

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REPORT OF ADDITIONAL CLASSIFICATION AND RATE		HUD FORM 4230A <small>OMB Approval Number 2501-0011 (Exp. 01/31/2010)</small>
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 Building Residential Heavy Other (specify) Highway	
6. WAGE DECISION NO. (include modification number, if any) COPY ATTACHED		7. WAGE DECISION EFFECTIVE DATE
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)	
Check All That Apply: <p>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.</p>		
Check One: <p>Approved, meets all criteria. DOL confirmation requested. One or more classifications fail to meet all criteria as explained in agency referral. DOL decision requested.</p>		
_____ Agency Representative <small>(Typed name and signature)</small>		FOR HUD USE ONLY LR2000: Log in: Log out:
_____ <i>Date</i>		
_____ <i>Phone Number</i>		