped name and signature)	Phone Number	

HUD-4230A (8-03) PREVIOUS EDITION IS OBSOLETE